Hearing Date: August 14, 2026

# ITEM 4
# INCORRECT REDUCTION CLAIM
# PROPOSED DECISION

Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421

Penal Code Sections 277, 278, and 278.5

Welfare and Institutions Code Section 11478.5

Statutes of 1976, Chapter 1399; Statutes of 1983, Chapter 990;
Statutes of 1992, Chapter 162; Statutes of 1996, Chapter 988

*Custody of Minors – Child Abduction and Recovery Program*

Fiscal Years 2017-2018, 2018-2019, 2019-2020, and 2020-2021

25-4237-I-05

County of Los Angeles, Claimant

---

## TABLE OF CONTENTS


**Exhibit A**

Incorrect Reduction Claim (IRC) ..... 1-1216

**Exhibit B**

Controller's Comments on the IRC ..... 1-287

**Exhibit C**

Claimant's Rebuttal Comments ..... 1-24

**Exhibit D**

Draft Proposed Decision ..... 1-106

**Exhibit E**

County of Riverside's Comments on the Draft Proposed Decision ..... 1-11

**Exhibit F**

Claimant's Comments on the Draft Proposed Decision ..... 1-10

**Exhibit G**

Controller's Comments on the Draft Proposed Decision ..... 1-28

**Exhibit H**

Supporting Documentation

1. 1990 Amendment to Parameters and Guidelines ..... 1-10

2. 1993 Amendment to Parameters and Guidelines.....1-9
3. 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments.....1-22
4. Commission on State Mandates Minutes, August 26, 1999.....1-9
5. Mandated Costs Manual for Local Agencies, September 1, 2019.....1-455
6. Statewide Cost Estimate, July 1982.....1-17

# Exhibit A

| For CSM Use Only | |
|---|---|
| Filing Date: | Commission on State Mandates Filed Date July 25, 2025 |
| IRC #: | 25-4237-I-05 |

STATE of CALIFORNIA
COMMISSION ON STATE MANDATES

## INCORRECT REDUCTION CLAIM FORM

### Section 1

Proposed Incorrect Reduction Claim Title:
Custody of Minors - Child Abduction and Recovery Program

### Section 2

Local Government (Local Agency/School District) Name:
County of Los Angeles

Name and Title of Claimant's Authorized Official pursuant to CCR. tit. 2, § 1185.1(a)(1-5):

Oscar Valdez, Auditor-Controller

Street Address, City, State, and Zip:

500 West Temple Street, Room 525, Los Angeles, CA 90012

| Telephone Number | Email Address |
|---|---|
| (213) 974-8302 | ovaldez@auditor.lacounty.gov |

**Section 3 – Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates. (CCR, tit.2, § 1185.1(a)(1-5).)**

Name and Title of Claimant Representative:

Howard Gest

Organization:

Burhenn & Gest LLP

Street Address, City, State, Zip:

12401 Wilshire Boulevard, Suite 200, Los Angeles, CA 90025

| Telephone Number | Email Address |
|---|---|
| (213) 629-8787 | hgest@burhenngest.com |

**Section 4 – Identification of Statutes or Executive Orders**

**Please specify the subject statute or executive order that claimant alleges is not being fully reimbursed pursuant to the adopted parameters and guidelines.**

Statutes 1976, Chapter 1399
Statute 1983, Chapter 990
Statute 1992, Chapter 162
Statutes 1996, Chapter 988
Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421,
Penal Code Sections 277, 278, and 278.5

☑ Incorrect Reduction Claim is Timely Filed on [Insert Filing Date]: 07 / 25 / 2025

☑ Which is not later than three years following the date [Insert Receipt Date of Notice that Complies with Government Code section 17558.5(c)]: 05 / 02 / 2024 the claimant first received from the Office of State Controller a final state audit report, letter, or other written notice of adjustment to a reimbursement claim, which complies with Government Code section 17558.5(c) by specifying the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the claimant, and the reason for the adjustment. The filing shall be returned to the claimant for lack of jurisdiction if this requirement is not met.

(Gov. Code section 17558.5(c); Cal. Code Regs., tit.2, sections 1185.1(c) and 1187.5.)

**Section 5 – Amount of Incorrect Reduction**

**Please specify the fiscal year and amount of reduction. More than one fiscal year may be claimed.**

| | |
|---|---|
| FY 2017-2018 | 3,136,557 |
| FY 2018-2019 | 2,703,020 |
| FY 2019-2020 | 2,307,814 |
| FY 2020-2021 | 2,144,841 |
| TOTAL | 10,292,232 |

**Section 6 – Written Detailed Narrative**

**Under the heading "6. Written Detailed Narrative," please describe the alleged incorrect reduction(s). The narrative shall include a comprehensive description of the reduced or disallowed area(s) of cost(s). Pages 1 to 25.**

☑ This incorrect reduction claim includes a description of the alleged incorrect reduction(s) and includes a comprehensive description of the reduced or disallowed area(s) of cost(s). (*Cal. Code Regs., tit. 2, § 1185.1(f)(2)*.)

**Section 7 – Documentary Evidence and Declarations**

**If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim under the heading "7. Documentary Evidence and Declarations." All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge or information or belief.**
**Pages** 26 **to** 1008**.**

☑ This incorrect reduction claim's narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact that are supported by testimonial or documentary evidence and are included with the incorrect reduction claim. (*Cal. Code Regs., tit. 2, § 1185.1(f)(3)*.)

☑ All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information, or belief. *Assertions or representations of fact shall be supported by testimonial or documentary evidence. Hearsay evidence may be used for the purpose of supplementing or explaining other evidence but shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions. (Cal. Code Regs., tit. 2, § 1187.5.)*

**Section 8 – Claiming Instructions**

**Under the heading "8. Claiming Instructions," please include a copy of the Office of the State Controller's claiming instructions that were in effect during the fiscal year(s) of the reimbursement claim(s). Pages** 1009 **to** 1077**.**

☑ The incorrect reduction claim includes a copy of the Office of the State Controller's claiming instructions that were in effect during the fiscal year(s) of the reimbursement claims. (*Cal. Code Regs., tit. 2, § 1185.1(f)(1)*.)

**Section 9 – Final State Audit Report or Other Written Notice of Adjustment**

**Under the heading "9. Final State Audit Report or other Written Notice of Adjustment," please include a copy of the final state audit report, letter, or other written notice of adjustment from the Office of the State Controller that explains the reason(s) for the reduction or disallowance.**
**Pages** 1078 **to** 1119**.**

☑ The incorrect reduction claim includes a copy of any final state audit report, letter, or other written notice of adjustment from the Office of State Controller that explains the claim components adjusted, amounts reduced, and the reasons for the reduction or disallowance. (*Cal. Code Regs., tit. 2, § 1185.1(f)(4)*.)

**Section 10 – Reimbursement Claims**

**Under the heading "10. Reimbursement Claims," please include a copy of the subject reimbursement claims the claimant submitted to the Office of State Controller.**
**Pages** 1120 **to** 1199**.**

☑ The incorrect reduction claims includes a copy of the subject reimbursement claims the claimant submitted to the Office of State Controller. (*Cal. Code Regs., tit. 2, § 1185.1(f)(5)*.)

**Section 11 – Notice of Intent to File a Consolidated Incorrect Reduction Claim**
This claim is being filed with the intent of acting as lead-claimant to consolidate on behalf of other claimants. (*Cal. Code Regs., tit. 2, § 1185.3*.): Yes ☐ or No ☑

**If yes is checked, the claimant certifies the following:**

(1) The method, act, or practice that the claimant alleges led to the reduction has led to similar reductions of other parties' claims, and all of the claims involve common questions or law or fact.
(2) The common questions of law or fact among the claims predominate over any matter affecting only an individual claim.
(3) The consolidation of similar claims by individual claimants would result in consistent decision making by the Commission.
(4) The claimant filing the consolidated claim would fairly and adequately protect the interests of the other claimants: Yes ☐ or No ☐

**Section 12 - Notice of Intent to Join a Consolidated Incorrect Reduction Claim**

I intend to join a consolidated claim: Yes ☐ or No ☑

**If yes is checked, please complete the following:**

Title of Consolidated Incorrect Reduction Claim:

_____

Lead-Claimant Local Government (Local Agency/School District) Name:

_____

Name and Title of Lead-Claimant's Authorized Official pursuant to CCR. tit. 2, § 1185.1(a)(1-5):

_____

Street Address, City, State, and Zip:

_____

Telephone Number Email Address

_____ _____

The claimant certifies that (1) The method, act, or practice that the claimant alleges led to the reduction is similar to that for the reductions of lead-claimant's claim, and involves common questions or law or fact; (2) The common questions of law or fact predominate over any matter affecting only an individual claim; (3) The consolidation of these claims by would result in consistent decision making by the Commission; (4) The lead-claimant in the consolidated claim would fairly and adequately protect the interests of the claimants; and authorizes the lead-claimant in the above-named incorrect reduction claim to act as its sole representative in this consolidated incorrect reduction claim, which is filed pursuant to Government Code section 17558.7:

Yes ☐ or No ☐

**Section 13 – INCORRECT REDUCTION CLAIM CERTIFICATION Pursuant to *Government Code section 17553***

☑ The incorrect reduction claim form is signed and dated at the end of the document, under penalty of perjury by the eligible claimant, with the declaration that the incorrect reduction claim is true and complete to the best of the declarant's personal knowledge, information, or belief.

*Read, sign, and date this section. Incorrect reduction claims that are not signed by authorized claimant officials pursuant to California Code of Regulations, title 2, section 1185.1(a)(1-5) will be returned as incomplete. In addition, please note that this form also serves to designate a claimant representative for the matter (if desired) and for that reason may only be signed by an authorized local government official as defined in section 1185.1(a)(1-5) of the Commission's regulations, and not by the representative.*

This incorrect reduction claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim is true and complete to the best of my own personal knowledge, information, or belief. All representations of fact are supported by documentary or testimonial evidence and are submitted in accordance with the Commission's regulations. (Cal. Code Regs., tit. 2 sections 1185.1 and 1187.5.)

| Oscar Valdez | Auditor-Controller |
|---|---|
| **Name of Authorized Local Government Official** pursuant to Cal. Code Regs., tit. 2 section 1185.1 | **Print or Type Title** |

**Signature of Authorized Local Government Official**
pursuant to Cal. Code Regs., tit. 2 section 1185.1

# IRC Form

Final Audit Report 2025-08-25

| | |
|---|---|
| Created: | 2025-08-22 |
| By: | CSM Sign (csmsign@csm.ca.gov) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAYx_t0k96Eb_cCItYOCqm9K8dkqPGDKTi |

## "IRC Form" History

Document created by CSM Sign (csmsign@csm.ca.gov)
2025-08-22 - 6:13:26 PM GMT

Document emailed to hgest@burhenngest.com for filling
2025-08-22 - 6:15:03 PM GMT

Email viewed by hgest@burhenngest.com
2025-08-22 - 6:57:04 PM GMT

Signer hgest@burhenngest.com entered name at signing as Howard Gest
2025-08-22 - 7:29:05 PM GMT

Form filled by Howard Gest (hgest@burhenngest.com)
Form filling Date: 2025-08-22 - 7:29:07 PM GMT - Time Source: server

Document emailed to flemus@auditor.lacounty.gov for filling
2025-08-22 - 7:29:09 PM GMT

Email viewed by flemus@auditor.lacounty.gov
2025-08-22 - 7:29:17 PM GMT

Signer flemus@auditor.lacounty.gov entered name at signing as Fernando Lemus
2025-08-22 - 9:00:21 PM GMT

Form filled by Fernando Lemus (flemus@auditor.lacounty.gov)
Form filling Date: 2025-08-22 - 9:00:23 PM GMT - Time Source: server

Document emailed to rcabigas@auditor.lacounty.gov for filling
2025-08-22 - 9:00:26 PM GMT

Email viewed by rcabigas@auditor.lacounty.gov
2025-08-22 - 9:00:34 PM GMT

Adobe Acrobat Sign

Signer rcabigas@auditor.lacounty.gov entered name at signing as Rica Mae Cabigas
2025-08-22 - 9:07:06 PM GMT

Form filled by Rica Mae Cabigas (rcabigas@auditor.lacounty.gov)
Form filling Date: 2025-08-22 - 9:07:08 PM GMT - Time Source: server

Document emailed to Rachelle Anema (ranema@auditor.lacounty.gov) for filling
2025-08-22 - 9:07:10 PM GMT

Email viewed by Rachelle Anema (ranema@auditor.lacounty.gov)
2025-08-22 - 9:07:17 PM GMT

Form filled by Rachelle Anema (ranema@auditor.lacounty.gov)
Form filling Date: 2025-08-25 - 2:28:27 PM GMT - Time Source: server

Document emailed to Oscar Valdez (ovaldez@auditor.lacounty.gov) for signature
2025-08-25 - 2:28:30 PM GMT

Email viewed by Oscar Valdez (ovaldez@auditor.lacounty.gov)
2025-08-25 - 3:19:17 PM GMT

Document e-signed by Oscar Valdez (ovaldez@auditor.lacounty.gov)
Signature Date: 2025-08-25 - 3:19:55 PM GMT - Time Source: server

Agreement completed.
2025-08-25 - 3:19:55 PM GMT

COUNTY OF LOS ANGELES
Incorrect Reduction Claim
Custody of Minors
Child Abduction and Recovery Program

# TABLE OF CONTENTS

**SECTION 6: WRITTEN DETAILED NARRATIVE ..... 1**

I. INTRODUCTION ..... 2

II. FACTS ..... 3

A. The Claims at Issue ..... 3

B. Summary of Mandate ..... 4

C. The Los Angeles County District Attorney's Child Abduction Section ..... 8

D. The Audit ..... 9

E. Prior to the Audit Period, Los Angeles County's Claims Were Consistently Reimbursed ..... 10

III. THE AUDIT FOR FISCAL YEAR 2017-2018 SHOULD BE WITHDRAWN AS UNTIMELY ..... 11

IV. THE COUNTY'S CLAIMS WERE SUPPORTED BY SOURCE DOCUMENTS THAT SHOWED THE VALIDITY OF THE CLAIMED COSTS IN ACCORDANCE WITH THE PARAMETERS AND GUIDELINES ..... 12

A. The County Submitted Source Documents Consistent with the Parameters and Guidelines ..... 12

1. The County's Time Records are Source Documents Consistent with the Parameters and Guidelines ..... 13

2. The County's Salary and Benefits Documents are Source Documents Consistent with the Parameters and Guidelines ..... 14

3. Additional Documentation ..... 14

4. The County's Documents Described Its Employees' Activities in Accordance with the Parameters and Guidelines ..... 14

B. The Controller's Office Imposed a Requirement Not Set Forth In the Parameters and Guidelines ..... 16

# TABLE OF CONTENTS
(CONTINUED)

V. THE CONTROLLER'S OFFICE'S NEW REQUIREMENT FOR A BREAKDOWN OF REIMBURSABLE ACTIVITIES INTO SUB-ACTIVITIES CONSTITUTES AN UNLAWFUL UNDERGROUND REGULATION AND ITS IMPOSITION WAS A VIOLATION OF DUE PROCESS ..... 17

A. The Controller's Office's New Requirements Constitute an Unlawful Underground Regulation ..... 17

B. The 2009 Amendment to the Parameters and Guidelines did not Put the County on Notice of the Controller's Office's New Requirements ..... 18

C. It is a Violation of Due Process to Impose a Requirement Without First Providing Notice ..... 21

VI. WHEN THERE IS NO DISPUTE THAT MANDATED SERVICES WERE RENDERED, IT IS ARBITRARY AND CAPRICIOUS FOR THE CONTROLLER'S OFFICE TO FIND THAT THE COUNTY IS ENTITLED TO $0.00 REIMBURSEMENT. IF INADEQUATE SOURCE DOCUMENTS WERE SUBMITTED (WHICH THE COUNTY DISPUTES), THEN REIMBURSEMENT SHOULD BE PROVIDED BASED ON A REASONABLE ESTIMATE OF THE COSTS OF THE SERVICES RENDERED ..... 22

A. It is Arbitrary and Capricious to Reduce a Claim to $0.00 Based on Inadequate Source Documents where there is no Dispute that Mandated Activities were Rendered ..... 22

B. Although the County Does not Concede that its Audit Period Source Documentation was Inadequate, the County has also Provided an Alternative Means to Determine the Reasonable Costs Incurred ..... 24

1. The County Has Provided An Alternative Means To Determine The Reimbursement To Which It Is Entitled ..... 24

2. The Commission Can Use This Post-Audit Period Data to Find The Reimbursement To Which The County Is Entitled ..... 24

VII. CONCLUSION ..... 25

**SECTION 7: DOCUMENTARY EVIDENCE AND DECLARATIONS ..... 26**

Declaration of Rachelle Anema ..... 27

Declaration of Rosa Alarcon ..... 33

Declaration of Jennifer Martin ..... 606

Declaration of Lam Tran ..... 608

Declaration of Howard Gest ..... 884

# TABLE OF CONTENTS
(CONTINUED)

**SECTION 8: CLAIMING INSTRUCTIONS ..... 1009**
Fiscal Year 2017-2018 ..... 1010
Fiscal Year 2018-2019 ..... 1031
Fiscal Year 2019-2020 ..... 1052
Fiscal Year 2020-2021 ..... 1065

**SECTION 9: FINAL STATE AUDIT REPORT ..... 1078**

**SECTION 10: REIMBURSEMENT CLAIMS ..... 1120**
Fiscal Year 2017-2018 ..... 1121
Fiscal Year 2018-2019 ..... 1142
Fiscal Year 2019-2020 ..... 1159
Fiscal Year 2020-2021 ..... 1180

# SECTION 6

# WRITTEN DETAILED NARRATIVE

## I. INTRODUCTION

This is an Incorrect Reduction Claim challenging the State Controller's Office ("Controller's Office") disallowance in its entirety of reimbursement to the County of Los Angeles ("County") for services mandated by the Custody of Minors-Child Abduction and Recovery Program ("Child Abduction Program") for the fiscal years (FYs) July 1, 2017, through June 30, 2021.

During this period, the Los Angeles County District Attorney's Office filed 141 cases under this program and declined 244 more. The Office also handled 112 Hague cases submitted to it from the California Attorney General's Office. Its investigators in its Child Abduction Unit opened an additional approximately 535 civil recovery order cases. The District Attorney's Office and its investigators expended approximately 67,328 hours. For the calendar years 2017 through 2021, these efforts resulted in the recovery or reunification of over 300 minors from throughout the country.[1] *See* Alarcon Declaration, ¶ 7. The Controller's Office, however, values this work at $0.00.

The Controller's Office based its finding solely on the grounds that the District Attorney's time studies, which were consistently used and reimbursed in the past, were now not adequate contemporaneous source documents (Audit Report, Custody of Minors-Child Abduction and Recovery Program, Los Angeles County, dated May 2024 ("Audit Rpt."), Section 9, pp 1083, 1088 (Audit Rpt., p.1, 6). The Controller's Office did this without prior notice or warning and after the fiscal periods had passed, effectively precluding the County from providing the documentation the Controller's Office now seeks.

The Controller's actions are erroneous and an abuse of discretion for the following reasons:

1. The audit for the fiscal year 2017-2018 was not commenced within three years of the filing of the claim. Because the audit was not timely commenced, the audit of this fiscal year is barred by the statute of limitations.

2. The County's claims were in fact supported by adequate documentation in accordance with the Parameters and Guidelines.

3. The Controller's Office's additionally imposed requirements constituted an underground regulation, i.e., a regulation imposed without notice or comment.

4. It is a violation of due process to impose a requirement without first providing notice. *Municipal Stormwater and Urban Runoff Discharges,* 20-0304-I-07 (City of Lakewood, Claimant).

5. The County had used the same documentation for several years leading up to the fiscal years at issue and had always received reimbursement. It was arbitrary and capricious to change the requirements and reject the documentation subsequent to the

[1] These statistics are collected on a calendar, as opposed to fiscal, year basis.

time when new or different documentation could be generated. (The documentation was created in fiscal years 2017-2021; the Controller's Office did not object to the documentation until the audit commencing in August 2022.)

6. The 2009 Parameters and Guidelines amendment did not put the County or any other party on notice of any change in documentation requirements. The notice in support of the amendment simply stated that it was including "boiler plate" language. The language itself that was added by the amendment does not specify the requirements cited by the Controller's Office in its audit.

7. It was arbitrary and capricious for the Controller's Office to find that the County was entitled to zero reimbursement when there was no dispute that mandated services were rendered.

8. Where inadequate source documentation exists, it is arbitrary and capricious to preclude reimbursement in its entirety. Instead, reimbursement should be provided based on a reasonable estimate of the cost of services rendered. See e.g., *In re Incorrect Reduction Claim on Education Code Sections 44660-44665, etc*., Case No. 14-9825-I-01 ("The Stull Act"), September 23, 2016, at 19-20, 24) (where there is no dispute that mandated activities occurred, it is arbitrary and capricious to reduce reimbursement to $0); *In re Incorrect Reduction Claim on Family Code Sections 3060-3064, etc.,* Case Nos. 08-4237-I-02 and 12-4237-I-03 ("Child Abduction and Recovery"), March 25, 2016, p.17 (Commission upheld time incurred in subsequent year as reasonable estimate of time incurred in prior year).

## II. FACTS

### A. THE CLAIMS AT ISSUE

The Controller's Office audited FYs 2017-2018 through 2020-2021 (the "audit period"). The Controller's Office adjusted the County's claims to $0.00 as follows:

| Fiscal Year | Actual Costs Claimed | Controller's Office's Reimbursement after Audit Adjustment |
|---|---|---|
| 2017-2018 | $3,136,557 | $0.00 |
| 2018-2019 | $2,703,020 | $0.00 |
| 2019-2020 | $2,307,814 | $0.00 |
| 2020-2021 | $2,144,841 | $0.00 |
| Total | $10,292,232 | $0.00 |

Section 9, pp. 1086-88 (Audit Rpt., p. 4-5, 6).

## B. SUMMARY OF MANDATE

The Child Abduction and Recovery program has been in place since 1976. The 2009 Amendment to the Parameters and Guidelines ("2009 Amended Parameters and Guidelines" or "Parameters and Guidelines") summarizes the mandate and reimbursable activities in pertinent part as follows:[2]

"I. SUMMARY OF MANDATE

> Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160 and 5169 of the Civil Code, added Sections 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interest in court with no assistance from law enforcement agencies, due to this statute, counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.
>
> Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.
>
> Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.
>
> Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in (sic) a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.

[2] *Custody of Minors: Child Abduction and Recovery,* Amendment to Parameters and Guidelines, 05-PGA-26 (CSM- 4237), Amended: October 30, 2009, at 1-2, 3-6.

II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceedings with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

. . .

V. REIMBURSEABLE COSTS

. . .

B. Reimbursable Activities:

[A]ll direct and indirect costs of labor, materials and supplies, training and travel for the following activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:

a. Contact with child(ren) and other involved persons.

(1) Receipt of reports and requests for assistance.

(2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

(3) Locating missing or concealed offender

and child(ren).

b. Utilizing any appropriate civil or criminal court action to secure compliance.

(1) Preparation and investigation of reports and request for assistance.

(2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.

(3) Process services and attendant court fees and costs.

(4) Depositions.

c. Physically recovering the child(ren).

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A

maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs."

### C. THE LOS ANGELES COUNTY DISTRICT ATTORNEY'S CHILD ABDUCTION SECTION

The Los Angeles County District Attorney's Office created its Child Abduction Section in 1986 to implement these mandates. International child abductions fell under the jurisdiction of the Child Abduction Section in 1988, when the United States signed the Hague Convention on the Civil Aspects of International Child Abduction (Hague). Under Article 7 of the Hague Convention, each District Attorney in California is deemed a competent authority and an intermediary of the United States Central Authority. (Family Code Section 3455 authorizes a District Attorney to act on behalf of the Family Court in Hague cases and appear in court on those matters.) Alarcon Declaration, ¶¶ 3 and 4.

In addition, the District Attorney's Office has a Bureau of Investigation Child Abduction Unit. Alarcon Declaration, ¶ 6. The Unit receives all Family Code §§ 3130-3134.5 orders submitted to the District Attorney's office by private citizens seeking enforcement of their orders. The Unit investigates these matters and conducts child recoveries both in and out of state. When needed, the Unit consults with the Child Abduction Section for assistance with Family Code § 3130 matters and submits all out-of-state recovery documents to the Assistant Head Deputy of the Target Crime Division

for review and signature. Not all Family Code § 3130 matters are prosecuted criminally but, when there is a concurrent criminal investigation pending, the Unit will coordinate with the handling law enforcement agency. On rare occasions, the Unit will serve as the investigation agency for criminal purposes and submit the case for criminal filing by the Child Abduction Section. Martin Declaration, ¶ 3.

During the audit period, the Child Abduction Section consisted of Deputy District Attorneys, paralegals, and an administrative clerk. The Bureau of Investigation Child Abduction Unit consisted of four assigned district attorney investigators (DAIs) and a supervising Sergeant. Alarcon Declaration, ¶¶ 5 and 6.

**D. THE AUDIT**

The Controller's Office initiated its audit of FYs 2017 through 2021 on August 5, 2022. *See* Letter to Arlene Barrera, dated August 5, 2022, (Anema Dec., ¶ 8, Ex.1.)

In support of its claims, the County submitted time studies, salary and benefits information, and an indirect cost calculation for each fiscal year (Alarcon Dec. ¶ 11, Ex. 3; Reimbursement Claims (Incorrect Reduction Claim Form, Section 10)). The County also provided the Controller's Office with documents from eight sample cases (Audit Rpt., p. 7).

As set forth above, the Controller's Office disallowed the County's claim in its entirety. The Controller's Office's disallowance, however, was not based on a finding that no mandated activities took place. Nor did the Controller's Office find that the County claimed costs that were excessive or funded by other sources. Instead, the sole basis for the Controller's disallowance was because the County purportedly did not provide contemporaneous source documents (Audit Rpt., pp.3, 6).

Basically, the Controller's Office found that, although each employee certified his or her time sheet as true and accurate, and the time sheet was further certified by the employee's supervisor, it was not sufficient that the County's time sheets distinguished between reimbursable and non-reimbursable activities and kept track of the work performed by referencing the particular code section for which work was done. Instead, according to the Controller's Office, the time sheet had to go further and divide the mandated activities into subcategories, such as case review, court appearances or investigations (Audit Rpt., pp.6-7, 15). (The Controller's Office noted what it referred to as some deficiencies in the time sheets for FYs 2018-19 and 2020-21, but did not base its decision on that ground (Audit Rpt., pp. 7, 20). As the County noted in its response to the audit, these alleged deficiencies were not disqualifying, and at best were only a basis for rejecting the particular time sheet, not all properly completed time sheets in their entirety (Audit Rpt., pp. 13-14, 19-20)).

The Controller's Office also found that one employee, the Intermediate Typist Clerk, devoted some time to Penal Code section 278.7 cases, referred to as "good cause" cases, and that this employee's time on these cases was not reimbursable because

section 278.7 cases were not identified in the 2009 Parameters and Guidelines (Audit Rpt., p. 7).

### E. PRIOR TO THE AUDIT PERIOD, LOS ANGELES COUNTY'S CLAIMS WERE CONSISTENTLY REIMBURSED

The County has been submitting claims for reimbursements since the enactment of the Child Abduction and Recovery Program and has been consistently reimbursed for these costs. For example, since FY 2001[3] through the audit period, the County submitted the following claims and received the following amounts:

| Fiscal Year | Claimed Amount | Amount Received |
|---|---|---|
| FY 2000-01 | $1,568,069 | $1,568,069 |
| FY 2001-02 | $1,820,681 | $1,820,681 |
| FY 2002-03 | $1,918,032 | $1,918,032 |
| FY 2003-04 | $2,011,224 | $2,011,224 |
| FY 2004-05 | $1,882,805 | $1,882,805 |
| FY 2005-06 | $2,059,975 | $2,059,975 |
| FY 2006-07 | $2,161,454 | $2,161,454 |
| FY 2007-08 | $2,347,491 | $2,347,491 |
| FY 2008-09 | $2,533,407 | $2,533,407 |
| FY 2009-10 | $2,577,273 | $2,577,273 |
| FY 2010-11 | $2,965,357 | $2,965,357 |
| FY 2011-12 | $2,833,390 | $2,833,390 |
| FY 2012-13 | $2,657,629 | $2,657,629 |
| FY 2013-14 | $2,773,461 | $2,773,461 |
| FY 2014-15 | $2,836,527 | $2,836,527 |
| FY 2015-16 | $3,105,753 | $3,105,753 |
| FY 2016-17 | $2,872,431 | $2,872,431 |

Anema Declaration, ¶ 6.

As these figures show, the County has received reimbursement in excess of $2,000,000 and as high as $3,105,753 for 12 consecutive years prior to the fiscal years at issue here, from FY 2005-06 through FY 2016-17. At no time during this period was the existence of mandated activity or the amount of reimbursement questioned.

The County continued with its same practice and with the same documentation for the audit period. For this period, however, the Controller's Office retroactively adjusted the claim to $0.00. The Controller's Office did so even though it did not dispute that mandated activities were performed.

[3] The County also submitted and was reimbursed for claims for fiscal years prior to 2001. For brevity's sake, the County is describing here the claims from FY 2001 forward.

## III. THE AUDIT FOR FISCAL YEAR 2017-2018 SHOULD BE WITHDRAWN AS UNTIMELY

Preliminarily, as an independent basis for reversing the Controller's audit, the audit for FY 2017-2018 was untimely and should be withdrawn.

The County filed its reimbursement claim for FY 2017-2018 on January 31, 2019. (*See* Section 10, p. 1122, Form FAM-27, dated January 25, 2019; Anema Dec., ¶ 7). The Controller initiated its audit of this fiscal year on August 5, 2022. *See* Anema Dec., ¶ 8 and Ex. 1 (Letter to Arlene Barrera, dated August 5, 2022).

Government Code § 17558.5(a) provides that "[a] reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than *three years after the date that the actual reimbursement claim is filed or last amended*, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim." (Emphasis added.)

Here, the claim for FY 2017-2018 was filed on January 31, 2019, and the initiation of the audit for FY 2017-2018 occurred on August 5, 2022, more than three years later (Anema Dec., ¶¶ 7 and 8). The claim was not amended. Therefore, the audit for FY 2017-2018 was untimely and should be withdrawn.

In the audit, however, the Controller's Office contended that its audit was timely, relying on the provision of section 17558.5(a) that provides "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim." (Audit Rpt., pp.14-15).

This exception, however, does not apply here. Under section 17558.5(a), the exception to the three-year statute of limitations applies only when "no funds are appropriated or no payment is made to a claimant for the program *for* the fiscal year for which the claim is filed." Govt. Code § 17558.5(a) (emphasis added). Here, it is undisputed that funds *were* appropriated and payment *was* made to the County *for* FY 2017-2018. See Anema Dec., ¶ 7 (payment); Gest Dec. ¶¶ 3 and 4 and Ex. 1 (appropriation of funds).

In applying Govt. Code § 17558.5(a), the Commission must apply the plain meaning of the statute. As the California Supreme Court held in *Romano v. Rockwell International, Inc.* (1996) 14 Cal.4th 479:

> We interpret statutory language according to its usual and ordinary import, keeping in mind the apparent purpose of the statute. (*Dyna-Med, Inc. v. Fair Employment & Housing Com.* (1987) 43 Cal. 3d 1379, 1386-1387. When no ambiguity appears, we give statutory terms their plain meaning. (*People v. Coronado* (1995) 12 Cal. 4th 145, 151.

14 Cal.4th at 493.

Here, the plain meaning of Govt. Code § 17558.5(a) provides that the exception upon which the Controller's Office relies applies only when no funds are appropriated or no payment is made for the fiscal year for which the claim is filed. As discussed above, funds were appropriated and payment was made to the County for FY 2017-2018. See Anema Dec., ¶ 7; Gest Dec. ¶¶ 3and 4 and Ex. 1. Under the plain meaning of Section 17558.5(a), therefore, the exception on which the Controller's Office relies does not apply and the audit had to be commenced within three years of the filing of the claim, i.e. by January 31, 2022.

In sum, because it is undisputed that funds were appropriated and payment was made for FY 2017-2018, the Controller's Office was required to commence the audit "three years after the date that the actual reimbursement claim is filed or last amended," Govt. Code § 17558.5(a), i.e., no later than three years after January 31, 2019, when the claim for reimbursement was filed. Because the Controller's Office did not initiate its audit during this three-year period, the audit was untimely and should be withdrawn. The County's claim for payment for Fiscal Year 2017-2018 in the amount of $3,136,557 should be reinstated.

## IV. THE COUNTY'S CLAIMS WERE SUPPORTED BY SOURCE DOCUMENTS THAT SHOWED THE VALIDITY OF THE CLAIMED COSTS IN ACCORDANCE WITH THE PARAMETERS AND GUIDELINES

### A. THE COUNTY SUBMITTED SOURCE DOCUMENTS CONSISTENT WITH THE PARAMETERS AND GUIDELINES

The County submitted time studies, salary and benefits information, and an indirect cost calculation in support of the costs incurred for each fiscal year (*See* Incorrect Reduction Claim Form, Section 10 (reimbursement claims); Alarcon Dec., ¶ 11, Ex. 3). Contrary to the Controller's assertion, these documents are valid source documents as set forth by the Parameters and Guidelines.

The 2009 Amended Parameters and Guidelines provide that claimed costs must be:

> "supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs . . . ."

2009 Amended Parameters and Guidelines, Section V. The County submitted such source documents here.

### 1. The County's Time Records are Source Documents Consistent with the Parameters and Guidelines

First, the County submitted time study reports. Although titled "time study," these are actually time sheets*, i.e.*, employee time records/time logs. Each time sheet was created at or near the time the actual cost was incurred, and reflected the validity of the costs, when they were incurred, and their relationship to the reimbursable activity:

a. Each deputy district attorney, paralegal, investigator, and clerk completed his or her own time sheet. Each time sheet set forth the time expended on both claimable and non-claimable matters and the date the time was incurred (Alarcon Dec., Exs. 1 and 3.) Thus, the time sheet was based on personal knowledge, distinguished between reimbursable and non-reimbursable costs, and reflected when the costs were incurred.

b. Each time sheet contained instructions as to how the time sheet was to be completed and distinguished between mandated activities. Obtaining compliance with court orders relating to custody orders was included on the time sheet under the Family Code §§ 3130-3133 category. The return of an illegally concealed child or minor to its legal custodian was included under the Penal Code §§ 277, 278, and 278.5 category. *See e.g.* Alarcon Dec., Ex. 1 p. 2). These instructions buttressed the validity and accuracy of the time sheets, making sure the time was allocated correctly between mandated and non-mandated activities. The allocation between Family and Penal Code tasks reflected the work's relationship to the reimbursable activities, *i.e.,* obtaining compliance with custody orders or return of illegally concealed children.

c. Each time sheet's directions specifically provided that all non-claimable activities were to be segregated and placed under the non-claimable section. *See e.g.* Alarcon Dec., Ex. 1 p. 2). Again, this ensured that only mandated activities were claimed.

d. The total hours expended on both claimable and non-claimable matters were totaled for each day. *Id*. at Exs. 1 and 3. This totaling served to ensure that the time was reported accurately.

e. Finally, each employee was instructed that the time sheets were to be completed on a daily basis, certified by the employee, and signed, dated, and submitted at the end of each month. *Id.* Each employee's supervisor also signed and certified that the time sheet is true and correct to the best of his or her knowledge. *Id.* By completing the time sheet on a daily basis, this meant that the time sheet was completed at or near the time the cost was incurred in accordance with the Parameters and Guidelines, and also minimized the risk that the time would be misallocated.

In addition to the time sheets, the Controller's Office also received a list of each attorney, paralegal, and investigator assigned to the appropriate category of compensable activities in support of each claim. With respect to the County, these would be Family Code §§ 3130-3133 or Penal Code §§ 277, 278, and 278.5 matters. Support documents showing salaries, benefits, and indirect costs were also supplied. *See* Section 10, Reimbursement Claims, pp. 1120-1199.

### 2. The County's Salary and Benefits Documents are Source Documents Consistent with the Parameters and Guidelines

With respect to salary and employee's benefits specifically, the Parameters and Guidelines required the documents to:

> "identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed, and specify the actual number of hours devoted to each function, the productive hourly rate and the related benefits."

Parameters and Guidelines, Section VII.A.1.

Again, that was done here. Each submitted claim form was supported by a schedule of employees, their classifications, their salary and other benefits, and the mandated functions performed, i.e., Compliance with Court Orders (3130-3133) or Compliance with Court Orders (Program 277, 278, 278.5). See Claims, Form 2.

The County's time sheets reviewed by the Controller's Office also described the mandated functions and specified the actual number of hours devoted to each function. Each employee's time was described and allocated as either obtaining compliance with court orders (Family Code §§ 3130-3033), return of illegally concealed children or minors to their legal custodian (Penal Code §§ 277, 278, 278.5), or non-claimable activities as the case may have been. (See Alarcon Dec., Exs. 1 and 3.)

### 3. Additional Documentation

Finally, the County also submitted additional documentation specifically on its investigators' activities. During the audit, County representatives explained to the auditor that their investigators' time was almost exclusively devoted to claimable activities, *i.e.,* enforcing custody orders. In support of this fact, the Controller's Office was provided with a list of the cases the investigators handled during the audit period. The Controller's Office was also provided with the case files of representative cases so that the Controller's Office could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there was a place for that to be indicated on the time record so that it was not included in the claim. Martin Dec., ¶ 4.

### 4. The County's Documents Described Its Employees' Activities in Accordance with the Parameters and Guidelines

The Controller's audit recognized that the County kept and submitted these time records. It noted that time was allocated between claimable and non-claimable activities, by Family and Penal Code section, and that employees were specifically instructed as to how to allocate their time (Audit Rpt., p. 15).

The Controller's Office nevertheless disallowed reimbursement in its entirety because, according to the Controller's Office, "descriptions of the mandated activities are

not provided" and non-claimable activities were "noted as '277.278/278.5 Non-Claimable' or 'Other Non-Claimable.'" Audit Rpt. at 15.

The Controller's Office's position, however, is not well taken. Descriptions of the mandated activities as described by the Parameters and Guidelines were provided. The Parameters and Guidelines describe the reimbursable activities to include:

> "1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including
>
> . . .
>
> b. Utilizing any appropriate civil or criminal court action to secure compliance . . .
>
> 2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction . . . ."

Parameters and Guidelines, Section V.B.1 and 2. The County's time sheets described these activities by reference to the Family and Penal Code sections. See Section IV.A.1.b, above. Non-claimable activities were allocated to its own line entry.

Thus, the County's time sheets did describe the mandated activities, i.e., "obtaining compliance with court orders," as set forth in the Parameters and Guidelines. It did so by referring to the Family and Penal Codes that mandate these activities. The time sheets further excluded non-reimbursable time by creating a separate, excludable category for that time. (Further description of non-reimbursable time was not needed as no reimbursement was being sought for that time. It was included on the time sheet, however, as a further check to assure that only reimbursable time was claimed.) The Controller's Office's position was not well taken. [4]

---

[4] In the audit, the Controller's Office asserted that it could not identify the time an Intermediate Typist Clerk spent with respect to Penal Code § 278.7, referred to as "good cause" cases. The Controller's Office contended the Clerk Typist's time spent on good cause cases was not reimbursable because good cause cases were not identified in the Parameters and Guidelines as reimbursable (Audit Rpt., pp. 7, 18).

The Controller's Office's disallowance of this time demonstrates a lack of understanding of Penal Code § 278.7 and how it operates. Penal Code § 278.7 does not create a new crime or a separate proceeding. Penal Code § 278.7 was adopted at the same time as current Penal Code §§ 278 and 278.5 and sets forth a defense as to when Penal Code § 278.5 does not apply, i.e., when a person with a right to custody keeps, withholds, or conceals a child because of a good faith and reasonable belief the child will suffer immediate bodily injury or emotional harm. Penal Code § 278.7(a) and (b). Accordingly, "good cause" is not a separate proceeding but is a defense in a custody proceeding in

## B. THE CONTROLLER'S OFFICE IMPOSED A REQUIREMENT NOT SET FORTH IN THE PARAMETERS AND GUIDELINES

The Controller's Office's complaint is not that the time sheets did not describe the mandated activities, when they were incurred, or their relationship to the reimbursable activities. The Controller's Office concedes this fact. Audit Report, p. 15 ("The time study/time sheet instructions list the Penal Code and Family Code section and 'Activity performed' or "Activities performed.'") Instead, the Controller's Office's complaint appears to be that the time sheets did not break the reflected activities into subcategories of those activities (Audit Report, p. 15). But the Parameters and Guidelines did not require such a description. Nowhere in the Parameters and Guidelines does it state that the description of reimbursable activities had to be broken down into subcategories.

This can be seen from the Parameters and Guidelines themselves. As set forth above, Section V of the Parameters and Guidelines provides that source documents should show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities. Reimbursable activities are identified to include "obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders . . . . including utilizing any appropriate civil or criminal court action to secure compliance" and "court actions and costs in cases involving child custody or visitation orders from another jurisdiction. . . ." Parameters and Guidelines, Section V.B.1 and 2. Section V states specifically that source documents may include employee time records or time logs.

Parameters and Guidelines Section VII A.1 then specifically provides that for salary and employee benefits, the costs at issue here, the documents should "[i]dentify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the

---

which Penal Code § 278.5 is raised, which code section *is* identified as reimbursable in the Parameters and Guidelines.

As such, there are no separate section 278.7 cases. Instead, Penal Code § 278.7 is a defense raised by a parent or person with a right to custody in a custody case. The Intermediate Clerk Typist performs no work other than inputting into a database any report filed by the person who keeps, withholds, or conceals the child so that there will be record of the report should the defense be asserted *in the proceeding invoking section 278.5.* This time is de minimus, but in any event claimable because it is part of the proceeding in which Penal Code § 278.5 may be raised.

In sum, the Parameters and Guidelines did not need to identify "good cause" hearings as reimbursable costs because there is no such hearing independent of the custody proceedings in which Penal Code § 278.5 may be raised. Penal Code § 278.7 is simply a defense that can be heard in response to Penal Code § 278.5, and as such is part of proceedings that the Parameters and Guidelines already identify as reimbursable (Penal Code § 278.5). The Controller's Office's position that Penal Code § 278.7 is separate from Penal Code § 278.5 proceedings is based on a lack of understanding of these proceedings and lacks merit.

productive hourly rate, and the related benefits," which the County did through the documents in support of its claims and its employee time sheets. *See* Sections IV.A.1 through 4, above. *Nowhere do the Parameters and Guidelines state that the source documents must identify not only the reimbursable activities being claimed but also further break those activities into subcategories of those activities.* This is a requirement not found in the Parameters and Guidelines.

## V. THE CONTROLLER'S OFFICE'S NEW REQUIREMENT FOR A BREAKDOWN OF REIMBURSABLE ACTIVITIES INTO SUB-ACTIVITIES CONSTITUTES AN UNLAWFUL UNDERGROUND REGULATION AND ITS IMPOSITION WAS A VIOLATION OF DUE PROCESS

### A. THE CONTROLLER'S OFFICE'S NEW REQUIREMENTS CONSTITUTE AN UNLAWFUL UNDERGROUND REGULATION

The Controller's Office's imposition of new requirements with respect to the required content of the County's time records without notice or warning constitutes an underground regulation. As such, the imposition is unlawful.

The time records at issue here have been used and accepted by the Controller's Office without objection since 1994, the date of their last revision (See Alarcon Dec., ¶ 9 and Ex. 1; *see also* Anema Dec., ¶ 6). Prior to the audit, the Controller's Office never advised the County that its time records were insufficient. Instead, each year the County submitted claims and each year the claims were paid. *See e.g.,* Section II.E, above; Anema Dec., ¶ 6. It was not until 2022, after the audit was initiated, that the Controller's Office advised the County that it now required the County's time sheets to include subcategories of activities. This was more than one year after the last fiscal year at issue, at a time when it was impossible for the County to go back and revise the time sheets for the fiscal years at issue. No public notice of the adoption of this policy had ever been given; no text of a regulation to this effect had ever been issued.

The Controller, having accepted these time sheets for years prior to the audit periods at issue here, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. To do so is an unlawful "underground regulation."

Under California's Administrative Procedure Act, Gov. Code, § 11340 et seq. ("APA"), an

> "agency must give the public notice of its proposed regulatory action; issue a complete text of the proposed regulation with a statement of the reasons for it; give interested parties an opportunity to comment on the proposed regulation; respond in writing to public comments; and forward a file of all materials on which the agency relied in the regulatory process to the Office of Administrative Law, which reviews the regulation for consistency with the law, clarity, and necessity."

*Tidewater Marine Western, Inc. v. Bradshaw* (1996) 14 Cal 4th 557, 569 (citations omitted).

One purpose of the APA is to ensure that those persons or entities whom a regulation will affect have a voice in its creation, as well as notice of the law's requirements so that they can conform their conduct accordingly. *Id.* at 568-569.

An underground regulation is a regulation that a court may determine to be invalid because it was not adopted in substantial compliance with the procedures of the APA. *Modesto City Schools v. Education Audits Appeal Panel* (2004) 123 Cal.App.4th 1365, 1381; *California Advocates for Nursing Home Reform v. Bontá* (2003) 106 Cal.App.4th 498, 506-507. To be deemed an underground regulation, the policy or rule at issue must meet two requirements: (1) the agency must intend it to apply generally rather than in a specific case;[5] and (2) the agency must adopt it to implement, interpret, or make specific the law enforced by the agency. *Modesto City Schools,* 123 Cal.App.4th at 1381. The APA was designed in part to prevent the use by administrative agencies of underground regulations. *California Advocates for Nursing Home Reform* 106 Cal.App.4th at 506. *See generally, Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 800.

Here, the Controller's Office's new policy of requiring time sheets to include subcategories of the mandated activities meets the requirements of an underground regulation. First, it is a policy that the Controller's Office not only intends, but has in fact, applied generally. Since November 2022, the Controller's Office has conducted 11 audits of county District Attorney Child Custody claims throughout the State. In each, the Controller's Office has applied the policy at issue here. *See* Gest Dec., ¶ 7 and Ex. 2 (attaching 5 of these audits).

Second, the Controller's Office has adopted this policy as part of its implementation of the Child Custody mandates and the Parameters and Guidelines enforced by it. The Controller's Office has applied it when determining whether a document is an adequate source document.

As such, the Controller's Office's new requirement that source documentation include subcategories of activities is a policy or rule that is applied generally and was adopted to implement, interpret and make specific the Child Custody mandates and the parameters and guidelines enforced by it. *See Clovis Unified School Dist. v. Chiang,* 188 Cal.App.4th at 805 (contemporaneous source documentation rule used by Controller's Office in audits meets the two criteria for being an APA regulation.) No notice, regulatory or otherwise, however, was ever given as to this new policy or rule until it was applied in the audit. This new policy or rule was an unlawful underground regulation.

### B. THE 2009 AMENDMENT TO THE PARAMETERS AND GUIDELINES DID NOT PUT THE COUNTY ON NOTICE OF THE CONTROLLER'S OFFICE'S NEW REQUIREMENTS

Indeed, the Controller's Office does not dispute that the requirement that a source document must break down the mandate into subcategories is a policy universally applied

[5] The rule need not apply universally; a rule applies generally so long as it declares how a certain class of cases will be decided. *Tidewater Marine,* 14 Cal.4th at 571.

to these mandate claims. Instead, the Controller's Office asserted that the 2009 Amended Parameters and Guidelines put the County on notice of these new requirements (Audit Report, p. 17). This argument lacks merit.

First, as previously set forth in Section IV.B, above, nowhere in the 2009 Amended Parameters and Guidelines does it specify that time sheets must reflect the subcategories required by the Controller's Office in the audit. The Parameters and Guidelines provide that claimed costs must be "supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities." Parameters and Guidelines, Section V. The County's time sheets show the validity of the costs, when they were incurred and their relationship to reimbursable activities by breaking down each employee's daily activities by citation to the appropriate mandate, *i.e.,* the Family or Penal Code sections, or non-claimable costs. Nowhere in the Parameters and Guidelines does it state that the citation to the mandated activities must be further broken down into subcategories.

Second, neither the Final Staff Analysis on the proposed 2009 amendment, nor the Commission's Hearing Minutes themselves, gave notice of this requirement. Instead, the matter was presented to the regulated community and the Commission as simply adding "boilerplate language." The staff analysis said the purpose of the amendment was to include the same "boilerplate language" in the Parameters and Guidelines that had otherwise been included in other Parameters and Guidelines since 2003. The Staff Analysis did not say that it was adding any requirement specific to Child Custody support documentation or that subcategories of activities had to be referenced in that documentation. Final Staff Analysis, Proposed Amendment to Parameters and Guidelines, pp. 1-2, October 30, 2009 Hearing.

Indeed, this same "boilerplate language" was also being added to 48 other programs. The matter was put on the consent calendar for the October 30, 2009, hearing along with another set of Parameters and Guidelines and was simply referenced as "update boilerplate language: Child Abduction and Recovery." Minutes, Commission on State Mandates, October 30, 2009.

Thus, the regulated community received no notice that any substantive change was being made to the Parameters and Guidelines. The language itself referenced only that actual costs may be claimed, and those costs must be supported by "source documents that show the validity of such costs, when they were incurred, and the relationship to the reimbursable activities." 2009 Amended Parameters and Guidelines, Section V. Nothing indicated that source documentation had to break down activities into subcategories. Instead, the regulated community was advised only that "boilerplate language" was being inserted.

The fact that the 2009 Amendment did not specifically require source documents to break down the mandated activities into subcategories is further evidenced by the Controller's Office's own Mandated Cost Manual. The Controller's Office issues its updated Mandated Cost Manual annually. The purpose of the manual is to "assist

claimants in preparing mandated cost claims for submission to the State Controller's Office." Mandated Cost Manual for Local Agencies, Forward (revised 10/24/24).

Section 9(a) of that manual addresses actual time reporting. It provides in pertinent part that:

> "Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:
>
> (1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee.
>
> (2) Account for the total activity for which each employee is compensated.
>
> (3) Be prepared at least monthly and must coincide with one or more pay periods.
>
> (4) Be signed by the employee."

Mandated Cost Manual for Local Agencies, p.15.

That is the case here. Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. See Alarcon Dec., Exs. 1 and 3.

The Mandated Cost Manual does not state that the claimant's time records must break down reimbursable activities into subcategories. The fact that it does not is evidence that the 2009 Amendment to the Parameters and Guidelines, the boilerplate language that was added, did not specify this requirement. If it did, the Mandated Cost Manual would have so specified.

Additionally, as guidance issued by the Controller's Office itself, the County was entitled to rely on the Mandated Cost Manual as to what its time sheets should reflect. It was arbitrary and capricious for the Controller's Office to reject documentation that was in compliance with its own Cost Manual. *Cf. Yamaha Corp. of America v. State Board of Equalization* (1998) 19 Cal.4th 1, 15 (State Board of Equalization annotations-digests of opinions written by Board legal staff-are entitled to consideration).

The Controller's Office can adopt a policy requiring Child Custody source documents to break down activities into subcategories. But to do so, it must first give notice and the opportunity to comment in accordance with the Administrative Procedure Act. *Tidewater Marine,* 14 Cal.4th at 569. The Controller's Office did not do so here. Its attempt to apply this underground regulation is unlawful, and the Controller's Office's actions must be reversed.

### C. IT IS A VIOLATION OF DUE PROCESS TO IMPOSE A REQUIREMENT WITHOUT FIRST PROVIDING NOTICE

The imposition of a new requirement without notice is not only an underground regulation in violation of the APA, it is also a violation of due process.

In *In re Incorrect Reduction Claim*, Los Angeles Regional Water Quality Control Board Order No. 01-82, Case No. 20-0304-I-07, *Municipal Stormwater and Urban Runoff Discharges,* (City of Lakewood, Claimant) (July 22, 2022), the Commission considered an Incorrect Reduction Claim challenging reductions by the Controller's Office to reimbursement claims filed by the City of Lakewood under the Municipal Stormwater and Urban Runoff Discharges program.

In this claim, the Controller's Office had reduced Lakewood's reimbursement for FYs 2002-2003 through 2010-2011 based on the Controller's Office's finding that Lakewood had not provided contemporaneous source documents to support its claim under the reasonable reimbursement methodology for the number of trash collections performed during the audit period, and also that it had failed to offset from its claim Proposition A local return funds. *Id.* at 2. Specifically, the Controller found that Lakewood had failed to provide contemporaneous source documents to support its claim that it collected trash twice a week. *Id*. 11-12. The requirement that actual costs be traceable and supported by source documents that show the validity of such costs, when they were incurred, and the relationship to the reimbursable activities, was the same language as is at issue here. Id. 13.

The Parameters and Guidelines containing this requirement, however, were not adopted until March 2011, after the fiscal years at issue. Lakewood argued that applying this requirement retroactively violated due process. The Commission agreed.

The Commission first found that under the reasonable reimbursement methodology being used in this case, the contemporaneous source document requirement was not applicable. *Id.* at 27. The Commission then further found that, even assuming that the Parameters and Guidelines could be interpreted to require contemporaneous source documentation, applying such a requirement retroactively, before the Parameters and Guidelines were adopted, would violate due process. Id. 27. This Commission noted that *"due process requires reasonable notice of any substantive change affecting the substantive rights and liabilities of the parties,*" *Id.* at 28 (emphasis added), citing *In Re Cindy B.* (1987) 192 Cal.App.3d 771, 783-784. The Commission found that "a change is substantive if it imposes new, additional or different liabilities on past conduct." *Id.* at 28, citing *City of Modesto v. National Med., Inc.* (2005) 128 Cal.App.4th 518, 527.

That is the case here. As set forth in Section II.E. above, the County had consistently submitted claims for reimbursement and had been consistently reimbursed for these costs for over 15 years prior to the audit period. The claimed amounts and reimbursements were all based on the same documentation that was submitted for the

audit period. At no time was the County ever advised that the documentation was insufficient.

Only in the audit issued in 2024 did the Controller's Office impose this new requirement that the County's time sheets must set forth not only the reimbursable activities but subcategories of those activities. As evidenced by the Controller's Office's disallowance of costs based on this requirement, this new requirement was a substantive change as it imposed a new, additional obligation on past conduct.

Moreover, not only did the Controller's Office change the required documentation, but this change was announced and applied when compliant documentation could no longer be created. In accordance with the Parameters and Guidelines that required source documents be created at or near the time the activity occurred, the County's time sheets for Fiscal Years 2017 through 2021 were created at that time. The Controller's Office did not add the requirement that the time sheets break down the reimbursable activities into subcategories until the audit commenced in August 2022. At that time, the County could not re-create documents that would both be created at or near the time of the activity and meet the new requirements.

As this Commission found in *In re Incorrect Reduction Claim*, Los Angeles Regional Water Quality Control Board Order No. 01-82, Case No. 20-0304-I-07, *Municipal Stormwater and Urban Runoff Discharges*, it is a violation of due process to impose a new requirement without first providing notice. That is the case here. Here, the County had been consistently reimbursed for over 17 years based on time sheets that reflected time allocated between reimbursable activities but did not break those activities into subcategories. The County had no notice that the Controller's Office was changing its view of those time sheets until the Controller's Office issued its final audit report in May 2024, three to six years after the time sheets were completed, and after reimbursement based on those time sheets had previously and consistently been made. It was arbitrary and capricious, and a violation of due process, for the Controller's Office to retroactively apply this new requirement without first providing prior notice.

## VI. WHEN THERE IS NO DISPUTE THAT MANDATED SERVICES WERE RENDERED, IT IS ARBITRARY AND CAPRICIOUS FOR THE CONTROLLER'S OFFICE TO FIND THAT THE COUNTY IS ENTITLED TO $0.00 REIMBURSEMENT. IF INADEQUATE SOURCE DOCUMENTS WERE SUBMITTED (WHICH THE COUNTY DISPUTES), THEN REIMBURSEMENT SHOULD BE PROVIDED BASED ON A REASONABLE ESTIMATE OF THE COSTS OF THE SERVICES RENDERED.

### A. IT IS ARBITRARY AND CAPRICIOUS TO REDUCE A CLAIM TO $0.00 BASED ON INADEQUATE SOURCE DOCUMENTS WHERE THERE IS NO DISPUTE THAT MANDATED ACTIVITIES WERE RENDERED

The Controller Office's audit adjustment was based on a purported lack of contemporaneous source documents, not on a finding that mandated activities had not

been rendered (Audit Report, p. 6) ("The costs are primarily unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.") As set forth above, the County disagrees with this conclusion. Its time sheets were formatted in accordance with the Parameters and Guidelines.

Nevertheless, even if the County's time sheets were not in compliance with the Parameters and Guidelines, it was arbitrary and capricious for the Controller's Office to find that the County was entitled to zero reimbursement, as there was no dispute that mandated services had been rendered. If the County's time sheets were not adequate source documents, then reimbursement should have been provided based on a reasonable estimate of the costs of services rendered.

In *In Re Incorrect Reduction Claim on Education Code §§ 44660-44665, etc.*, Case No. 14-9825-I-01 ("The Stull Act"), the Oceanside School District filed a claim seeking reimbursement of $1,270,420 in direct and indirect costs incurred in performing school personnel evaluations pursuant to Education Code §§ 44660-44665, as amended. The Controller's Office reduced the claim to $0 on the grounds that Oceanside's documentation did not identify employees evaluated during the audit period. *Id.* at 1-2, 18. Specifically, the Controller's Office found that Oceanside had not supported its claim with contemporaneous source documents identifying the number of evaluated employees. *Id.* at 9, 18.

After the audit, Oceanside provided documentation showing that 1,698 employees had been evaluated. The Controller's Office found that of the 1,698 employees, 1,149 evaluations fell under the mandate and offered to approve reimbursement in the amount of $35,967. *Id.* at 2.

The Commission found that Oceanside should be reimbursed the $35,967. *Id.* at 2. Of significance here is that the Commission held that, where there is no dispute that mandated activities occurred, it was arbitrary and capricious to reduce reimbursement to $0. *Id.* at 19-20. The Commission held, "the Controller's reduction of costs to $0 is arbitrary, capricious or entirely lacking in evidentiary support." *Id.* at 24.[6]

The same rule applies here. As in the Incorrect Reduction Claim brought by the Oceanside, there is no dispute that the County's District Attorney's Office and its investigators performed mandated activities during the audit period. If this Commission should find that the County did not support its claim with contemporaneous source documents (which the County disputes), then an alternative means to determine the reimbursable costs should be used.

[6] The Commission then went on to find that the Controller's Office's offer to allow reimbursement at 30 minutes per employee evaluated was supported by the record and was not arbitrary, capricious or entirely lacking in evidentiary support. *Id.* at 24.

## B. ALTHOUGH THE COUNTY DOES NOT CONCEDE THAT ITS AUDIT PERIOD SOURCE DOCUMENTATION WAS INADEQUATE, THE COUNTY HAS ALSO PROVIDED AN ALTERNATIVE MEANS TO DETERMINE THE REASONABLE COSTS INCURRED

### 1. The County Has Provided an Alternative Means to Determine the Reimbursement to Which it is Entitled

As set forth above, the County's contemporaneous source documentation was consistent with the Parameters and Guidelines and the Controller's Office new requirements were an unlawful underground regulation, imposed without notice. The Controller's Office's audit should be set aside on those grounds.

Should this Commission, however, find that the documentation was inadequate and that the Controller's requirements were not an unlawful underground regulation or otherwise imposed without notice, then the County has supplied an alternative means to determine the reimbursement to which the County is entitled. After the audit, in accordance with the Controller's Office's new requirements, the County revised its time sheets to reflect both activities and tasks, *i.e*., reimbursable activities and subcategories of those activities. These time sheets were used commencing with FY 2023-2024.

During that time period, 12 employees worked on Child Custody and Recovery matters, including Deputy District Attorneys and Investigators. This number was similar to the 11 employees that worked during FY 2020-2021 and the prior years that were the subject of the audit. As set forth in the Declaration of Lam Tran, the time sheets used during FY 2023-2024 reflect a total of 7,794.67 hours devoted to the program at a cost of $1,567,429.62. Tran Dec., ¶¶ 3 through 5.

### 2. The Commission Can Use This Post-Audit Period Data to Find the Reimbursement to Which the County is Entitled

The Commission has found that it is appropriate to use post audit-period data such as the County has submitted here to find the reimbursement to which a claimant is entitled. In *In Re Incorrect Reduction Claim on Family Code Sections 3060-3064, etc*. Case Numbers 08-4237-I-02 and 12-4237-I-03 (Child Abduction and Recovery) (March 25, 2016), an Incorrect Reduction Claim that also involved child abduction and recovery payments, the Controller's Office had reduced the costs for FYs 1999-2000 through 2001-2002 because claimant County of Santa Clara's payroll documentation did not verify the time spent on the program or comply with the documentation requirements of the Parameters and Guidelines. The Controller's Office also rejected the use of a four-week time study conducted in Fiscal Year 2004-2005, but allowed reimbursement based on hours supported by employee time logs. *Id.* at 2, 7-8.

The Controller's Office also rejected reimbursement for FY 2003-2004 on the same grounds. *Id.*at 8, 16. Instead of reducing reimbursement to $0.00, however, the Controller's Office extrapolated the employee hours identified on time sheets for January

through June 2005 to determine the number of mandate-related hours incurred in 2003-2004, and allowed reimbursement based on that determination. *Id.*

The Commission upheld the use of this post audit-period time documentation to determine the reimbursement to which Santa Clara County was entitled, finding that its use was not arbitrary, capricious, or lacking in evidentiary support. *Id.* at 17.

That same rule should apply here. If the Commission finds that the County's time sheets were not adequate and that the Controller's requirements were not an unlawful underground regulation or otherwise imposed without notice, then the Commission should use the hours and costs reflected on the FY 2023-2024 time sheets as a reasonable estimate of the reimbursable costs incurred during the FYs 2017-2018 through 2020-2021.

First, these time sheets reflect not only the reimbursable activities, but also the tasks undertaken pursuant to those activities, and are thus in compliance with the Controller's Office's new subcategory requirements.

Second, the number of employees assigned to these activities during FY 2023-2024 is the same or similar to the number of employees during FYs 2017-2018 through 2020-2021, the years subject to the audit. *See* Tran Dec, ¶ 4.

Third, the number of hours and costs incurred in FY 2023-2024 is less than the number of hours and costs incurred during the years subject to the audit. Thus, if anything, using this estimate understates the actual costs to which the County is entitled to be reimbursed.

Accordingly, if the Commission finds that the County's time sheets were not adequate and that the Controller's requirements were not an unlawful underground regulation or otherwise imposed without notice, then the Commission should order that the County be reimbursed at least $1,567,429.62 per year for each of the fiscal years at issue.

## VII. CONCLUSION

For the foregoing reasons, this Incorrect Reduction Claim should be granted. The Commission should find that the audit for FY 2017-2018 should be withdrawn as untimely and that the County is entitled to its claimed costs as submitted with respect to each of the Fiscal Years at issue.

In the alternative, should the Commission find that the County's documentation was inadequate (which the County disputes), then the Commission should find that the audit for FY 2017-2018 should be withdrawn and that the County is entitled to at least $1,567,429.62 for each of the subsequent Fiscal Years at issue.

# SECTION 7

# DOCUMENTARY EVIDENCE

# AND DECLARATIONS

DECLARATION OF RACHELLE ANEMA

I, Rachelle Anema, hereby declare under penalty of perjury under the laws of the State of California that the following is true and correct based on my personal knowledge, information, and belief and review of the records in the Department of the Auditor-Controller:

1. I am employed by the County of Los Angeles ("County") Department of the Auditor-Controller and hold the title of Assistant Auditor-Controller. I oversee the Accounting, Property Tax Services, Property Tax Apportionment, and Disbursements Divisions. I previously held the position of Division Chief of the Accounting Division and oversaw multiple sections, including the Unfunded State Mandates, within the Division. I hold a Bachelor of Arts in Business Administration with an emphasis in Accounting from California State University, Fullerton.

2. Attached under Section 8 of the Incorrect Reduction Claim form are true and correct copies of the claiming instructions issued by the State Controller's Office (SCO) for the Custody of Minors-Child Abduction and Recovery Program for the fiscal years (FY) 2017-18 through 2020-21.

3. Attached under Section 9 of the Incorrect Reduction Claim is a true and correct copy of the SCO's Audit Report that the County received by e-mail on May 2, 2024, from the SCO.

4. Attached under Section 10 of the Incorrect Reduction Claim are copies of the reimbursement claims submitted by the County to the SCO for the FYs 2017-18 through 2020-21. These claims were submitted by the County's Auditor-Controller's Office.

5. I am familiar with the County records that reflect receipt of payments on the reimbursement claims for the Custody of Minors-Child Abduction and Recovery Program.

6. For the FYs 2008-09 through 2016-17, the County submitted the following claims and received the following amounts:

| Fiscal Year | Claimed Amount | Amount Received |
|---|---|---|
| FY 2008-09 | $ 2,533,407 | $ 2,533,407 |
| FY 2009-10 | $ 2,577,273 | $ 2,577,273 |
| FY 2010-11 | $ 2,965,357 | $ 2,965,357 |
| FY 2011-12 | $ 2,833,390 | $ 2,833,390 |
| FY 2012-13 | $ 2,657,629 | $ 2,657,629 |
| FY 2013-14 | $ 2,773,461 | $ 2,773,461 |
| FY 2014-15 | $ 2,836,527 | $ 2,836,527 |
| FY 2015-16 | $ 3,105,753 | $ 3,105,753 |
| FY 2016-17 | $ 2,872,431 | $ 2,872,431 |

7. For the FYs 2017-18 through 2020-21, the County submitted the following claims and received the following amounts on the following dates:

| Fiscal Year | Claim Amount Submitted To SCO | Claim Submission Date | SCO Payment Amount | SCO Payment Date | SCO Check Number |
|---|---|---|---|---|---|
| FY 2017-18 | $ 3,136,557 | 01/31/2019 | $ 3,136,557 | 08/15/2019 | MA96103A |
| FY 2018-19 | 2,703,020 | 02/05/2020 | 2,703,020[1] | 08/14/2020 | MA05801A |
| FY 2019-20 | 2,307,814 | 02/11/2021 | 2,307,814 | 08/13/2021 | MA15801A |
| FY 2020-21 | 2,144,841 | 02/01/2022 | 2,144,841 | 08/12/2022 | MA25801A |
| | | | | | |
| **Total** | **$10,292,232** | | **$10,292,232** | | |

8. Attached as Exhibit 1 is a true and correct copy of a Letter dated August 5, 2022, from the State Controller's Office to the Auditor-Controller of Los Angeles County.

I have personal knowledge of the foregoing facts and information presented in this Test Claim and, if so required, I could and would testify to the statements made herein. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 24th day of April, 2025, in Los Angeles , California.

Rachelle Anema Digitally signed by Rachelle Anema Date: 2025.04.24 13:05:16 -07'00'

Rachelle Anema
Assistant Auditor-Controller
Department of the Auditor-Controller
County of Los Angeles

[1] The authorized payment amount for FY 2018-2019 was $2,703,020. The check amount for that year was $2,583,561 due to an offset from an unrelated program.

# EXHIBIT 1

BETTY T. YEE
California State Controller

August 5, 2022

Arlene Barrera, Auditor-Controller
Los Angeles County
500 West Temple Street
Los Angeles, CA 90012

Re: Audit of Mandated Cost Claims for the Custody of Minors—Child Abduction and Recovery Program for the Period of July 1, 2017, through June 30, 2021

Dear Ms. Barrera:

This letter constitutes the initiation of an audit by the State Controller's Office of Los Angeles County's legislatively mandated Custody of Minors – Child Abduction and Recovery Program cost claims filed for fiscal year (FY) 2017-18 through FY 2020-21. The amount claimed for the audit period totals $10,292,392. The objective of our audit is to determine whether costs claimed represent increased costs as a result of the mandated program. To that end, we will assess whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

Alexandra Bonezzi, of our office, contacted the county on July 26, 2022, to schedule an entrance conference for Tuesday, August 16, 2022, at 9:00 a.m. The audit will be conducted in accordance with generally accepted government auditing standards. Government Code sections 12410, 17558.5, and 17561 provide the authority for this audit. We will begin audit fieldwork after the entrance conference.

Please furnish working accommodations for staff. Attached is a list of documents that we will need to begin the audit. We request that this information be made available at the time of the entrance conference. We will request additional documentation throughout the audit process, if necessary.

Lisa Kurokawa is the Bureau Chief with overall responsibility for the audit. Kimberly Tarvin, CPA, is the Division Chief, and is responsible for final review and signing the audit report.

P.O. Box 942850, Sacramento, CA 94250 ♦ (916) 445-2636
3301 C Street, Suite 700, Sacramento, CA 95816 ♦ (916) 324-8907
901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754 ♦ (323) 981-6802

If you have any questions, please contact me by telephone at (916) 323-2368, or email at khowell@sco.ca.gov.

Sincerely,

*Original signed by*

KEN HOWELL, Audit Manager
Compliance Audits Bureau
Division of Audits

KH/ac

*21205*

Attachment

cc: Fernando Lemus, Principal Accountant-Auditor
Los Angeles County
Holly Mitchell, Chair
Los Angeles County Board of Supervisors
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Steven Pavlov, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Lisa Kurokawa, Bureau Chief
Division of Audits
State Controller's Office
Alexandra Bonezzi, Auditor-in-Charge
Division of Audits
State Controller's Office

**Attachment—**
**Records Request for Mandated Cost Program**
**FY 2017-18 through 2020-21**

---

1. Copies of claims filed for the Custody of Minors – Child Abduction and Recovery Program for FY 2017-18, FY 2018-19, FY 2019-20 and FY 2020-21
2. Copies of external and internal audit reports performed on the mandated cost program.
3. Organization charts for the county effective during the audit period, showing employee names and position titles.
4. Chart of accounts
5. Documentation that supports the productive hourly rate used, including support for benefit rates.
6. Employee timesheets or time logs that support claimed hours.
7. Access to payroll records showing employee salaries and benefits paid during the audit.
8. Access to general ledger accounts that support disbursements.
9. Documentation that supports amounts received from other funding sources.
10. Documentation that supports the indirect cost rate proposal.
11. List of child abduction cases for each fiscal year.
12. Access to case files.

DECLARATION OF ROSA ALARCON

I, ROSA ALARCON, hereby declare:

1. I am the Assistant Head Deputy of the Los Angeles District Attorney's Office's Target Crimes Division, which encompasses four sections, the Division's Animal Cruelty section, the Arson and Explosives section, the Child Abduction section, and the Stalking section. I have supervisorial responsibilities over all four sections, but my primary duties involve overseeing the Child Abduction section, including reviewing cases submitted for criminal filing consideration and applications for the return of children under the Hague Convention of the Civil Aspects of International Child Abduction. In this position, my duties include approving employee time sheets (also referred to as time study sheets) prepared to support claims for reimbursement from the State of California.

2. I have personal knowledge of the matters set forth herein and, if called to testify, could and would testify competently thereto.

3. The Los Angeles County District Attorney's Office created the Child Abduction Section in 1986. Authority was based on Assembly Bill 2549 passed in 1976, which created two parental child stealing crimes (now encoded as Penal Code (PC) sections 278 and 278.5), mandated District Attorneys to "take all actions necessary" to locate children who are subjects of a custody order (Family Code (FC) sections 3130-3134.5), and authorized state reimbursement to the counties for expenditures incurred in recovering children under Senate Bill (SB) 90.

4. International child abductions fell under the jurisdiction of the Child Abduction Section in 1988, when the United States signed the Hague Convention on the Civil Aspects of International Child Abduction (Hague). Under Article 7 of the Hague Convention, each District Attorney in California was deemed a competent authority and an intermediary of the United States

Central Authority. Family Code Section 3455 also authorizes a District Attorney to act on behalf of the Family Court in Hague cases and appear in court on those matters.

5. The Child Abduction Section currently consists of two Deputy District Attorneys and two paralegals. The section handles all criminal child abduction matters under PC 278 and 278.5, which are presented by outside law enforcement agencies to the District Attorney's office for filing consideration. The section also processes all Hague applications submitted by the Attorney General's Office, including the filing of Hague petitions in Family Court for the return of internationally abducted children to their country of habitual residence; Section Deputy District Attorneys appear in family court on those Hague matters. In addition to assisting the section's attorneys, the section's two paralegals also assist parents, whose children have been taken to another Hague signatory nation, with preparation of their "outgoing" Hague application.

6. In addition to the District Attorney's Office's Child Abduction Section, the District Attorney's Office also has a Bureau of Investigation Child Abduction Unit. The Unit has four assigned investigators (DAIs) and a supervising Sergeant.

7. During the period of July 1, 2017, through June 30, 2021, the Child Abduction Section of the Los Angeles County District Attorney's Office filed 141 cases and declined 244 more. The Office also handled 112 Hague cases submitted to it from the California Attorney General's Office. During this same period, the investigators in the Child Abduction Unit opened approximately 535 Family Section 3130 civil recovery order cases. The District Attorney's Office expended approximately 67,328 hours on these matters. For the calendar years 2017 through 2021, these efforts resulted in the recovery or reunification of over 300 minors from all over the country. (These statistics on the number of minors recovered or reunified are collected on a calendar, as opposed to fiscal, year basis.)

8. Attached as Exhibit 1 is a copy of the timesheet (referred to as a Time Study) that Deputy District Attorneys, paralegals, and investigators completed in keeping track of their activities and time during the period 2017 through 2021. The Deputy District Attorneys, paralegals and investigators were all instructed to complete these timesheets on a daily basis (Exhibit 1, page 2). The timesheet contains instructions on which activities fell within the form's particular categories, and specifically distinguishes between claimable and non-claimable activities. Each employee is required to certify that the sheet reflects a true and accurate report of his or her time. Each timesheet is also reviewed by the employee's supervisor, who must also certify that the time and activities reflected are true and correct, to the best of the supervisor's knowledge and belief.

9. Exhibit 1 indicates that it was revised as of February, 1994. I have been aware of this form's use since April, 2018, when I became Deputy-in-Charge of the Child Abduction Unit.

10. Attached as Exhibit 2 is a revised time sheet that Deputy District Attorneys, paralegals, and investigators completed in keeping track of their activities and time commencing with Fiscal Year 2023-2024. Like the prior time sheet, this time sheet is also certified as true and accurate by the employee and signed by both the employee and his or her supervisor. This timesheet breaks down the time by both activity and task codes, i.e., reimbursable activities and subcategories of those activities.

11. Attached as Exhibit 3 are true and correct copies of redacted time sheets completed by Child Abduction Section and Child Abduction Unit employees during the fiscal year periods 2017-18 through 2020-21. These time sheets (not redacted) were provided to the Controller's office in conjunction with the Controller's audit of these years.

I declare under penalty of perjury under the laws of the State of California that the forgoing

is true and correct.

Executed this 7th day of August, 2025, at Los Angeles, California.

Rosa Alarcon

# EXHIBIT 1

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME | | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
| | | | | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | **DAILY GRAND TOTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE _____ DATE _____

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR _____ DATE _____

DA-1581-C—760874—Rev. 2/94

## PART II INSTRUCTIONS

## A. TIME STUDY INSTRUCTIONS

**Section 3130 - 3133**

Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category.

**Section 3408(c) and 3408(d)**

Activities performed under item number (2) involving out-of-state decrees and any related court activity should be indicated in this category.

**Section 3411(a) & 3421(c)**

Activities performed under item number (3) securing the appearance of an offender personally before the court should be indicated in this category.

**Section 277, 278, 278.5**

Activities performed under item number (4) in the return of an illegally concealed child or minor to its legal custodian should be indicated in this category.

**Subtotal Item Number (6)**

Activities performed (total number of hours) under items number 1 through 4 should be indicated in this category.

**Section 277, 278, 278.5 — Non-Claimable (8)**

All non-claimable custody of minors activities should be indicated in this category.

**Other — Non-Claimable Activity Item Number (9)**

Please explain any entries in this category.

**Subtotal Item Number (11)**

Total of activities performed under item number 6, 8 and 9 should be indicated in this category.

**Vacation Time, Sick Leave, Etc. Item Number (12)**

All vacation, sick leave, etc., utilized should be indicated in this category.

**Daily Grand Total**

All activities performed under items number 11 and 12 should be indicated in this category. The total number of hours worked each month should equal the total number of workable hours in each month (including overtime).



## B. SPECIAL INSTRUCTIONS

**Employee Instructions**

Time studies are to be completed on a daily basis, recording time under the appropriate activity. Insure that the time study has been signed, dated and employee number indicated. Time studies are due at the end of each month.

**Supervisory Instructions**

Insure that all personnel complete their time study on a daily basis, recording their time under the appropriate activity as indicated. Time studies should be reviewed for completeness and accuracy as to total hours worked. Time studies should be forwarded to the Grants Coordinator, Hall of Records, Suite 540, by the fifth day of the following month.

# EXHIBIT 2

# Los Angeles County District Attorney

## Custody of Minor Time Study

| Pay Period: 6/1/2023 - 6/15/2023 | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**

**(01) 3130 - 3134.5 Recoveries Local Doc.**
**(02) 3130 - 3134.5 Recoveries out of State Doc.**
**(03) 3130 - 3134.5 Service out of State Doc.**
**(04) 3130 - 3134.5 Service Doc.**
**(05) 3130 - 3134.5 Intake cases**
**(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity**
**(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court**
**(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian**

**NON CLAIMABLE**

**(09) - PC 278, 278.5 Post Filing - Non**
**(10) Other - Non Claimable**

**Task Codes:**

**a** Duty Calls
**b** After Hours Calls
**c** HAGUE Cases
**d** Child Transport to Court
**e** Child Transport to LBP
**f** DCFS Cases
**g** Reports Written
**h** Arrests
**i** PCW
**j** Search Warrants
**k** PING Warrants
**l** Arrest Warrants
**m** Operations Plans
**n** Travel Arrangement
**o** Court Appearances
**p** CAU I/O Criminal Filings
**q** Out -Of -State Assist (UCCJEA)
**r** Out-of-State Court Appearances
**s** Out-Of-State Court Document
**t** Out-Of-State Court Document
**u** Investigation
**v** Surveillance
**w** Case Work Up
**x** Case Assignment
**y** Review Reports
**z** Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sample | XXXX | 1 | j | 1.25 | | 2.25 | | | WK | WK | RDO | | | | | WK | WK | | 3.5 |
| Sample | XXXX | 2 | o | | 2 | | | | | | | | | | | | | | 2 |
| Sample | XXXX | 3 | p | | | | | 2 | | | | | | | | | | | 2 |
| Sample | XXXX | 4 | j | 2.25 | 3.5 | 2.25 | | | | | | | | | | | | | 8 |
| Sample | XXXX | 5 | c | 3.5 | 3.5 | 4.5 | | | | | | | | | | | | | 11.5 |
| Sample | XXXX | 6 | s | | | | | | | | | | 1 | | | | | | 1 |
| Sample | XXXX | 7 | r | | | | | | | | | | | 2 | | | | | 2 |
| | | 8 | q | | | | | | | | | | | | 3 | | | | 3 |
| | | 2 | u | | | | | | | | | | | | | | | 10 | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 7 | 9 | 9 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 0 | 0 | 10 | 43 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Sample | XXXX | 9 | | 1 | 1 | | | | | | | | | | | | | | 2 |
| Sample | XXXX | 10 | | | | | | | | | | | | | | 4 | | | 4 |
| Subtotal | Non-Claimable | | | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 6 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **8** | **10** | **9** | **0** | **2** | **0** | **0** | **0** | **0** | **1** | **2** | **3** | **4** | **0** | **10** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **49** |

| | |
|---|---|
| **(01) 3130 - 3134.5 Recoveries Local Doc.** | **3.5** |
| **(02) 3130 - 3134.5 Recoveries out of State Doc.** | **12** |
| **(03) 3130 - 3134.5 Service out of State Doc.** | **2** |
| **(04) 3130 - 3134.5 Service Doc.** | **8** |
| **(05) 3130 - 3134.5 Intake cases** | **11.5** |
| **(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity** | **1** |
| **(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court** | **2** |
| **(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian** | **3** |
| **(09) - PC 278, 278.5 Post Filing - Non Claimable** | **2** |
| **(10) Other - Non Claimable** | **4** |
| **Claimable + Non-Claimable Total** | **49** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

Supervisor Signature

# Los Angeles County District Attorney

## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 6/16/2023 - 6/30/2023 | | | | | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**

**(01) 3130 - 3134.5 Recoveries Local Doc.**
**(02) 3130 - 3134.5 Recoveries out of State Doc.**
**(03) 3130 - 3134.5 Service out of State Doc.**
**(04) 3130 - 3134.5 Service Doc.**
**(05) 3130 - 3134.5 Intake cases**
**(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity**
**(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court**
**(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian**

**NON CLAIMABLE**

**(09) - PC 278, 278.5 Post Filing - Non**
**(10) Other - Non Claimable**

**Task Codes:**

**a** Duty Calls
**b** After Hours Calls
**c** HAGUE Cases
**d** Child Transport to Court
**e** Child Transport to LBP
**f** DCFS Cases
**g** Reports Written
**h** Arrests
**i** PCW
**j** Search Warrants
**k** PING Warrants
**l** Arrest Warrants
**m** Operations Plans
**n** Travel Arrangement
**o** Court Appearances
**p** CAU I/O Criminal Filings
**q** Out -Of -State Assist (UCCJEA)
**r** Out-of-State Court Appearances
**s** Out-Of-State Court Document
**t** Out-Of-State Court Document
**u** Investigation
**v** Surveillance
**w** Case Work Up
**x** Case Assignment
**y** Review Reports
**z** Review Court

**Conversions of time Decimals**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
36 Minutes = .6 hour
42 Minutes = .7 hour
45 Minutes = .75 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sample | XXXX | 1 | j | 1.25 | | 2.25 | | | WK | WK | RDO | | | | | WK | WK | | | 3.5 |
| Sample | XXXX | 2 | o | | 2 | | | | | | | | | | | | | | | 2 |
| Sample | XXXX | 3 | p | | | | | 2 | | | | | | | | | | | | 2 |
| Sample | XXXX | 4 | j | 2.25 | 3.5 | 2.25 | | | | | | | | | | | | | | 8 |
| Sample | XXXX | 5 | c | 3.5 | 3.5 | 4.5 | | | | | | | | | | | | | | 11.5 |
| Sample | XXXX | 6 | s | | | | | | | | | | 1 | | | | | | | 1 |
| Sample | XXXX | 7 | r | | | | | | | | | | | 2 | | | | | | 2 |
| | | 8 | q | | | | | | | | | | | | 3 | | | | | 3 |
| | | 10 | u | | | | | | | | | | | | | | 10 | | | 10 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 7 | 9 | 9 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 0 | 10 | 0 | 0 | 43 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Sample | XXXX | 9 | | 1 | 1 | | | | | | | | | | | | | | | 2 |
| Sample | XXXX | 10 | | | | | | | | | | | | | | 4 | | | | 4 |
| Subtotal | Non-Claimable | | | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 6 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **8** | **10** | **9** | **0** | **2** | **0** | **0** | **0** | **0** | **1** | **2** | **3** | **4** | **10** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **49** |

| | |
|---|---|
| **(01) 3130 - 3134.5 Recoveries Local Doc.** | **3.5** |
| **(02) 3130 - 3134.5 Recoveries out of State Doc.** | **2** |
| **(03) 3130 - 3134.5 Service out of State Doc.** | **2** |
| **(04) 3130 - 3134.5 Service Doc.** | **8** |
| **(05) 3130 - 3134.5 Intake cases** | **11.5** |
| **(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity** | **1** |
| **(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court** | **2** |
| **(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian** | **3** |
| **(09) - PC 278, 278.5 Post Filing - Non Claimable** | **2** |
| **(10) Other - Non Claimable** | **14** |
| **Claimable + Non-Claimable Total** | **49** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

Supervisor Signature

# EXHIBIT 3

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR July | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 1 | 1 | 0 | | | 1 | 1 | 1 | 1 | 0 | | | | | | | | | | | 1 | | | | | | 0 | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | 2 | 2 | 1 | | | | | | | 1 | | | 1 | | | 1 | | | | | 8 |
| 5 | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | |
| 6 | SUBTOTAL | | | 0 | 0 | 1 | 1 | 0 | | | 1 | 1 | 3 | 3 | 1 | | | 0 | 0 | 0 | 0 | 1 | | | 1 | 1 | 1 | 1 | 0 | | | 0 | 16 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | 7 | 7 | 8 | | | 7 | 7 | 5 | 5 | 7 | | | 8 | 8 | 8 | 8 | 7 | | | 7 | 7 | 7 | 7 | | | | | 120 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | | | | | 8 | | | 8 | 8 | 8 | 8 | | | | | |
| 11 | SUBTOTAL | | | 0 | 0 | 7 | 7 | 8 | | | 7 | 7 | 5 | 5 | 7 | | | 8 | 8 | 8 | 8 | 7 | | | 7 | 7 | 7 | 7 | 0 | | | 8 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | 8 | | | 48 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8/1/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—78C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR July 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

Holiday

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | ~~8~~ | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 152 |
| 2 | 3408(c) & 3408(d) | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | |
| 3 | 3411(a) & 3421(c) | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | |
| 4 | 277, 278 & 278.5 | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | |
| 5 | | ¢ | ¢ | | | | | | ¢ | ¢ | | | | | | ¢ | ¢ | | | | | | ¢ | ¢ | | | | | | ¢ | ¢ | | |
| 6 | SUBTOTAL | 2 | A | | ~~8~~ | 8 | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 152 |
| 7 | | 1 | 2 | 4 | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | | |
| 8 | 277/278/278.5 Non-Claimable | ¢ | 2 | 4 | 0 | 0 | 0 | 0 | ¢ | 2 | 0 | 0 | 0 | 0 | 0 | ¢ | 2 | 0 | 0 | 0 | 0 | 0 | ¢ | 2 | 0 | 0 | 0 | 0 | 0 | ¢ | 2 | 0 | ~~0~~ |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | S | S | 0 | | | | | S | S | | | | | | S | S | | | | | | S | S | | | | | | S | S | | |
| 10 | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | ~~8~~ | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/31/2017

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed above.*

[redacted] 8/31/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | July 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | | | | 8 | 8 | | | 8 | 112 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | | | | | | | SATURDAY | | | |
| 5 | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | SATURDAY | | | | | | | | SUNDAY | | |
| 6 | SUBTOTAL | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | SUNDAY | | | | | 8 | 8 | | | 8 | 112 |
| 7 | | | | HOLIDAY | | | | | | | | | | | | | | | | OFF | OFF | OFF | | | OFF | OFF | OFF | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | | | | | | | | | | 0 | 0 | | | 0 | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | | | | | 8 | 8 | | | 8 | 112 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | | 48 |
| 13 | DAILY GRAND TOTAL | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7-31-2017
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

8/31/17
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR JULY 2017 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | | 2 | 1 | 3 | | | 3 | 2 | | | | | | | | | | | | | | | | | | | | | 19 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | 1 | | | | 1 | 1 | 3 | 2 | 2 | | | | | | | | | | 2 | 1 | 2 | 8 | 3 | | | 5 | 31 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 8 | | 2 | 2 | 3 | | | 4 | 3 | 3 | 2 | 2 | | | 0 | 0 | 0 | 0 | 0 | | | 2 | 1 | 2 | 8 | 3 | | | 5 | 50 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 0 | | 4 | 6 | 5 | | | 4 | 5 | 5 | 6 | 6 | | | 8 | 8 | 8 | 8 | 8 | | | 6 | 7 | 6 | 0 | 5 | | | 3 | 110 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8-1-17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

8/31/17
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR July 2017 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | 1 | 1 | | | 1 | | | | | | | | | | 1 | | | | 4 | | | | 8 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 0 | | 0 | 0 | 0 | | | 1 | 1 | 0 | 0 | 1 | | | 0 | 0 | 0 | 0 | 0 | | | 1 | 0 | 0 | 0 | 4 | | | 0 | 8 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | 8 | | | 7 | 7 | | 8 | 7 | | | 8 | 8 | 8 | 8 | 8 | | | 7 | 8 | 8 | | 4 | | | 8 | 112 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 0 | | 0 | 0 | 8 | | | 8 | 8 | 0 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 0 | 8 | | | 8 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | 8 | 8 | 0 | | | 0 | 0 | 8 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 8 | 0 | | | 0 | 40 |
| 13 | DAILY GRAND TOTAL | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 8/31/17

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891A | JULY 2017. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | V | H | V | V | R | S | S | V | 10 | 10 | 10 | R | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | V | V | V | S | S | R | 80 |
| 2 | 3408(c) & 3408(d) | A | U | A | O | A | A | D | A | U | A | | | | D | A | U | D | | | | | A | U | D | | A | A | A | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | C | L | C | C | O | T | N | C | | | | O | T | N | O | | | | | T | N | O | | C | C | C | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | 80 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | 80 |
| 12 | Vacation Time, Sick Leave, etc. | | | 10 | | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | 10 | 10 | 10 | | | | 70 |
| 13 | DAILY GRAND TOTAL | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

07/25/17.

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

AUG 01 20[illegible]

DATE

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR JULY - 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | V | H | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 150 |
| 2 | 3408(c) & 3408(d) | A | U | A | O | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | C | L | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

7-25-17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

7/25/17.

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR July 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | H | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | | | | | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 120 |
| 2 | 3408(c) & 3408(d) | A | U | | O | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | | L | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | A | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 120 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/25/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 07/25/17

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C—78C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR JULY 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | H | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 160 |
| 2 | 3408(c) & 3408(d) | | | | O | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | |
| 3 | 3411(a) & 3421(c) | | | | L | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 160 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | OR | | | 8 | 8 | 8 | 8 | 8 | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 7/21/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 7/28/17.

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I EMPLOYEE INFORMATION**

1. NAME [redacted]

2. EMPLOYEE NO. [redacted]

3. ITEM 2890A

4. MONTH/YEAR JULY 2017

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | H | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 150 |
| 2 | 3408(c) & 3408(d) | A | U | D | O | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | O | L | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |
| 5 | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | |
| 10 | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | 150 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7-25-17

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 07/25/17

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMP [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR July 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 6 | 9 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 136 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | | | | 10 | 10 | 6 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 4 | | | | | | | | | | | | | | | 10 | | | | 14 |
| 13 | DAILY GRAND TOTAL | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7.28.17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 7/25/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMP | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | 7/2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | R | R | H | 10 | 10 | 10 | R | R | R | 10 | 10 | 10 | 10 | R | R | R | 10 | 10 | 10 | 10 | R | R | R | 10 | 10 | 10 | 10 | R | R | R | 150 |
| 2 | 3408(c) & 3408(d) | D | D | D | O | | | | D | D | D | | | | | D | D | D | | | | | D | D | D | | | | | D | D | D | |
| 3 | 3411(a) & 3421(c) | O | O | O | L | | | | O | O | O | | | | | O | O | O | | | | | O | O | O | | | | | O | O | O | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | / | / | / | A | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 150 |
| 7 | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278 278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | / | / | / | | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | / | / | / | | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/21/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

07/28/17
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR JULY 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | H | 10 | - | - | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | - | - | - | - | S | S | R | 90 |
| 2 | 3408(c) & 3408(d) | A | U | D | O | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | O | L | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277 278 278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 90 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 10 | 10 | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 60 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 7/20/17

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 07/25/17

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214 A | 4. MONTH/YEAR July 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | H | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | | 9 | 9 | 9 | S | S | R | 142 |
| 2 | 3408(c) & 3408(d) | A | U | D | O | | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | O | L | | | | T | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | A | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 9 | | 9 | 9 | 9 | | | | 142 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | | 9 | 9 | 9 | | | | 142 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | | | | | | 9 |
| 13 | DAILY GRAND TOTAL | | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 151 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 7/31/17

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE AUG 01 2017

DA-1581-C—76C874—Rev 2 94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR Aug |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | | | 1 | | | 4 | 8 | | 1 | | | | 1 | 1 | 1 | | | | | | | 1 | | | | | 11 | | 1 | 22 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | 11 | 1 | | 6 |
| 4 | 277, 278 & 278.5 | | | | 1 | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 1 | 0 | 0 | 2 | | | 4 | 8 | 0 | 1 | 0 | | | 1 | 1 | 1 | 0 | 0 | | | 1 | 1 | 1 | 0 | 0 | | | 0 | 4 | 1 | 1 | 28 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 7 | 8 | 0 | 6 | | | 4 | 0 | 8 | 7 | 8 | | | 7 | 7 | 7 | 8 | 8 | | | 7 | 7 | 7 | 8 | 8 | | | | 4 | 1 | 1 | 128 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | 6 | 12 |
| 10 | | 8 | | | 8 | | | 8 | 8 | | 8 | | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | |
| 11 | SUBTOTAL | 7 | 8 | 0 | 6 | | | 4 | 0 | 8 | 7 | 8 | | | 7 | 7 | 7 | 8 | 8 | | | 7 | 7 | 7 | 8 | 8 | | | 0 | 4 | 7 | 7 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 9/5/17 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR August 2017 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/1/2017

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/5/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9278A | 4. MONTH/YEAR Aug 2017 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | 1 | | | | | | 1 | | | | | 1 | | | 1 | | | | | | | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 2 | 1 | 2 | 2 | | | 1 | 1 | 1 | 2 | 1 | 1 | | 2 | 1 | 1 | 1 | 2 | | | | 0 | 1 | 1 | 0 | 1 | | | 2 | 1 | 2 | 28 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 1 | 2 | 2 | | | 1 | 1 | 1 | 2 | 2 | 1 | | 2 | 1 | 1 | 2 | 2 | | | | 0 | 1 | 1 | 1 | 1 | | | 2 | 1 | 2 | 32 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 7 | 6 | 6 | | | 7 | 7 | 7 | 6 | 6 | 6 | | 6 | 7 | 7 | 6 | 6 | | | | 7 | 7 | 7 | 7 | 7 | | | 6 | 6 | 7 | 6 | 144 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 0 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 176 8 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9-3-17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR August 2017 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 4 | | | | | | | | | | | | | | 6 | | | 2 | | | | 1 | 0 | | | | | 4 | 6 | | 4 | 27 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 6 | 0 | 6 | 2 | 4 | 2 | 0 | 1 | 0 | 0 | | | | 4 | 6 | | 4 | 27 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | 8 | 8 | 8 | 5 | 5 | 8 | 8 | 8 | 8 | 8 | 5 | 5 | 8 | 2 | 8 | 8 | 6 | 8 | 5 | 8 | 7 | 8 | 8 | | | | 4 | 2 | 8 | 4 | 141 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 0 | | | 8 | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 8 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 8 | | | 0 | 0 | 0 | 0 | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/26/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

9/25/17

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 28904 | AUG / 2017. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 110 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | VACATION | VACATION | VACATION | VACATION | SATURDAY | | | VACATION | VACATION | VACATION | VACATION | SATURDAY | SUNDAY | R&O. | | | | | SATURDAY | SUNDAY | R&O. | | | | | SICK LEAVE | SUNDAY | R&O. | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 110 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | 80 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 09/05/17.

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 09/05/17

SIGNATURE OF SUPERVISOR — DATE

[redacted]

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR AUGUST, 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | ~~10~~ | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | ~~190~~ 187 |
| 2 | 3408(c) & 3408(d) | | | | D | A | U | | | | | D | A | U | | 7 | | | D | A | U | | | | | D | A | U | | | | | |
| 3 | 3411(a) & 3421(c) | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ 7 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | ~~190~~ 187 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | 7 | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ 7 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | ~~190~~ 187 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 3 | | | | | | | | | | | | | | | | | 3 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8-30-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 09/06/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(A) | AUG 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | 190 |
| 2 | 3408(c) & 3408(d) | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | |
| 3 | 3411(a) & 3421(c) | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | 190 |
| 7 | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/5/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

09/06/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR AUGUST 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 5 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 181 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 5 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 151 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 5 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 181 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 3 | | | | | | | | | | | | | | | | | 3 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/30/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

10/06/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | AUGUST 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | S | S | 10 | 10 | 10 | H | R | S | S | R | 10 | 10 | 10 | V | S | S | 10 | V | V | V | R | S | S | 10 | 10 | 10 | 10 | 150 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | | | | O | D | A | U | D | | | | A | A | U | | A | A | A | D | A | U | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | | | | L | O | T | N | O | | | | C | T | N | | C | C | C | O | T | N | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | | | | | | 10 | 10 | 10 | | | | 10 | | | | | | | 10 | 10 | 10 | 10 | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | | | | | | 10 | 10 | 10 | | | | 10 | | | | | | | 10 | 10 | 10 | 10 | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | | | | | | 10 | 10 | 10 | | | | 10 | | | | | | | 10 | 10 | 10 | 10 | 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9-6-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 09/06/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EM [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR AUGUST 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 10 | 10 | | | | 10 | | 0 | 10 | | | | | | 10 | 170 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8.31.17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

9/1/17

DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EI [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 8/2017

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | R | R | R | 10 | / | / | / | R | R | R | 10 | 10 | 10 | 10 | R | R | R | 10 | 10 | 10 | 10 | R | R | R | 10 | 10 | 10 | 160 |
| 2 | 3408(c) & 3408(d) | | | | | D | D | D | | | | | D | D | D | | | | | D | D | D | | | | | D | D | D | | | | |
| 3 | 3411(a) & 3421(c) | | | | | O | O | O | | | | | O | O | O | | | | | O | O | O | | | | | O | O | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | / | / | / | 10 | | / | / | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | / | / | / | 10 | / | / | / | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8/31/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

09/06/17
DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR AUG / 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | — | — | — | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 160 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9-6-17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

9/[illegible]/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | August 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | 9 | 9 | 9 | S | S | | | | | | S | S | R | | | | | S | S | | | | | | S | S | R | 9 | 9 | | 54 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 9 | 9 | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | 9 | 9 | | 54 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | 9 | 9 | | 54 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | | 9 | 133 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 187 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/5/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

09/06/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR Sep./2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | | | 10 | | | 2 | | | | 2 | | 1 | 0 | 4 | | | 1 | | | | 1 | | | 1 | | 2 | | 1 | | | 16 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 1 | | | 10 | 0 | 0 | 2 | 6 | | | 2 | 0 | 1 | 0 | 4 | | | 1 | 0 | 0 | 0 | 1 | | | 1 | 0 | 2 | 0 | 1 | | | 16 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 7 | | | 10 | 8 | 8 | 6 | 8 | | | 6 | 8 | 7 | 0 | 4 | | | 7 | 8 | 8 | 8 | 7 | | | 7 | 8 | 6 | 8 | 7 | | | 136 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | 8 | | | | 8 | | 8 | | 8 | | | 8 | | | | 8 | | | 8 | | 8 | | 8 | | | |
| 11 | SUBTOTAL | 8 | | | 10 | 8 | 8 | 6 | 8 | | | 8 | 8 | 7 | 8 | 4 | | | 7 | 8 | 8 | 8 | 7 | | | 7 | 8 | 6 | 8 | 7 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/15/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal C | 4. MONTH/YEAR September 2017 | |

PART II — INSTRUCTIONS ON BACK OF FORM

| PART III | DAILY TIME STUDY | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | 5 | | |
| 3 | 3411(a) & 3421(c) | | 4 | | 5 | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | 4 | | |
| 4 | 277, 278 & 278.5 | | 4 | 5 | 4 | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | 4 | | |
| 5 | | | 4 | 4 | 4 | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | 4 | | 0 |
| 6 | SUBTOTAL | | 2 | 2 | 2 | | | | | 2 | 2 | | | | | | 2 | 2 | | | | | | 2 | 2 | | | | | 2 | | |
| 7 | | 4 | 4 | 2 | 1 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | 4 | 2 | 0 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |
| 13 | DAILY GRAND TOTAL | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 10/30/17 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — 10/30/17 DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR September 2017 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | SATURDAY | | | 8 | 8 | 8 | 8 | SATURDAY | | 8 | | 8 | 8 | 8 | SATURDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | | 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | OFF | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/29/2017
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

10/2/17
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR Sept |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | | 1 | 2 | 1 | 3 | | | 3 | 2 | 3 | | | | | 1 | 2 | 2 | 3 | 1 | | | 3 | 2 | 1 | 3 | 4 | | | 39 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | | 1 | 2 | 1 | 3 | | | 3 | 2 | 3 | | | | | 1 | 2 | 2 | 3 | 1 | | | 3 | 2 | 1 | 3 | 4 | | | 39 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | | | | 7 | 6 | 7 | 5 | | | 5 | 6 | 5 | | | | | 7 | 6 | 6 | 5 | 7 | | | 5 | 6 | 7 | 5 | 4 | | | 105 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 144 |
| 11 | SUBTOTAL | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | 144 |
| 13 | DAILY GRAND TOTAL | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10-1-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/13/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR September 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 3 | | | 2 | | | | | | | | | | | 1 | 6 | 6 | 6 | | | | | | 1 | 2 | | | 27 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 0 | 5 | 2 | 3 | 3 | | | 2 | 5 | 2 | 0 | 0 | | 0 | 5 | 5 | 5 | 0 | 1 | 6 | 6 | 6 | 5 | 5 | | | | 1 | 2 | 5 | | 27 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | | | | 5 | | 8 | 6 | | | 8 | | | | | | | 8 | 7 | 2 | 2 | 2 | | | 8 | 8 | 8 | 7 | 6 | | | 93 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | | 8 | 0 | 8 | 8 | | | 8 | 0 | 0 | 8 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 128 |
| 12 | Vacation Time, Sick Leave, etc. | 0 | | | | 0 | 8 | 0 | 0 | | | 0 | 8 | 8 | | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 8 | 0 | 0 | | | 32 |
| 13 | DAILY GRAND TOTAL | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/15/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/15/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891 A | 4. MONTH/YEAR Sep. 2017. |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | V | S | | 160 153 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | A | A | | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | C | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 160 153 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | V | | | 160 153 |
| 12 | Vacation Time, Sick Leave, etc. | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | 17 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 09/28/17.

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/4/17

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | SEPT. - 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | | 150 |
| 2 | 3408(c) & 3408(d) | D | A | U | O | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | | |
| 3 | 3411(a) & 3421(c) | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Bnefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10-2-17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

10/4/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 (A) | 9/2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | K | S | | 150 |
| 2 | 3408(c) & 3408(d) | D | A | 4 | O | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | | |
| 3 | 3411(a) & 3421(c) | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | | |
| 4 | 277, 278 & 278.5 | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/2/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/4/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR SEPTEMBER 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | S | S | H | 6 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 158 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | L | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | | 6 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 158 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | | 6 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 |
| 13 | DAILY GRAND TOTAL | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 9/27/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/4/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | SEPTEMBER 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | | 170 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9-26-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/4/17

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. E [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR SEPTEMBER 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | 90 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | SAY | | | | | | | SAY | | | | | | | SAY | | | NZ | NZ | NZ | NZ | SAY | | | NZ | NZ | NZ | NZ | SAY | | |
| 4 | 277, 278 & 278.5 | | DAY | | SAY | | | | | DAY | | | | | | | DAY | | | DO | DO | DO | DO | DAY | | | DO | DO | DO | DO | DAY | | |
| 5 | | | DAY | | DAY | | | | | DAY | SAY | | | | | | DAY | SAY | | T- | T- | T- | T- | DAY | SAY | | T- | T- | T- | T- | DAY | | |
| 6 | SUBTOTAL | 10 | URS | DAY | DAY | 10 | 10 | 10 | 10 | URS | DAY | | 10 | 10 | 10 | 10 | URS | DAY | | T- | T- | T- | T- | URS | DAY | | T- | T- | T- | T- | URS | | 90 |
| 7 | | | SUN | DAY | T- | | | | | SUN | DAY | | | | | | SUN | DAY | | CAT | CAT | CAT | CAT | SUN | DAY | | CAT | CAT | CAT | CAT | SUN | | |
| 8 | 277/278/278.5 Non-Claimable | | THU | NZ | TOL | | | | | THU | SUN | DAY | | | | | SAT | SUN | DAY | CAT | CAT | CAT | CAT | THU | SUN | DAY | CAT | CAT | CAT | CAT | THU | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | SAT | SUN | HOL | | | | | SAT | SUN | DAY | | | | | SAT | SUN | DAY | CAT | CAT | CAT | CAT | SAT | SUN | DAY | CAT | CAT | CAT | CAT | SAT | | |
| 10 | | | SAT | SUN | HOL | | | | | SAT | SUN | DAY | | | | | SAT | SUN | DAY | VAC | VAC | VAC | VAC | SAT | SUN | DAY | VAC | VAC | VAC | VAC | SAT | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | 90 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 80 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ~~130~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/4/17.

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/4/17.

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78C876—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EM | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | 09 / 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | L | R | R | 10 | 10 | 10 | 10 | R | R | L | 10 | 10 | 10 | 10 | R | R | R | 10 | 10 | 10 | 10 | R | R | R | 10 | 10 | 10 | 10 | R | | 170 |
| 2 | 3408(c) & 3408(d) | | D | D | D | | | | | D | D | D | | | | | D | D | D | | | | | D | D | D | | | | | D | | |
| 3 | 3411(a) & 3421(c) | | O | O | O | | | | | O | O | O | | | | | O | O | O | | | | | O | O | O | | | | | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/27/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

10/4/17.

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 28 | SEPT. 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | S | S | R | | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | | 150 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10-3-17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

10/6/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | Sept. 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | S | S | H | 9 | | | | S | S | R | | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | | 116 |
| 2 | 3408(c) & 3408(d) | | A | U | O | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | | |
| 3 | 3411(a) & 3421(c) | | T | N | L | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | A | 9 | | | | | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 116 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 9 | | | | | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 116 |
| 12 | Vacation Time, Sick Leave, etc. | 9 | | | | | 9 | 9 | 9 | | | | 9 | | | | | | | | | | | | | | | | | | | | 45 |
| 13 | DAILY GRAND TOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 161 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/3/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

10/17/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMI [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR Oct/2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 0 | 0 | 2 | 2 | 1 | | | 1 | 0 | 1 | 2 | | | | | | 2 | 2 | 1 | | | 4 | 0 | 1 | 6 | 1 | | | 4 | 4 | 31 |
| 2 | 3408(c) & 3408(d) | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | |
| 3 | 3411(a) & 3421(c) | SUNDAY | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | SUNDAY | 0 | 0 | 2 | 2 | 1 | SATURDAY | SUNDAY | 1 | 0 | 1 | 2 | 0 | SATURDAY | SUNDAY | 0 | 0 | 2 | 2 | 1 | SATURDAY | SUNDAY | 4 | 0 | 1 | 6 | 1 | SATURDAY | SUNDAY | 4 | 4 | 31 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 8 | 6 | 6 | 7 | | | 8 | 7 | 6 | 0 | | | | | | | 6 | 6 | 7 | | | 4 | 8 | 7 | 2 | 7 | | | 4 | 4 | 105 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | 8 | 8 | 8 | | | | | 8 | 8 | | | | | | 8 | | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 6 | 6 | 7 | | | 7 | 6 | 0 | | | | | 0 | 0 | 6 | 6 | 7 | | | 4 | 8 | 7 | 2 | 7 | | | 4 | 4 | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 8 | | | 8 | 8 | | 8 | | | | | | | | | | | | | 32 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/15/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR October 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 88 |
| 2 | 3408(c) & 3408(d) | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | ¢ | | 5 | | | | | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | | |
| 4 | 277, 278 & 278.5 | 5 | | | | | | A | 5 | ¢ | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | |
| 5 | | ¢ | | | | | | ¢ | ¢ | A | | | | | ¢ | ¢ | | | | | | ¢ | ¢ | | | | | | ¢ | ¢ | | | |
| 6 | SUBTOTAL | A | | | | | | 2 | A | 1 | | | | | 2 | A | | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | 88 |
| 7 | | 2 | N | N | N | N | N | 1 | 2 | 1 | N | N | N | N | 1 | 2 | N | | | | | 1 | 2 | | | | | | 1 | 2 | | | |
| 8 | 277/278/278.5 Non-Claimable | 2 | N | N | N | N | N | ¢ | 2 | 2 | N | N | N | N | ¢ | 2 | N | 0 | 0 | 0 | 0 | ¢ | 2 | 0 | 0 | 0 | 0 | 0 | ¢ | 2 | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | S | 0 | 0 | 0 | 0 | 0 | S | S | ± | 0 | 0 | 0 | 0 | S | S | 0 | | | | | S | S | | | | | | S | S | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 88 |
| 12 | Vacation Time, Sick Leave, etc. | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | | | | | | | | | | | | | | | 80 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/30/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/1/17

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | October 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | HOLIDAY | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | OFF | 0 | 0 | | | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] — SIGNATURE OF EMPLOYEE — 10/31/17 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] — SIGNATURE OF SUPERVISOR — 10/31/17 DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR Oct. |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 2 | 3 | 6 | 2 | 2 | | | | 1 | 2 | 2 | 3 | | | 3 | | | | | | | | | | | 2 | | | 1 | 1 | 30 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 5 | 8 | 2 | 2 | | | | 7 | 6 | 5 | | | | | | | | | | | | | | | 2 | | | 1 | 1 | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 | 7 | 20 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | | | | | | | | | | 8 | | | 8 | 8 | 104 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 | 8 | 104 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10-31-17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR October 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 2 | 2 | 4 | | | | | | | | | 4 | | | 8 | | 2 | 6 | 2 | | | 4 | 8 | | 8 | | 8 | | | | 50 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | SAT | | | | | | SAT | SUN | | | | | | SAT | SUN | | | | | | SAT | SUN | | | | | | SAT | SUN | | | |
| 6 | SUBTOTAL | SUN | 2 | 2 | 4 | | | | | | | | | 4 | | | 8 | | 2 | 6 | 2 | | | 4 | 8 | | 8 | | | | | | 50 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 6 | 6 | 4 | 8 | 8 | | | 8 | 8 | 8 | 4 | | | | | 8 | 6 | 26 | | | | 4 | | 8 | | 8 | | | 8 | 8 | 118 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 0 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | 0 | 0 | 0 | 0 | 0 | | | 8 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 8 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 10/31/2017

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/1/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891A. | OCTOBER 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | V | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 160 |
| 2 | 3408(c) & 3408(d) | U | D | | | | A | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | C | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/31/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

11/1/17
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR OCT. 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | V | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 160 |
| 2 | 3408(c) & 3408(d) | U | | | | | D | A | U | O | | | | D | A | U | A | | | | D | A | U | | | | | D | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | O | T | N | L | | | | O | T | N | C | | | | O | T | N | | | | | O | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10-31-17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/6/17

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 (A) | OCTOBER / 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 170 |
| 2 | 3408(c) & 3408(d) | U | | | | | D | A | U | D | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | I | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | - | | - | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 7 | | | | | | | | | | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 10/31/17

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 11/01/17

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | OCT 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 5 | 8 | 8 | S | S | 8 | 8 | 168 |
| 2 | 3408(c) & 3408(d) | U | | | | | | A | U | O | | | | | A | U | | | | | | A | U | | | | | | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | | T | N | L | | | | | T | N | | | | | | T | N | | | | | | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | I | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | A | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 |
| 7 | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/31/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

11/01/17
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | OCTOBER 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 170 |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |

[redacted]

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/01/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMP [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR OCTOBER 2017

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 10 | 10 | | | | 10 | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | |
| 5 | | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | | SATURDAY | SUNDAY | | | |
| 6 | SUBTOTAL | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | | SATURDAY | SUNDAY | | | |
| 7 | | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | | SATURDAY | SUNDAY | | | |
| 8 | 277/278/278.5 Non-Claimable | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | | SATURDAY | SUNDAY | RDO | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | 6 | | | | SATURDAY | SUNDAY | RDO | | 6 |
| 10 | | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | SATURDAY | SUNDAY | RDO | | | | | | SATURDAY | SUNDAY | RDO | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 6 | 10 | 10 | | | | 10 | 166 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | | | | | | 4 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10.31.17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

11/6/17
DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | OCT. 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | S | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 165 |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 5 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 165 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 5 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 165 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 5 | | | | | | | | | | | | | | | | | | | 5 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10-31-2017

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/31/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR Oct 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 8 | 9 | 9 | 9 | 9 | S | S | H | 9 | | | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | | 9 | S | S | 8 | 9 | 50 |
| 2 | 3408(c) & 3408(d) | U | | | | | | A | U | O | | | | | A | U | | | | | | A | U | D | | | | | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | | T | N | L | | | | | T | N | | | | | | T | N | O | | | | | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | I | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 9 | 9 | 9 | 9 | | | A | 9 | / | / | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | / | 9 | | | 8 | 9 | 150 |
| 7 | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 9 | 9 | 9 | 9 | | | | 9 | / | / | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | / | 9 | | | 8 | 9 | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 9 | 9 | | | | | | | | | | | | | | 9 | | | | | | 27 |
| 13 | DAILY GRAND TOTAL | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 177 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/31/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/01/17
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR NOV/2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 0 | 0 | | | 1 | 4 | 0 | 2 | 0 | | | 0 | 0 | 1 | 1 | 1 | | | 1 | 8 | 7 | 0 | 6 | | | 8 | 8 | 0 | 1 | | 45 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | HOLIDAY | | | | | | HOLIDAY | | | | | | | | HOLIDAY | | | | | HOLIDAY | HOLIDAY | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | HOLIDAY | | | | | | HOLIDAY | | | | | | | | HOLIDAY | | | | | HOLIDAY | HOLIDAY | | | | 8 | 7 | | 15 |
| 5 | | | | | HOLIDAY | | | | | | HOLIDAY | | | | | | | | HOLIDAY | | | | | HOLIDAY | HOLIDAY | | | | | | | |
| 6 | SUBTOTAL | 2 | 0 | 0 | HOLIDAY | | 1 | 4 | 0 | 2 | HOLIDAY | | | 0 | 0 | 1 | 1 | 1 | HOLIDAY | | 1 | 8 | 7 | 0 | 0 | HOLIDAY | | 8 | 8 | 8 | 8 | | 60 |
| 7 | | | | | SUNDAY | | | | | | SUNDAY | | | | | | | | SUNDAY | | | | | JULY 4 | JULY 5 | SUNDAY | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 8 | 8 | SATURDAY | | 7 | 4 | 8 | 6 | THANKSGIVING | | | 8 | 8 | 7 | 7 | 7 | SATURDAY | | 7 | 0 | 1 | 0 | THANKSGIVING | SATURDAY | | 0 | 0 | 0 | 0 | | 92 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | SUNDAY | | | | | | SUNDAY | | | | | | | | SUNDAY | | | | | SUNDAY | SUNDAY | | | | | | | |
| 10 | | | | | SUNDAY | | | | | | | | | | | | | | SUNDAY | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 0 | 0 | | | 8 | 8 | 8 | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | 152 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/1/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/26/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR November 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 8 | 8 | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 4 | | | | | | 5 | 4 | | | | | | | 4 | | | | | 5 | 5 | 4 | | | | | | | |
| 5 | | | | | A | 5 | | | | | 4 | A | 5 | | | | | | A | 5 | | | | 4 | 4 | A | 5 | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 4 | 4 | 8 | 8 | 8 | 8 | A | 4 | 4 | 8 | 8 | 8 | 8 | 8 | 4 | 4 | 8 | 8 | | A | A | A | 4 | 8 | 8 | 8 | 8 | | 144 |
| 7 | | | | | 2 | 1 | | | | | - | 2 | 1 | | | | | | 2 | 1 | | | | 1 | 1 | 2 | 1 | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | J | H | 2 | 0 | 0 | 0 | 0 | 0 | Y | 2 | 0 | 0 | N | J | J | Y | 2 | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 4 | 2 | | | | | 9 | 4 | 2 | | | | | | 4 | 2 | | | N | P | 9 | 4 | 2 | | | | | | |
| 10 | | | | | 0 | 0 | | | | | H | 0 | 0 | | | | | | 0 | 0 | | | 0 | H | H | 0 | 0 | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 8 | 8 | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | 152 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/1/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/26/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR November |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | 8 | 8 | | | | 128 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | 8 | 8 | | | | 128 |
| 7 | | | | | SATURDAY | SUNDAY | | | | | HOLIDAY | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | HOLIDAY | HOLIDAY | SATURDAY | SUNDAY | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | | | | | 0 | 0 | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | OFF | | | | | | | | | | | | OFF | OFF | | 8 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | | | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | 8 | 8 | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | 152 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/28/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/12/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—75C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273 A | 4. MONTH/YEAR NOV 2017 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | 2 | 6 | 2 | 6 | | | | | | | | | | | 2 | 4 | 3 | 2 | | 27 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | | | | 2 | 6 | 2 | 6 | 0 | | | 0 | 0 | 0 | | | | | 2 | 4 | 3 | 2 | | 27 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 6 | 2 | 6 | 2 | 8 | | | 8 | 8 | 8 | | | | | 6 | 4 | 5 | 6 | | 125 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | 152 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12-2-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/11/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR NOVEMBER 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 4 | 4 | | | 1 | 8 | 4 | 4 | | | | | 4 | 4 | 4 | 4 | | | | | | | | | | 2 | 2 | 4 | 4 | | 55 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 4 | 4 | | | 1 | 8 | 4 | 4 | | | | | 4 | 4 | 4 | 4 | | | | | | | | | | 2 | 2 | 4 | 4 | | 55 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 16 | 4 | 4 | | | 7 | | 4 | 4 | | | | 8 | 4 | 4 | 4 | 4 | | | 8 | | | | | | | 6 | 6 | 4 | 4 | | 81 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 0 | 0 | | | | | 8 | 8 | 8 | 8 | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 8 | 8 | | | | | 0 | 0 | 0 | 0 | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | 152 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/4/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/6/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | NOVEMBER 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | R | 10 | 10 | ~~10~~ | ~~10~~ | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | H | H | S | S | R | 10 | 10 | 10 | | ~~160~~ 140 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | O | O | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | L | L | T | N | O | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 140 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 10 | 10 | | | | | | | | | | | | | 10 | 10 | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/01/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/5/17
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR NOV. - 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | ~~10~~ 7 | 10 | 10 | R | S | S | 10 | 10 | 10 | H | H | S | S | 10 | 10 | 10 | 10 | | ~~170~~ 167 |
| 2 | 3408(c) & 3408(d) | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | O | O | A | U | | | | | | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | L | L | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | 7 | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | ~~170~~ 167 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | 7 | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | ~~170~~ 167 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 3 | | | | | | | | | | | | | | | | | | 3 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 0 | 0 | | | 10 | 10 | 10 | 10 | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

12/01/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

12/1/17.

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(a) | NOVEMBER / 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | ~~10~~ | R | S | S | 10 | 10 | 10 | 10 | / | ~~180~~ 170 |
| 2 | 3408(c) & 3408(d) | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~10~~ | | | | 10 | 10 | 10 | 10 | / | ~~180~~ 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~10~~ | | | | 10 | 10 | 10 | 10 | / | ~~180~~ 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | / | 180 / |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/30/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/1/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | NOVEMBER 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 5 | 8 | S | S | 8 | 8 | E | S | H | S | S | 8 | E | E | E | S | S | S | 8 | E | 8 | H | H | S | S | G | G | 8 | 8 | | 149 |
| 2 | 3408(c) & 3408(d) | | | | A | U | | | | | D | A | U | | | | | | A | U | | | | D | D | A | U | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | | | | | L | T | N | | | | | | T | N | | | | L | L | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | I | | | | | | | | | | | | | I | I | | | | | | | | |
| 5 | | | | | | | | | | | D | | | | | | | | | | | | | D | D | | | | | | | | |
| 6 | SUBTOTAL | 8 | 5 | E | | | E | E | E | E | A | | | 8 | E | 8 | 8 | 8 | | | G | 8 | G | A | A | | | 8 | 8 | 8 | 8 | | 149 |
| 7 | | | | | | | | | | | Y | | | | | | | | | | | | | Y | Y | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 5 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | 149 |
| 12 | Vacation Time, Sick Leave, etc. | | 3 | | | | | | | | 8 | | | | | | | | | | | | | 8 | 8 | | | | | | | | 27 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | G | | | 8 | 8 | G | 8 | 8 | | | 8 | 8 | 8 | 8 | | ~~152~~ 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/30/17

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

12/10/17

DATE

DA-1581-C—75C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE # | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | NOVEMBER 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | ~~10~~ 0 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | H | H | S | S | R | 10 | 10 | 10 | | ~~160~~ 150 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | L | A | U | D | | | | | A | U | D | | | O | O | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | I | T | N | O | | | | | T | N | O | | | L | L | T | N | O | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | D | | | | | | | | | | | | | 1 | 1 | | | | | | | | |
| 5 | | | | | | | | | | | A | | | | | | | | | | | | | D | D | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | Y | | | | | | | | | | | | | A | A | | | | | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | Y | Y | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 10 | | | | | | | | | | | | | 10 | 10 | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | 10 | 10 | 10 | | ~~180~~ 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11-30-17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/1/17
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. E[redacted] | 3. ITEM: 2890A | 4. MONTH/YEAR: NOVEMBER 2017

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | | | | | | 10 | 10 | 10 | | ~~150~~ 140 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | SAT | | | | | | HOLIDAY | | | | | | | | SAT | | | VACATION | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | URDAY | | | | | | | | | | | | | | URDAY | | | | | HOLIDAY | | | | | | | | | |
| 5 | | | | | | SUN | | | | | | SUN | | | | | | | | SUN | | | | | | SAT | | | | | | | |
| 6 | SUBTOTAL | | | | | DAY | | | | | | | | | | | | | | DAY | | | | | | URDAY | | | | | | 140 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | SAT | SUN | HOL | | | | HOL | SAT | SUN | HOL | | | | | SAT | SUN | HOL | | | HOL | HOL | SAT | SUN | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | URDAY | DAY | IDAY | | | | IDAY | URDAY | DAY | IDAY | | | | | URDAY | DAY | IDAY | | | IDAY | IDAY | URDAY | DAY | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~10~~ | | | | 10 | 10 | 10 | 10 | | | | | 10 | | | | | | 10 | 10 | 10 | | ~~150~~ 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 10 | | | | | | | | | | | 10 | | 10 | 10 | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | | | | | | 10 | 10 | 10 | | ~~80~~ |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE — 11·30·17 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR — 12/1/17 DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR 11 /2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | H | S | S | R | 10 | 10 | 10 | 10 | S | S | R | V | 10 | H | H | S | S | R | 10 | 10 | 10 | | 140 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | O | A | U | D | | | | | A | U | D | A | | O | O | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | L | T | N | O | | | | | T | N | O | C | | L | L | T | N | O | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | I | | | | | | | | | | | A | | I | I | | | | | | | |
| 5 | | | | | | | | | | | D | | | | | | | | | | | T | | D | O | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | A | | | | | | | | | | | I | | A | A | | | | | | | 140 |
| 7 | | | | | | | | | | | Y | | | | | | | | | | | O | | Y | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | / | | | | | | | | | | | N | | / | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | | 10 | | | | | | 10 | 10 | 10 | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 10 | | | | | | | | | | | 10 | | 10 | 10 | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11-30-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time records is true and correct, and the functions were performed as shown above.*

[redacted] 12/1/17.

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 22144 | NOV. 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | 9 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | 9 | 9 | | | S | S | R | | | H | H | S | S | | 9 | 9 | 9 | | 107 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | H | A | U | | | | | | A | U | D | | | O | O | A | U | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | O | T | N | | | | | | T | N | O | | | L | L | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | L | | | | | | | | | | | | | I | I | | | | | | | | |
| 5 | | | | | | | | | | | I | | | | | | | | | | | | | D | D | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | D | | | | | | | | | | | | | A | A | | | | | | | | 107 |
| 7 | | | | | | | | | | | A | | | | | | | | | | | | | Y | Y | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | | | | | | | | | | | | | 9 | 9 | 9 | | ~~47~~ 107 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 9 | | | | | | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | | | | | ~~44~~ 71 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | | ~~101~~ 178 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/1/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/1/17

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR Dec./2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | L | | | 1 | | | | | | | 2 | | | | 1 | | | | | | 1 | | | | | 1 | | | | | | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | DAY | | | | | | | |
| 3 | 3411(a) & 3421(c) | | DAY | | | | | | DAY | | | | | | | | DAY | | | | | | | DAY | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 7 | DAY | | | | | 2 | DAY | DAY | 4 | | | 2 | 4 | 1 | DAY | DAY | | | | 3 | | DAY | DAY | DAY | 1 | | | 3 | DAY | DAY | 27 |
| 5 | | | DAY | | | | | | DAY | | | | | | | | DAY | DAY | | | | | | DAY | DAY | | | | | | DAY | | |
| 6 | SUBTOTAL | 8 | DAY | | 1 | 0 | 0 | 2 | DAY | DAY | 4 | 2 | 0 | 2 | 4 | 2 | DAY | DAY | 0 | 0 | 0 | 4 | 0 | DAY | DAY | | 2 | 0 | 0 | 3 | DAY | DAY | 34 |
| 7 | | | SUN | SUN | | | | | SUN | SUN | | | | | | | SUN | SUN | | | | | | SUN | SUN | | | | | | SUN | SUN | |
| 8 | 277/278/278.5 Non-Claimable | 0 | SAT | SUN | 7 | 8 | 8 | 6 | SAT | SUN | 4 | 6 | 8 | 6 | 4 | 6 | SAT | SUN | 8 | 8 | 8 | 4 | | SAT | SUN | # | 6 | 8 | 8 | 5 | SAT | SUN | 118 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | SAT | SUN | | | | | SAT | SUN | | | | | | | SAT | SUN | | | | | | SAT | SUN | | | | | | SAT | SUN | |
| 10 | | | SAT | | | | | | SAT | | | | | | | | SAT | | | | | | | SAT | | | | | | | SAT | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 0 | | | | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

1/5/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR December 2017 | |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |
| 2 | 3408(c) & 3408(d) | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | |
| 3 | 3411(a) & 3421(c) | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | 3 | | | | | 4 | | |
| 4 | 277, 278 & 278.5 | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | 4 | | | | | 4 | 5 | |
| 5 | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | 4 | | | | | 2 | 4 | |
| 6 | SUBTOTAL | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 1 | 8 | 8 | 8 | 8 | 2 | 4 | 160 |
| 7 | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | 1 | | | | | 1 | 2 | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | S | S | | | | | | S | S | | | | | | S | S | | | | | | S | S | I | | | | | S | S | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/28/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/2/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR December 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 112 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | Saturday | Sunday | | | | | | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | Holiday | 8 | 8 | 8 | 8 | Saturday | Sunday | 112 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | OFF | | | OFF | OFF | OFF | OFF | OFF | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | Saturday | Sunday | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 112 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | 48 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/29/17
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

1/2/18
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9278A | 4. MONTH/YEAR DEC 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 3 | | | 8 | 8 | 3 | 8 | 8 | | | 1 | 4 | 3 | 8 | 8 | | | 8 | 3 | 8 | 8 | 3 | | | | | | | | | | 44 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | | | 8 | 8 | 3 | 8 | 8 | | | 1 | 4 | 3 | 8 | 8 | | | 8 | 3 | 8 | 8 | 3 | | | | | | | | | | 44 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 5 | | | 6 | 6 | 5 | 6 | 6 | | | 7 | 4 | 5 | 6 | 0 | | | 6 | 5 | 6 | 6 | 5 | | | | | | | | | | 84 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | SW | SW | 8 | 8 | 8 | 8 | 8 | SW | SW | 8 | 8 | 8 | 8 | 8 | SW | SW | 8 | 8 | 8 | 8 | 8 | SW | SW | SW | VACATION | VACATION | VACATION | VACATION | VACATION | VACATION | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 32 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

1/22/18

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOY [redacted] | 3. ITEM | 4. MONTH/YEAR DECEMBER 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 4 | | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | | | 6 | | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | 8 | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 106 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | 0 | | | 0 | 0 | 0 | 0 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 48 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/26/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

1/31/18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE I | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891A | DEC - 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | - | | | S | S | R | | | | | S | H | H | - | | | | S | E | 60 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | O | O | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | L | L | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | | | | | 60 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | | | | | 60 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 110 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 01/12/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 01/12/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR DEC. / 2017 | |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | V | 10 | 10 | 10 | R | S | S | V | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | ~~10~~ | 10 | 10 | 10 | R | S | S | ~~140~~ 130 |
| 2 | 3408(c) & 3408(d) | D | A | U | A | | | | D | A | U | A | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | |
| 3 | 3411(a) & 3421(c) | O | T | N | C | | | | O | T | N | C | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | | | ~~140~~ 130 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | | | ~~140~~ 130 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | 10 | | | | | | | | | | | | | | 10 | | | | | | | ~~20~~ 30 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12-28-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 01/09/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(A) | 12/17 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | | | R | S | S | | | | | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 90 |
| 2 | 3408(c) & 3408(d) | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | b | A | U | O | | | | D | A | U | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | b | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | - | A | 10 | 10 | 10 | | | | 90 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | | | | | | | | | | | | | 10 | 10 | 10 | 1- | | | | · | 10 | 10 | 10 | | | | 90 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | | | | | | | ~~60~~ 70 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~150~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/20/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 01/09/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2490A | 4. MONTH/YEAR. DEC 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | S | S | | | | | | S | S | | | | | | | | | | | | | S | S | H | - | | | | S | S | 160 |
| 2 | 3408(c) & 3408(d) | | A | U | | | | | | A | U | | | | | | | | | | | | | A | U | O | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | | | | | | T | N | | | | | | | | | | | | | T | N | L | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | A | | | | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/22/17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 01/09/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874 Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890-A | DECEMBER 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 170 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12-12-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 01/09/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMP [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR DECEMBER 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | 10 | | | | 10 | 10 | 10 | 10 | | | 140 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | SAY | | | | | | | SAY | | | | | | | SAY | | | 2 | 2 | 2 | | SAY | | | | | | | SAY | | |
| 4 | 277, 278 & 278.5 | | SAY | | | | | | | SAY | | | | | | | SAY | | | 0 | 0 | 0 | | SAY | | | | | | | SAY | | |
| 5 | | | SAY | | | | | | | SAY | | | | | | | SAY | | | 1 | 1 | 1 | | SAY | | | | | | | SAY | | |
| 6 | SUBTOTAL | 10 | SAY | | | 10 | 10 | 10 | 10 | SAY | | | 10 | 10 | 10 | 10 | SAY | | | 1 | 1 | 1 | 10 | SAY | | | 10 | 10 | 10 | 10 | SAY | | 140 |
| 7 | | | SUN | | | | | | | SUN | | | | | | | SUN | | | SAC | SAC | SAC | | SUN | | | | | | | SUN | | |
| 8 | 277/278/278.5 Non-Claimable | | SAT | SUN | | | | | | SAT | SUN | | | | | | SAT | SUN | | SAC | SAC | SAC | | SAT | SUN | | | | | | SAT | SUN | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | SAT | SUN | | | | | | SAT | SUN | | | | | | SAT | SUN | | SAC | SAC | SAC | | SAT | SUN | | | | | | SAT | SUN | |
| 10 | | | SAT | SUN | | | | | | SAT | SUN | | | | | | SAT | SUN | | VAC | VAC | VAC | | SAT | SUN | | | | | | SAT | SUN | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | 10 | | | | 10 | 10 | 10 | 10 | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | | | | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12.31.2017
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

01/09/18
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | DEC /2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | C | R | 10 | 10 | 10 | 10 | S | C | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | | 10 | S | S | H | 10 | 10 | 10 | 10 | S | S | 160 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | O | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | L | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | A | 10 | 10 | 10 | 10 | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | R | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | O | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12-29-2017
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

01/09/18
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214 A | Dec 2017 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | | | S | S | H | 9 | | | | S | S | ~~117~~ 116 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | U | O | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | N | L | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | A | 9 | | | | | | 116 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | | 9 | | | | | | 116 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | 9 | 9 | | | 8 | | 9 | 9 | 9 | ~~8~~ | | ~~54~~ 53 |
| 13 | DAILY GRAND TOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | ~~8~~ | | ~~171~~ 169 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 1/12/17 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURE OF SUPERVISOR — 9/12/18 DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR Jan/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | 1 | 1 | | | | | | | | | | 4 | | | | | | | | | | | | | 6 |
| 2 | 3408(c) & 3408(d) | HOLIDAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | |
| 4 | 277, 278 & 278.5 | | 1 | 3 | 2 | 1 | | SUNDAY | 1 | | | 2 | | | SUNDAY | | | | | | | | SUNDAY | | | | 1 | | | | 2 | 11 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 1 | 3 | 2 | 1 | | | 2 | 1 | 0 | 2 | | | | | | | | 4 | | | 8 | | | | 1 | | | | 2 | 17 |
| 7 | | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 7 | 5 | 6 | 7 | | | 6 | 7 | 8 | | | | | | 8 | 8 | 8 | 4 | | | 8 | 8 | 8 | 8 | 7 | | | 8 | | 6 | 127 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 7 | 8 | 8 | 7 | | | 6 | 7 | 8 | | | | | | 8 | 8 | 8 | 4 | | | 8 | 8 | 8 | 8 | 7 | | | 8 | | 6 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | 8 | 8 | | | 8 | | | | | | | | | | | | | | 8 | | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2-20-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR January 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | | | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 136 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | |
| 4 | 277, 278 & 278.5 | 5 | | | | | 4 | | | | | | | 4 | | 5 | | | | | 4 | | | | | | | 4 | | | | | |
| 5 | | 4 | | | | | A | 5 | | | | | | A | 5 | 4 | | | | | A | 5 | | | | | | A | 5 | | | | |
| 6 | SUBTOTAL | A | 8 | | | | d | 4 | 8 | 8 | 8 | 8 | 8 | d | 4 | A | 8 | 8 | 8 | 8 | d | 4 | 8 | 8 | 8 | 8 | | d | 4 | 8 | 8 | 8 | 136 |
| 7 | | - | | | | | 2 | A | | | | | | 2 | A | 1 | | | | | 2 | A | | | | | | 2 | A | | | | |
| 8 | 277/278/278.5 Non-Claimable | J | 0 | N | N | N | H | 2 | 0 | 0 | 0 | 0 | 0 | H | 2 | J | 0 | 0 | 0 | 0 | H | 2 | 0 | 0 | 0 | 0 | N | H | 2 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | | N | N | N | 4 | 2 | | | | | | 4 | 2 | 0 | | | | | 4 | 2 | | | | | 8 | 4 | 2 | | | | 8 |
| 10 | | ± | | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | 0 | ≠ | | | | | 0 | 0 | | | | | 0 | 0 | 0 | | | | |
| 11 | SUBTOTAL | | 8 | 0 | 0 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | 8 | 8 | 8 | | | | | | | | | | 8 | | | | | | | | | | | ~~8~~ | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/29/2018
SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 2/5/18
SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | January 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 136 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 136 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | OFF | OFF | OFF | OFF | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 0 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 136 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | 48 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1-31-2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

2/5/18
DATE

DA-1581-C—76C874—Rev 2/94



136

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9873A | 4. MONTH/YEAR Jan 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | 2 | 1 | 2 | 1 | | | 1 | 1 | 2 | 1 | 2 | | | | 1 | 2 | 1 | 1 | | | 2 | 1 | 1 | 2 | 1 | | | 1 | 2 | 1 | 29 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 1 | 2 | 1 | | | | 1 | 1 | 2 | 1 | 2 | | | | 1 | 2 | 1 | 1 | | | 2 | 1 | 1 | 2 | 1 | | | 1 | 2 | 1 | 29 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 7 | 6 | 7 | | | | 7 | 7 | 6 | 7 | 6 | | | | 7 | 6 | 7 | 7 | | | 6 | 7 | 7 | 6 | 7 | | | 7 | 6 | 7 | 139 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

NEW YEARS — SWEARING IN CEREMONY — SWEARING IN

1-11 ADD 4 HOURS FOR SW DUTY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 2-3-18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURE OF SUPERVISOR — 3/9/18 DATE

DA-1581-C—78C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR JANUARY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

| PART III DAILY TIME STUDY | | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1 | 3130 - 3133 | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | 1 | | | 1 | | | | | | 2 | 1 | | | | | | | 1 | 0 | | | | | | 6 |
| 5 | | HOLIDAY | | | | | SAT | SUN | | | | | | SAT | SUN | HOLIDAY | | | | | SAT | SUN | | | | | | SAT | SUN | | | | |
| 6 | SUBTOTAL | | | | | | | | 1 | | | 1 | | | | | | 2 | 1 | | | | | | | 1 | 0 | | | | | | 6 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | 7 | 8 | 8 | 7 | 0 | | | | 8 | 6 | 7 | 0 | | | 8 | 8 | 8 | 7 | 8 | | 5 | 0 | 0 | 0 | 90 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 0 | 0 | 0 | 0 | 0 | | | 8 | 8 | 8 | 8 | 0 | | | 0 | 8 | 8 | 8 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 0 | 0 | 96 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | 8 | 8 | 8 | 8 | | | 8 | 0 | 0 | 0 | | | | 8 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | 0 | | | | | | 48 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 0 | | | 8 | 8 | 8 | 8 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 0 | 0 | 144 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

1/26/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

2/29/18

DATE

DA-1561-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR January 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 24 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 24 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 24 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/1/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 3/1/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2591 A | JAN / 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | ~~180~~ 140 |
| 2 | 3408(c) & 3408(d) | O | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | U | A | D | | | |
| 3 | 3411(a) & 3421(c) | L | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | N | T | O | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | A | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~180~~ 140 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | 40 |
| 13 | **DAILY GRAND TOTAL** | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 817 — SIGNATURE OF EMPLOYEE

02/01/18 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 517 — SIGNATURE OF SUPERVISOR

02/9/18 — DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | JAN - 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | V | V | V | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 140 |
| 2 | 3408(c) & 3408(d) | O | A | A | A | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | D | A | U | | | | |
| 3 | 3411(a) & 3421(c) | L. | C. | C. | C. | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 140 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 140 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | | ~~30~~ 50 |
| 13 | DAILY GRAND TOTAL | ~~80~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~80~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~170~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 2-1-18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — 02/02/18 DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR 1/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 170 |
| 2 | 3408(c) & 3408(d) | O | | | | B | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | D | A | U | | | | |
| 3 | 3411(a) & 3421(c) | C | | | | O | T | N | | | | | O | T | N | C | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 170 |
| 7 | | Y | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/5/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 02/06/18

SIGNATURE OF SUPERVISOR — DATE

DA-15B1-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2810 A | JANUARY 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | | S | S | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 170 |
| 2 | 3408(c) & 3408(d) | O | | | | | A | V | D | | | | | A | V | O | | | | | A | V | D | | | | | A | V | D | | | |
| 3 | 3411(a) & 3421(c) | L | | | | | T | N | O | | | | | T | N | L | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | A | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 7 | | Y | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | **DAILY GRAND TOTAL** | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

01/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

02/01/18
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890-A | JANUARY 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | ~~180~~ 160 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | | ~~10~~ | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~180~~ 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | | ~~10~~ | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~180~~ 160 |
| 12 | Vacation Time, Sick Leave, etc. | | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 ✓ |
| 13 | **DAILY GRAND TOTAL** | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 ✓ |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1-31-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 02/01/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. E [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR JANUARY 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | X | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 140 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 140 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | X | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~150~~ 140 |
| 12 | Vacation Time, Sick Leave, etc. | | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 0 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~180~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1·31·18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 02/02/18

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO [redacted] | 3. ITEM 2895A | 4. MONTH/YEAR January/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | | S | S | S | S | | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | | S | | | | 160 |
| 2 | 3408(c) & 3408(d) | O | | | | | A | U | | | | | | A | U | O | | | | | A | U | | | | | | A | | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | | T | N | | | | | | T | N | L | | | | | T | N | | | | | | T | N | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 8 | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | A | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 8 | 8 | 160 |
| 7 | | Y | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 160 1168 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | 8 | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 8 | | | 16 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 160 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/31/2018

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 02/01/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—75C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | JAN 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | **DAILY GRAND TOTAL** | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/02/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

02/01/18
DATE

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | Jan 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 9 | | | | S | S | 8 | 6 | | 9 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | 139 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | D | | | | | T | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 9 | | | | | | 8 | 6 | | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 139 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | | | | | | 8 | 6 | | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 139 |
| 12 | Vacation Time, Sick Leave, etc. | | | 9 | 9 | 9 | | | | 3 | 9 | | | | | | | | | | | | | | | | | | | | | 39 |
| 13 | DAILY GRAND TOTAL | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 178 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

1/31/2018

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

02/01/18

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR Feb. / 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | | | | | | | | | | | | 1 | | | | | | | | | 1 | | | | 1 | 1 | | | | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | SUNDAY | | | 3 | | | | SUNDAY | | | | | | | SUNDAY | | HOLIDAY | 2 | | 2 | | SUNDAY | | | | | | | 8 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | | | | | 3 | | | | | | | 1 | | | | | | | 2 | | 3 | | | | 1 | 1 | | | | 13 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 8 | | | 8 | 5 | 8 | 8 | 8 | | | | 7 | 8 | 8 | | | | | 6 | 8 | 5 | 8 | | | 7 | 7 | 8 | | | | 123 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 6 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | 6 | 8 | 8 | 8 | | | 7 | 7 | 8 | | | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 8 | | | | 8 | | | 8 | | | | | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/5/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR February 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 144 |
| 2 | 3408(c) & 3408(d) | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | 4 | | | | | | | 4 | | | | | | | 4 | | 3 | | | | | 4 | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | 4 | | | | | 4 | 3 | | | | | | | 0 |
| 5 | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | 4 | | | | | 4 | 4 | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | | 2 | 4 | – | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | | | | 144 |
| 7 | | | | 1 | 2 | | | | | | 1 | 2 | | | | | 1 | 1 | 2 | 1 | | | | | 1 | 2 | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | S | S | | | | | | S | S | | | | | 0 | S | S | I | | | | | S | S | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | 8 | | | 8 | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2/28/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

3/5/18

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR February 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | SUNDAY | 8 | 8 | | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | | SUNDAY | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | | | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | HOLIDAY | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | | | 0 | 0 | OFF | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | 8 | | | | | | | | | | | | 8 | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/28/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/5/18
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR FEB 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 1 | | | 1 | 1 | 2 | 1 | 2 | | | 4 | 4 | 1 | 1 | 2 | | | | 1 | 1 | 2 | 1 | | | 2 | 4 | 1 | | | | 34 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 1 | | | 1 | 1 | 2 | 1 | 2 | | | 4 | 4 | 1 | 1 | 2 | | | | 1 | 1 | 2 | 1 | | | 2 | 4 | 1 | | | | 34 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | 7 | | | 7 | 7 | 6 | 7 | 6 | | | 4 | 4 | 7 | 7 | 6 | | | | 7 | 7 | 6 | 7 | | | 6 | 4 | 7 | | | | 118 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | 160 |

2-18 add 8 HOURS SW

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 3-1-17

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 3/9/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR February 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 3 | | | | | | | | 2 | | | | | | | | | | | | | | 2 | | | | | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 3 | | | | | | | | 2 | | | | | | | | | | | | | | 2 | | | | | 7 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 8 | | | 5 | 8 | 8 | 8 | 8 | | | 8 | 6 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 6 | 8 | | | | | 145 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | Holiday | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | ~~152~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2/28/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

3/5/18

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891 A. | FEB / 2018. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | SATURDAY | | | 10 | 10 | 10 | 10 | SATURDAY | | | 10 | 10 | 10 | 10 | SATURDAY | | | 10 | 10 | 10 | 10 | SATURDAY | | | 10 | 10 | SATURDAY | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | SUNDAY | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | 1200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/7/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/7/18
DATE

DA 1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR FEB. - 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | | | | 150 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | | | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | | | D |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | ~~150~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 3-1-18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 3/7/18.

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR 2/18 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | | | | 150 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | | | |
| 3 | 3411(a) & 3421(c) | | D | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | b | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | U | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | ~~150~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/1/12

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 03/13/18

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—78C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE N [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR FEBRUARY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 10 | 10 | 10 | R | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | | | | 160 |
| 2 | 3408(c) & 3408(d) | | | A | V | D | | | | | A | V | | | | D | | A | V | D | | | | | A | V | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | | | | O | | T | N | O | | | | | T | N | O | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2/28/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

3/7/18
DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR FEBRUARY 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | - | - | - | 160 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | ~~0~~ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 2-28-18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — 3/7/18 DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. E [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR FEBRUARY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | HOLIDAY | | | | | | | HOLIDAY | | | | | | | HOLIDAY | | | | | | | HOLIDAY | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2-28-18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

3/7/18.

DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | FEBRUARY /2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | 8 | S | S | 8 | | | | | 144 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | | | | | | A | U | O | | | | | | A | U | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | | | | | | T | N | L | | | | | | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | A | 8 | 8 | 8 | 8 | | | | 8 | 8 | | | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | R | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | 8 | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/6/2018

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 3/7/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581 C_76CR74_Rev 2/94



160

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2895# | 4. MONTH/YEAR FEB/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | | | | 160 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/08/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/7/18
DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR Feb 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 0 | S | S | R | 9 | 9 | 9 | 0 | S | S | H | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | | | | 134 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | D | | | | | A | U | O | | | | | A | U | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | O | | | | | T | N | L | | | | | T | N | O | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | | | A | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | 134 |
| 7 | | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | 134 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 9 | | | | | | | 9 | | | 8 | | | | | | | | | | | | | ~~18~~ 26 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | ~~152~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/28/18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 3/7/18

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR MAR./2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | 1 | | | 1 | | | 1 | | | | | | 1 | | 2 | | | | | | | | | | | | | | | | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 3 | | | 2 | | 2 | | | | | | | 1 | | | | | | 4 | | | 1 | | | X | 1 | 4 | 1 | | | 19 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 1 | 4 | | | 3 | 0 | 2 | 1 | 0 | | | 0 | 0 | 2 | 0 | 2 | | | | 4 | 0 | 0 | 1 | | | X | 1 | 4 | 1 | | | 26 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 7 | 4 | | | 5 | 0 | 6 | 9 | 8 | | | 8 | 8 | 6 | 8 | 6 | | | 8 | 4 | 8 | 8 | 7 | | | X | 7 | 4 | 7 | | | 126 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 7 | 4 | | | 5 | | 6 | 7 | 8 | | | 8 | 8 | 6 | 8 | 6 | | | 8 | 4 | 8 | 8 | 7 | | | X | 7 | 4 | 7 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 8 | | | | | | | | | | | | | | | | | | | | 8 | | | | 8 | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 4-2-18

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR March 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | 152 |
| 2 | 3408(c) & 3408(d) | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | | 3 | |
| 3 | 3411(a) & 3421(c) | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | 3 | | | | | 4 | |
| 4 | 277, 278 & 278.5 | | | 0 | 3 | | | | | | 0 | 3 | | | | | | 0 | 3 | | | | | | 0 | 3 | 4 | | | | | 0 | 0 |
| 5 | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | 4 | | | | | 4 | |
| 6 | SUBTOTAL | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 1 | 8 | 8 | 8 | | 2 | 152 |
| 7 | | | | 1 | 2 | | | | | | 1 | 2 | | | | | N | 1 | 2 | | | | | | 1 | 2 | 2 | | | | N | 1 | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | N | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | N | 4 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 0 | 0 | | | | | | 0 | 0 | | | | | 0 | 0 | 0 | | | | | | 0 | 0 | 4 | | | | 0 | 0 | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | 8 | | | | | | | | | | 8 | | | | 8 | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/10/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

4/10/18
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | March 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | | | | | | | SATURDAY | |
| 6 | SUBTOTAL | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | HOLIDAY | 8 | 8 | 8 | 8 | | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | SATURDAY | | | | | | | | | | | | | | | | | | | | | SATURDAY | | | | | | | SATURDAY | |
| 10 | | | | SUNDAY | | | | | | | | | | | | | | | | | | | | | SUNDAY | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/30/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

4-16-18
DATE

DA-1581-C—76C874—Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273 A | 4. MONTH/YEAR MARCH 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 3 | | | 4 | 6 | 1 | 3 | 2 | | | 2 | 2 | 3 | 1 | 2 | | | 3 | 2 | 1 | 1 | 3 | | | | 2 | 1 | 2 | 3 | | 49 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 3 | | | 4 | 6 | 1 | 3 | 2 | | | 2 | 2 | 3 | 1 | 2 | | | 3 | 2 | 1 | 1 | 3 | | | | 2 | 1 | 2 | 3 | | 49 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 5 | | | 2 | 2 | 7 | 5 | 6 | | | 6 | 6 | 5 | 7 | 6 | | | 5 | 6 | 7 | 7 | 5 | | | | | | | | | 95 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 | 7 | 6 | 5 | | 24 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | 168 8 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | 176 |

4% Training

4% SW

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4-1-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 4/10/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR March 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | 1 | | | | | | | | | | | | | | 1 | | | | | 1 | | | X | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 132 |
| 4 | 277, 278 & 278.5 | 8 | 8 | | | | | | | 7 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 7 | | | | 8 | 8 | 8 | 8 | 8 | 140 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 136 |
| 6 | SUBTOTAL | 8 | 8 | | | 0 | 0 | 0 | 0 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | 32 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | X | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | 8 | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | X | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/3/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLO [redacted] | 3. ITEM 2891 A. | 4. MONTH/YEAR MARCH / 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | 180 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/29/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

3/29/18
DATE

DA 1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR MARCH 2018 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | 160 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | ~~10~~ | | | | | | ~~0~~ 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~0~~ | 10 | 10 | 10 | | | ~~160~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3-29-18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 3/29/18

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR 3 / 18 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | | 10 | 10 | R | S | 150 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | D | | | | D | A | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | Ø |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | | 10 | 10 | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 10 | | | 150 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | | | | | 10 20 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 3/29/18

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 3/29/18

DA-1581-C—75C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 1A | MARCH 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | 10 | 10 | 10 | 10 | R | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | 180 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | D | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | O | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ~~0~~ |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] — SIGNATURE OF EMPLOYEE

3/31/18 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] — SIGNATURE OF SUPERVISOR

9/29/18 — DATE

DA 1581-C—75CR74—Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890-A | 4. MONTH/YEAR MARCH /2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | 180 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

3-27-18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

3/29/18

DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR MARCH 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 6 | 10 | 5 | | 166 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | H | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 166 |
| 7 | | | | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | 10 | 10 | 10 | | | | | 10 | | | 10 | | | | | | | | | | | 10 | 6 | 10 | 10 | | 166 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | H | | | | 14 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3.31.18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 3/29/18

SIGNATURE OF SUPERVISOR DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR March 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | 168 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | O | | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | L | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | A | 8 | 8 | 8 | 8 | | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | J | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | B | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | ~~168~~ 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/29/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/29/18
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR MARCH 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 2 | V | 10 | V | S | S | L | 10 | 10 | V | V | S | S | R | 10 | 10 | 10 | 10 | S | 132 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | A | | A | A | U | D | | | A | A | A | U | D | | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | C | | C | T | N | O | | | C | C | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 2 | | 10 | | | | | 10 | 10 | | | | | | 10 | 10 | 10 | 10 | | 132 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | 8 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 10 | | | | | 10 | 10 | | | | | | 10 | 10 | 10 | 10 | | ~~132~~ 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | ~~5~~ 8 | 10 | | 10 | | | | | | 10 | 10 | | | | | | | | | ~~40~~ 40 |
| 13 | **DAILY GRAND TOTAL** | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/29/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/29/18
DATE

DA 1581 C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR March 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | 9 | | 9 | | S | S | R | | | | | S | 115 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 9 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 0 | 9 | D | | | | 0 | 0 | 0 | 0 | | 115 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 0 | 9 | D | | | | 0 | 0 | 0 | 0 | | 115 |
| 12 | Vacation Time, Sick Leave, etc. | | 9 | | | | | | | | | | | | | | | | | | | 9 | | | 9 | | | 9 | 9 | 9 | 9 | | 63 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | D | 9 | | | 9 | 9 | 9 | 9 | | 178 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/31/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 4/6/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2 94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274A | 4. MONTH/YEAR April 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 1 | | | | | | | 2 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 1 | 8 | 3 | | | | | | | | | 2 | | | 2 | 1 | | | | | | 2 | | | | | | | | | 19 |
| 5 | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 1 | 8 | 3 | 0 | 0 | | | 2 | 0 | 2 | 0 | 2 | | | 2 | 1 | 6 | 0 | 0 | | | 2 | 0 | 0 | 0 | 0 | | | | | 23 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 7 | 0 | 5 | 8 | 8 | | | 6 | 8 | 6 | 8 | 6 | | | 6 | 7 | 8 | 8 | 8 | | | 6 | 8 | 8 | 8 | 8 | | | | | 62 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 83 |
| 10 | Auto Ins. Fraud Assignment | | 8 | 8 | 8 | | | | | 8 | | 8 | | 8 | | | 8 | 8 | | | | | | 8 | | | | | | | | | |
| 11 | SUBTOTAL | | 7 | 8 | 5 | 8 | 8 | | | 6 | 8 | 6 | 8 | 6 | | | 6 | 7 | 8 | 8 | 8 | | | 6 | 8 | 8 | 8 | 8 | | | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5-7-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE N [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR April 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 128 |
| 2 | 3408(c) & 3408(d) | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | d | | | | | | | d | | | | | | | d | | | | | | | d | | | | 0 |
| 4 | 277, 278 & 278.5 | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | |
| 5 | | d | | | | | | d | d | | | | | | d | d | | | | | | d | d | | | | | | d | d | | | |
| 6 | SUBTOTAL | A | | | | | | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | | 128 |
| 7 | | 2 | N | N | N | N | N | H | 2 | | | | | | H | 2 | | | | | | H | 2 | | | | | | H | 2 | | | |
| 8 | 277/278/278.5 Non-Claimable | 2 | N | N | N | N | N | d | 2 | 0 | 0 | 0 | 0 | 0 | d | 2 | 0 | 0 | 0 | 0 | 0 | d | 2 | 0 | 0 | 0 | 0 | 0 | d | 2 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | 0 | 0 | | | | | | 0 | 0 | | | | | | 0 | 0 | | | 0 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 0 | 0 | 0 | 0 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/30/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/9/18
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR April 2018

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 136 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | Sunday | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | | | | | | 8 | 8 | 8 | | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | | 136 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | OFF | OFF | OFF | SATURDAY | SUNDAY | 0 | 0 | 0 | OFF | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 8 | 8 | 8 | | | | | | 8 | | | | | | | | | | | | | 32 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/30/2018

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

5/4/18

DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR APRIL 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 1 | 2 | | | | | | 2 | 2 | 4 | 1 | 2 | | | 8 | 1 | 1 | 2 | 1 | | | 8 | 4 | 4 | 4 | 1 | | | 4 | | 40 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 1 | 2 | 2 | | | | | 2 | 2 | 4 | 1 | 2 | | | 8 | 1 | 1 | 2 | 1 | | | 8 | 4 | 4 | 4 | 1 | | | 4 | | 40 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 7 | 6 | | | | | | 6 | 6 | 4 | 7 | 6 | | | 6 | 7 | 7 | 6 | 7 | | | 6 | 4 | 4 | 4 | 7 | | | 4 | | 104 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 152 |

168

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5-1-18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

5/8/18

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR April 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | Ø | Ø | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | 1 | | | 1 | 8 | Ø | Ø | Ø | | | 3 | 5 | Ø | Ø | Ø | | | Ø | | 12 |
| 2 | 3408(c) & 3408(d) | | Ø | Ø | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | / | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | | |
| 3 | 3411(a) & 3421(c) | | Ø | Ø | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | / | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | | |
| 4 | 277, 278 & 278.5 | | Ø | Ø | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | 8 | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | | 4 |
| 5 | | | | | | | | | | | | | | | | | | / | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | Ø | Ø | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | 1 | 4 | Ø | Ø | Ø | | | 3 | 5 | / | 8 | Ø | | | Ø | | 16 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 8 | 8 | 8 | Ø | Ø | | | 8 | 8 | 8 | 8 | 8 | | | 7 | 4 | 8 | 8 | 8 | | | 5 | 3 | 8 | Ø | 8 | | | 8 | | 136 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | Ø | Ø | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | / | Ø | Ø | Ø | | | Ø | Ø | Ø | Ø | Ø | | | Ø | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | Ø | Ø | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | Ø | Ø | Ø | 8 | 8 | | | | | | | | | | | / | | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 5-1-18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURE OF SUPERVISOR — 5/8/18 DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891 A | 4. MONTH/YEAR APRIL / 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | V | V | 10 | 10 | S | S | R | | 140 |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | A | A | | | A | C | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | C | C | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 10 | | | | | 140 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 10 | | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/1/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/8/18
DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR APRIL 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | | 170 |
| 2 | 3408(c) & 3408(d) | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 5-2-18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — 5/2/18 DATE

DA-1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(a) | APRIL / 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | V | V | R | S | S | 10 | | 150 |
| 2 | 3408(c) & 3408(d) | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | 10 | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | 10 | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/1/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 5/2/18

SIGNATURE OF SUPERVISOR — DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOY | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | APRIL 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | V | V | 10 | 10 | S | S | R | | 140 |
| 2 | 3408(c) & 3408(d) | V | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | A | A | | | A | V | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | C | C | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 140 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 10 | | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/27/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

5/2/18

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | APRIL 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | | 160 |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE

4-27-18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR

5/2/18 DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. [redacted] | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | APRIL 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | 10 | 10 | 10 | | | | | 120 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | | 10 | 10 | 10 | | | | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | | | | 10 | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4.30.2018

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 5/2/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C—78C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | APRIL 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | V | S | S | {VACATION} | | | | | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | | 120 |
| 2 | 3408(c) & 3408(d) | U | | | | | | A | U | | | | | A | A | U | | | | | | A | U | | | | | | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | | T | N | | | | | C | T | N | | | | | | T | N | | | | | | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | 48 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4/30/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 5/2/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/84

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR APRIL / 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | D | V | S | S | R | X | 150 |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | Z | | | | | A | U | D | | | | | A | U | D | | | | A | L | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | C | T | N | O | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/03/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/9/18
DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214 A | 4. MONTH/YEAR April 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 8 | 9 | 9 | 9 | 9 | S | S | R | | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | ~~9~~ | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | | ~~159~~ 150 |
| 2 | 3408(c) & 3408(d) | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 9 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | ~~9~~ | | | | 9 | 9 | 9 | 9 | | | 8 | | ~~159~~ 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 9 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | ~~9~~ | | | | 9 | 9 | 9 | 9 | | | 8 | | ~~159~~ 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | a | | | | | | | | | | 9 | | | | | | | | | | | | ~~9~~ 18 |
| 13 | DAILY GRAND TOTAL | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | | 168 ✓ |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/1/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 5/2/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | May 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 4 | 6 | 8 | 8 | | | 6 | 7 | 8 | 5 | 9 | | | | 5 | 5 | 8 | | | | 4 | 4 | 6 | 7 | | | | | 6 | 4 | | |
| 5 | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | OFF | SATURDAY | | SATURDAY | | | | OFF | SATURDAY | | | | | | |
| 6 | SUBTOTAL | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HOLIDAY | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 2 | | | | | 2 | 1 | | | | | | 1 | | | | | | | 4 | 4 | | | | | | | 4 | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) training | 4 | | | | | | | | | 3 | | | | | | 3 | | | | | | | 2 | 1 | | | | | 2 | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 6 | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/11/18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct and the functions were performed*

[redacted] 6/26/18

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—79C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | May 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 4 | 6 | 8 | 8 | | | 6 | 7 | 8 | 5 | 8 | | | | 5 | 5 | 8 | | | | 4 | 4 | 6 | 7 | | | | | 6 | 4 | | 109 |
| 5 | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | OFF | SATURDAY | | | | | | OFF | SATURDAY | | HOLIDAY | | | | |
| 6 | SUBTOTAL | 4 | 6 | 8 | 8 | SUNDAY | | 6 | 7 | 8 | 5 | 8 | SUNDAY | | | 6 | 5 | 8 | | SUNDAY | | 4 | 4 | 6 | 7 | | | SUNDAY | | 6 | 4 | 0 | 110 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 2 | | | | | 2 | 1 | | | | | | 1 | 1 | | | | | | 4 | 4 | | | | | | | 4 | | 22 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) training | 4 | | | | | | | | | 3 | | | | 4 | 1 | 3 | | | | | | | 2 | 1 | | | | 2 | | 8 | 28 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 0 | | | 8 | 8 | 8 | 8 | 0 | | | | 8 | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/11/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR May 2018 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | 3 | | | | |
| 4 | 277, 278 & 278.5 | | | | | 2 | 3 | | | | | | 2 | 3 | | | | | | 2 | 3 | | | | | | 2 | 3 | 4 | | | | |
| 5 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | 2 | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 9 | 4 | 8 | 8 | 8 | 8 | 8 | 9 | 4 | 8 | 8 | 8 | 8 | 8 | 9 | 4 | 8 | 8 | 8 | 8 | 8 | 9 | 4 | - | 8 | 8 | 8 | 176 |
| 7 | | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | 3 | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | S | S | | | | | | S | S | | | | | | S | S | | | | | | S | I | I | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/31/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

6/14/18
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | May 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | HOLIDAY | 8 | | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | OFF | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | 2 | 0 | 0 | 0 | 0 | 0 | | | | 0 | | OFF | OFF | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | | 8 | 8 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | 8 | | | | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/29/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/11/18
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR MAY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 7 | 7 | 6 | 4 | | | | 1 | 2 | 1 | 3 | | | 7 | 1 | | 1 | | | | 2 | | 1 | | 2 | | | 2 | 1 | | | 48 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | 4 |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | 2 | 1 | | | | | | | | 1 | 1 | 1 | | | | 2 | 2 | 1 | | | | 1 | 2 | | | 14 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 7 | 7 | 6 | 4 | | | 2 | 2 | 2 | 1 | 3 | | | 7 | 1 | 1 | 2 | 1 | | | 2 | 2 | 3 | 1 | 2 | | | 3 | 3 | 3 | 4 | 66 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 1 | 1 | 2 | 4 | | | 6 | 6 | 6 | 7 | 5 | | | 1 | 7 | 7 | 6 | 7 | | | 6 | 6 | 5 | 7 | 6 | | | 5 | 5 | 4 | | 110 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6-1-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 6/1/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR May 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 2 | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 2 | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | 4 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 8 | 8 | 6 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 16 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | 148 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 16 |
| 10 | After trial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | 8 | | | | 8 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

6/15/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

6/15/18

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891 A | 4. MONTH/YEAR MAY 2018. |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | V | V | V | 150 |
| 2 | 3408(c) & 3408(d) | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | A | A | A | |
| 3 | 3411(a) & 3421(c) | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | C | C | C | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | 30 40 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 150 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

06/11/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6-19-18
DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR MAY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | |
| 3 | 3411(a) & 3421(c) | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | 00 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 180 |

190

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5-31-18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

6/19/18
DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAM [redacted] | | 2. EMPL [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR MAY / 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | O | | | | |
| 3 | 3411(a) & 3421(c) | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5/30/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

06/19/18

DATE

DA-1581-C—75C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR MAY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | H | 10 | 10 | V | 180 |
| 2 | 3408(c) & 3408(d) | | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | O | | | A | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | L | | | C | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | O | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | A | | | | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | V | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/30/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

6/19/18
DATE

DA 1581-C 75CR74 Rev 2/04

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890-A | 4. MONTH/YEAR MAY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | V | V | V | ~~140~~ 160 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | A | A | A | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | C | C | C | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 ✓ |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 ✓ |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | ~~140~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5-24-18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

6/19/18
DATE

DA 1581 C 76C874 Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR MAY 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | ~~10~~ | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~190~~ 180 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | SAT | | | | | | | DAY | | | | | | | DAY | | | | | | | DAY | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | URD | | | | | | | AY | | | | | | | AY | | | | | | | AY | | | | | | |
| 5 | | | | | | DAY | SUN | | | | | | SUN | | | | | | | SUN | | | | | | | SUN | | | | | | |
| 6 | SUBTOTAL | | | | | | DAY | | | | | | DAY | | | | | | | DAY | | | | | | | DAY | | | | | | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | SUN | MON | | | | | | SUN | MON | | | | | | SUN | MON | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | ~~10~~ | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~190~~ 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5/31/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

6/19/18

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE I [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR May 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 176 ✓ |
| 2 | 3408(c) & 3408(d) | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | L | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | A | | | | 176 ✓ |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | · |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 176 ✓ |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | 8 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | ~~176~~ ✓ 184 ✓ |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/1/18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 6/19/18

SIGNATURE OF SUPERVISOR DATE

DA 1581 C 75CR74 Rev. 2-84

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 5/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | S | S | R | 10 | 10 | V | V | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | X | X | X | 130 |
| 2 | 3408(c) & 3408(d) | D | | | | A | U | D | | | A | A | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | O | | | | T | N | O | | | C | C | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | H | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | O | | | | |
| 6 | SUBTOTAL | 0 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | O | | | | 130 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | 10 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 7 | 0 | 0 | 0 | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 10 | 10 | | | | | | | | | | | | | | | | | 10 | | | | 30 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | — | | | 150 |

170

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/01/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/19/18
DATE

DA 1591 C 26C974 Rev 2 04

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | MAY 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | 9 | | S | S | H | 9 | 9 | 9 | 170 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | U | O | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | N | L | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | |
| 6 | SUBTOTAL | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | | A | 9 | 9 | 9 | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | | B | | | | 917 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 179 |

187

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5/31/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

6/19/18

DATE

DA-1581-C—76C874—Rev 2 94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM DDA-IV | 4. MONTH/YEAR 6/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | 2 | | | | | | | 2 | | | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 8 | | | 8 | 5 | 0 | 0 | 4 | | | 8 | 0 | 0 | 2 | 5 | | | 6 | 5 | 0 | 4 | 3 | | | 6 | 2 | 4 | 3 | 0 | | | 71 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | | | 2 | 3 | | | 9 | | | | | | | 3 | | | 2 | 3 | 4 | | 3 | | | | 2 | 4 | 5 | | | | 35 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | 8 | 8 | 6 | | | | | | 4 | 4 | | | | 2 | 4 | | | 6 | | | 42 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 0 | 0 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | | | 8 | | | 8 | | | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/15/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 7/13/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR June 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 168 |
| 2 | 3408(c) & 3408(d) | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | |
| 3 | 3411(a) & 3421(c) | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 4 | | | | | | 4 | | |
| 4 | 277, 278 & 278.5 | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | | |
| 5 | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | | |
| 6 | SUBTOTAL | 8 | 4 | 2 | 8 | 8 | 8 | 8 | 8 | 4 | 2 | 8 | 8 | 8 | 8 | 8 | 4 | 2 | 8 | 8 | 8 | 8 | 8 | 4 | 2 | 8 | 8 | 8 | 8 | 8 | 4 | | 168 |
| 7 | | | 4 | 2 | | | | | | 4 | 2 | | | | | | 4 | 2 | | | | | | 4 | 2 | | | | | | 4 | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/29/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 7/6/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR June 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 8 | 277/278/278.5 Non-Claimable | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

6/29/2018

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

7/6/18

DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 9737 | 4. MONTH/YEAR June 2018 | |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 7 | | | 0 | 8 | 4 | 0 | 0 | | | 0 | 0 | 0 | 0 | 7 | | | 0 | 1 | 9 | 1 | 3 | | | 0 | 0 | 0 | 0 | 0 | | | 27 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 6 | | | 2 | 2 | | | 3 | 2 | 3 | 3 | | | | 2 | | | | | | | 3 | 2 | 1 | 1 | 2 | | | 32 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 7 | | | 6 | 8 | 4 | 2 | 2 | | | 3 | 2 | 3 | 3 | 7 | | | 2 | 1 | 2 | 1 | 3 | | | 3 | 2 | 1 | 1 | 2 | | | 59 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | | | 7 | 1 | 4 | 6 | 6 | | | 5 | 6 | 5 | 5 | 1 | | | 6 | 7 | 6 | 7 | 5 | | | 5 | 6 | 7 | 7 | 6 | | | 109 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/12/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

7/13/18
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM DDA III | 4. MONTH/YEAR June 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | 1 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | 8 | 8 | | | 8 | 7 | 8 | 8 | 4 | | | 8 | 8 | 8 | 4 | | | | 79 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | | | | | 4 | | | | | | 4 | | | 80 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 8 | 8 | 8 | 8 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | 4 | | | 8 | | | | 4 | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/29/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 7/6/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | | 3. ITEM 2891A | 4. MONTH/YEAR JUNE 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | V | V | V | V | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | ~~X~~ | R | S | | ~~160~~ 110 |
| 2 | 3408(c) & 3408(d) | D | A | U | A | A | A | A | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | | |
| 3 | 3411(a) & 3421(c) | O | T | N | C | C | C | C | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~X~~ | | | | ~~120~~ 110 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~X~~ | | | | ~~120~~ 110 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | 10 | | | | ~~40~~ ✓ |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 ✓ |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 07/09/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/09/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR JUNE 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | | 160 |
| 2 | 3408(c) & 3408(d) | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7-2-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/09/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR JUNE/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | K | S | S | 10 | 10 | 10 | 10 | R | S | S | 160 |
| 2 | 3408(c) & 3408(d) | O | A | U | | | | | O | A | U | | | | | O | A | U | | | | | O | A | U | | | | | O | A | U | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/30/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 07/09/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C 76C874 Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO [redacted] | 3. ITEM 2896-A | 4. MONTH/YEAR JUNE 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | V | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | | 160 |
| 2 | 3408(c) & 3408(d) | A | A | V | O | | | | | A | V | O | | | | | A | V | O | | | | | A | V | O | | | | | A | | |
| 3 | 3411(a) & 3421(c) | C | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/29/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

07/09/18
DATE

DA-1581-C—76C874—Rev. 2-94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR JUNE 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | V | S | S | R | 10 | 10 | 10 | 10 | S | | 160 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | O | | | | A | A | U | D | | | | | A | | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | C | T | N | O | | | | | T | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |

170

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

07/27/18
DATE

DA-1581-C—76C874—Rev. 2-94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMP [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR JUNE 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | HOLIDAY | | | | | | | HOLIDAY | | | | | | | HOLIDAY | | | | | | | HOLIDAY | | | | | | HOLIDAY | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

6.29.18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

DATE

DA 1581 C—76C874—Rev 2 94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | JUNE/2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | ~~8~~ | 8 | 8 | S | S | | | | | | S | S | | | | | S | S | ~~88~~ 80 |
| 2 | 3408(c) & 3408(d) | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | ~~8~~ | 8 | 8 | | | | | | | | | | | | | | | | | 80 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | ~~8~~ | 8 | 8 | | | | | | | | | | | | | | | | | ~~88~~ 80 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | B | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | ~~8~~ 88 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/3/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/09/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581 C_76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | June 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | | | ~~9~~ | | | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | ~~134~~ 125 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 125 ✓ |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | | | ~~9~~ | | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | ~~134~~ 125 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 8 | 9 | 9 | 9 | 9 | | | | | | | | | | | | | | | | | ~~35~~ 44 |
| 13 | DAILY GRAND TOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 169 ✓ |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/9/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/10/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM DDA | 4. MONTH/YEAR July 2018 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | | 2 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | ✓ | 6 | 8 | 4 | 4 | 4 | ✓ | ✓ | 6 | 4 | 5 | 6 | 4 | | | 4 | | 7 | 6 | | | | | | | | | | | | | 64 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | SUNDAY | 6 | 8 | DAY | 4 | 4 | SATURDAY | SUNDAY | 6 | 4 | 5 | 6 | 4 | SATURDAY | SUNDAY | 6 | | 7 | 6 | VACATION | SATURDAY | SUNDAY | VACATION | VACATION | VACATION | VACATION | VACATION | SATURDAY | SUNDAY | VACATION | | 60 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 2 | | | | | | | | 2 | 2 | | | 1 | | | 2 | | 1 | 2 | | | | | | | | | | | | | 12 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | HP | 4 | 4 | | | | 2 | 3 | 2 | 3 | | | | 8 | | | | | | | | | | | | | | | 26 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | | | | | | | | | 104 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 72 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8/9/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

8/9/18

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR July 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 160 |
| 2 | 3408(c) & 3408(d) | SUNDAY | | | HOLIDAY | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | OFF | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | 0 | | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8-1-2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

8/9/18
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 9273A | JULY 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 2 | 4 | 2 | 3 | 0 | | | 2 | 5 | 5 | 6 | 8 | | | 4 | 3 | 4 | 2 | 5 | | | 6 | 2 | 8 | 7 | 5 | | | 0 | 0 | 56 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 8 | | | 4 | 3 | 4 | 2 | 5 | | | 6 | 2 | 8 | 7 | 5 | | | 0 | 0 | 57 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 5 | 8 | | 8 | 8 | | | | 8 | 8 | 8 | 8 | 0 | | | 4 | 5 | 4 | 6 | 3 | | | 2 | 6 | 0 | 1 | 3 | | | 0 | 0 | 95 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 0 | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 |

IN TRIAL JULY 2-12

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8-1-18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

8/9/18

DATE

DA-1581-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR July 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | 1 | | | | | | | | | | 8 | | | | 8 | | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 1 | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | 2 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 7 | 8 | | 8 | 8 | | | 7 | 8 | 8 | 8 | 8 | | | 7 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 16 | 8 | | | 16 | | 145 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 |
| 10 | non-CAN cases | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | ~~8~~16 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | ~~168~~ 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

8/9/18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891A | July 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | H | | R | S | S | 10 | 10 | 10 | 10 | B | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 140 |
| 2 | 3408(c) & 3408(d) | | | | O | | D | A | Y | | | | | D | A | Y | | | | | D | A | Y | | | | | D | A | Y | | | |
| 3 | 3411(a) & 3421(c) | | | | L | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | A | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 140 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8/8/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

08/08/18
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR JULY 2018 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | H | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | S | 10 | 160 |
| 2 | 3408(c) & 3408(d) | U | | | O | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | I | | |
| 3 | 3411(a) & 3421(c) | N | | | L | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | C | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | K | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 160 |
| 11 | SUBTOTAL | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | ~~10~~ 20 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | ~~10~~ 10 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 0 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8-1-18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

8/7/18

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EM [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR Jul 4/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | H | 10 | R | S | S | / | / | / | / | R | S | S | 10 | 10 | 10 | 10 | K | S | S | / | 10 | 10 | 10 | R | S | S | 10 | 10 | 120 |
| 2 | 3408(c) & 3408(d) | U | | | O | | D | A | U | | | | | D | A | U | | | | | O | A | U | | | | | D | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | L | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | A | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 120 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | | | | | | | | | 60 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8/8/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 08/8/18

SIGNATURE OF SUPERVISOR — DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | JULY 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | H | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 160 |
| 2 | 3408(c) & 3408(d) | U | D | | O | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | L | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | A | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

8/7/18
DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR JULY 2018 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | H | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 160 |
| 2 | 3408(c) & 3408(d) | U | D | | O | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | L | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7-31-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 8/7/18

SIGNATURE OF SUPERVISOR — DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EM [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR July 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

| PART III | DAILY TIME STUDY | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1 | 3130 - 3133 | | | 10 | | | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | 60 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | DAY | | | | | | | SATURDAY | | | | | | | SUNDAY | | | HOLIDAY | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | HOLIDAY | | | SATURDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | HOLIDAY | | | | | | | |
| 5 | | Y | | | DAY | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | HOLIDAY | | | | | | | |
| 6 | SUBTOTAL | SUNDAY | | | HOLIDAY | | | SUNDAY | | | | | | | SATURDAY | | | | | | | SUNDAY | | | HOLIDAY | | | | | | | |
| 7 | | SUNDAY | | | HOLIDAY | | | SUNDAY | | | | | | | SATURDAY | | | | | | | SUNDAY | | | HOLIDAY | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | SUNDAY | RDO | | HOLIDAY | | | SUNDAY | | RDO | | | | | SATURDAY | | RDO | | | | | SUNDAY | | | HOLIDAY | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | SUNDAY | RDO | | HOLIDAY | | | SUNDAY | | RDO | | | | | SATURDAY | | RDO | | | | | SUNDAY | | | HOLIDAY | | | | | | | |
| 10 | | SUNDAY | RDO | | HOLIDAY | | | SUNDAY | | RDO | | | | | SATURDAY | | RDO | | | | | SUNDAY | | | HOLIDAY | | | | | | | 60 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 100 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8.1.2018

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

8/7/18

DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR JULY 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 8 | 8 | H | 8 | 8 | S | S | | | | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | | 8 | S | S | | 8 | 128 |
| 2 | 3408(c) & 3408(d) | U | | | Q | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | L | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | I | | | U | D | | | | | | U | D | | | | | | U | D | | | | | | U | D | | | |
| 5 | | | | | D | | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | |
| 6 | SUBTOTAL | | | | A | | | D | Y | | | | | | D | Y | | | | | | D | Y | | | | | | D | Y | | | |
| 7 | | | | | Y | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | Y | | | | | | | L | | | | | | | T | | | | | | | Y | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | 8 | 8 | | | | | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 8 | | | | 8 | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | 8 | 8 | 8 | | | | | | | | | | | | | | | 8 | | | 8 | | | 48 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/31/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 8/7/18

SIGNATURE OF SUPERVISOR — DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE N [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR July 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 9 | H | | | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | 9 | 9 | S | S | 8 | | | 9 | 9 | S | S | R | 9 | 124 |
| 2 | 3408(c) & 3408(d) | U | D | | O | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | L | | | T | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 9 | A | | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | | | 9 | 9 | | | | 9 | 124 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 9 | | | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | | | 9 | 9 | | | | 9 | 124 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 9 | 9 | 9 | | | | | | | | | | | | | | | | | | 9 | 9 | | | | | | | 45 |
| 13 | DAILY GRAND TOTAL | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 169 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/2/2018

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 8/7/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM: Paralegal | 4. MONTH/YEAR: August 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | | | | | | 120 |
| 2 | 3408(c) & 3408(d) | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | |
| 3 | 3411(a) & 3421(c) | | | | 5 | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | |
| 4 | 277, 278 & 278.5 | 5 | | | 4 | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | |
| 5 | | 4 | | | 4 | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | |
| 6 | SUBTOTAL | 4 | 8 | 8 | 1 | 8 | 8 | 1 | 4 | 8 | 8 | 8 | 8 | 8 | 1 | 4 | 8 | 8 | 8 | 8 | 8 | 1 | 4 | 8 | | | | | 1 | 4 | | | 120 |
| 7 | | 2 | | | 1 | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | | H | H | H | H | 1 | 2 | H | H | |
| 8 | 277/278/278.5 Non-Claimable | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | H | H | H | H | 1 | 1 | H | H | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 5 | | | 3 | | | 0 | 0 | | | | | | 5 | 5 | | | | | | 5 | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | | | | | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 56 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | ~~168~~ 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8/6/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

8/9/18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR August 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | | | | 8 | | 2 | | | | 2 | 6 | | | 1 | | | | | | | | | | 2 | 1 | | | | 30 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 5 | 8 | | | 4 | | 6 | 6 | 3 | | | 6 | | 4 | 2 | 7 | | | | 3 | 8 | | 8 | | | 4 | 7 | 4 | 4 | 5 | 94 |
| 5 | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | |
| 6 | SUBTOTAL | 8 | 5 | 8 | | SUNDAY | 4 | 8 | 6 | 8 | 3 | | SUNDAY | 8 | 6 | 4 | 2 | 8 | | SUNDAY | 0 | 3 | 8 | 0 | 8 | | | 6 | 8 | 4 | 4 | 5 | 124 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | 4 | | 2 | | 5 | | | | | | 5 | | | | | 3 | | 8 | | | | 2 | | 4 | 4 | | 37 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 3 | | | | | | | | | | | | 2 | 4 | 1 | | | | 8 | 2 | | | | | | | | | 3 | 23 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/12/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/12/18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM: Paralegal | 4. MONTH/YEAR: August 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 160 |
| 2 | 3408(c) & 3408(d) | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 0 | 5 | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | |
| 5 | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | |
| 6 | SUBTOTAL | N | 8 | N | H | 2 | 8 | 8 | 8 | 8 | 8 | H | 2 | 8 | 8 | 8 | 8 | 8 | H | 2 | N | 8 | 8 | 8 | 8 | H | 2 | 8 | 8 | 8 | 8 | 8 | 160 |
| 7 | | H | | H | 4 | 2 | | | | | | 4 | 2 | | | | | | 4 | 2 | N | | | | | 4 | 2 | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] — SIGNATURE OF EMPLOYEE

9/4/2018 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] — SIGNATURE OF SUPERVISOR

9/12/18 — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | August 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | 136 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 136 |
| 6 | SUBTOTAL | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | OFF | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | OFF | OFF | OFF | OFF | OFF | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 136 |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 48 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | 184 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/4/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/12/18
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR AUG 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 6 | | | | 2 | 6 | | | | | | | | | | | | | 6 | 6 | | | | | | 6 | | | | | 34 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 2 | | 3 | | | 1 | | 2 | 3 | 2 | | | | | | | | | | 1 | 0 | 3 | 2 | 3 | | | 1 | 4 | 2 | 3 | 2 | 34 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | 6 | 3 | | | 3 | 6 | 2 | 3 | 2 | | | | | | | | | | 7 | 6 | 3 | 2 | 3 | | | 7 | 4 | 2 | 3 | 2 | 68 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | 2 | 5 | 1 | 1 | 3 | 2 | 6 | 5 | 6 | | | | | | | | | | 1 | 2 | 5 | 4 | 5 | | | 1 | 4 | 6 | 5 | 6 | 74 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 5 | 3 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | 2 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 6 | 8 | 8 | | | 5 | 8 | 8 | 5 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 8 | 8 | 5 | 6 | 8 | | | 8 | 4 | 4 | 5 | 8 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9-2-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 9/12/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR August 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | 8 | 4 | 2 | 2 | | | 1 | 8 | 1 | 1 | 1 | | | | | | | | | | | | | | | 28 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 8 | 8 | | | 8 | 8 | 4 | 6 | 6 | | | 7 | 0 | 7 | 7 | 7 | | | | | | | | | | | | | | | 76 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | 104 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 80 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/7/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/12/18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A. | August 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | X | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | 170 |
| 2 | 3408(c) & 3408(d) | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/11/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/11/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | | 3. ITEM 2890A | 4. MONTH/YEAR AUG, 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | S | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | S | R | S | S | 10 | 10 | S | 10 | R | 150 |
| 2 | 3408(c) & 3408(d) | | | D | A | U | | | | | D | A | U | I | | | | D | A | U | | | | I | D | A | U | | | I | | D | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | C | | | | O | T | N | | | | C | O | T | N | | | C | | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | K | | | | | | | | | | K | | | | | | K | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | | 10 | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | | 10 | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 10 | | | | | | | | | | 10 | | | | | | 10 | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9-4-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/12/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR AUGUST / 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | 180 |
| 2 | 3408(c) & 3408(d) | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/10/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

9/17/18

DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | AUGUST 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | 190 |
| 2 | 3408(c) & 3408(d) | | | | A | U | O | | | | | A | U | D | | | | | A | U | O | | | | | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | L | | | | | T | N | O | | | | | T | N | D | | | | | T | N | O | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | O | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 190 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

9/12/18
DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted]
2. EMPLOYEE NO: [redacted]
3. ITEM: 2890 A
4. MONTH/YEAR: AUG 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 10 | 10 | 10 | 10 | | 190 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 190 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9.4.18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

9/12/18
DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] 2. EM [redacted] 3. ITEM 2890A 4. MONTH/YEAR AUGUST 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | A | | | | | | | Y | | | | | | | Y | | | | | | | A | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | DA | | | | | | | DA | | | | | | | DA | | | | | | | DA | | | | | | | |
| 5 | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | |
| 6 | SUBTOTAL | | | | SUN | | | | | | | SUN | | | | | | | SUN | | | | | | | SUN | | | | | | | |
| 7 | | | | | DAY | | | | CK | | | DAY | | | | | | | DAY | | | | | | | DAY | | | | CK | | CK | |
| 8 | 277/278/278.5 Non-Claimable | | | | SAT | | | | SIC | | | SAT | | | | | | | SAT | | | | | | | SAT | | | | SIC | | SIC | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 9A | | | | 9I | | | 9A | | | | | | | 9A | | | | | | | 9A | | | | 9I | | 9I | |
| 10 | | | | | 3 | | | | 3 | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | 3 | | 3 | |
| 11 | SUBTOTAL | 10 | 10 | 10 | R | | | 10 | C | 10 | 10 | R | | | 10 | 10 | 10 | 10 | R | | | 10 | 10 | 10 | 10 | R | | | 10 | 10 | K | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | | | 10 | 10 | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — 8·31·18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed [redacted]*

[redacted]

SIGNATURE OF SUPERVISOR — 9/02/0 DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR AUGUST/2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | S | S | 8 | 8 | 7 | 0 | 0 | S | S | X | X | X | X | X | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | 145 142 |
| 2 | 3408(c) & 3408(d) | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | | A | U | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | | | | | | T | N | | | | | | T | U | | | | | | | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 7 | 8 | 8 | | | X | X | X | X | X | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 145 142 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 7 | 8 | 8 | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 143 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 1 | | | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | 41 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 5 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

9/12/18
DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR August 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 9 | 9 | 9 | S | S | 8 | 9 | 9 | 9 | 9 | S | S | R | 9 | 9 | | | S | S | | | | | | S | S | R | | | 9 | 9 | ~~101~~ 102 |
| 2 | 3408(c) & 3408(d) | | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | | | | | | | | | | | 9 | 9 | ~~101~~ 102 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | | | | | | | | | | | 9 | 9 | ~~101~~ 102 |
| 12 | Vacation Time, Sick Leave, etc. | | | 1 | | | | | | | | | | | 4 | | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | ~~79~~ 85 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | ~~186~~ 187 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8/31/2018

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is ~~true and~~ correct, and the functions were performed*

[redacted] 9/12/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM DDA | 4. MONTH/YEAR September 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 1 | | | | | | | | | 1 | | | | 1 | | | | | | | 2 | | 1 | | | | | 6 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | 4 | 5 | | 6 | | | 7 | 8 | 5 | 2 | 3 | | | | 4 | 8 | 3 | 4 | | | 8 | 4 | 2 | 4 | 8 | | | | 85 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | SATURDAY | | | | | | | | SATURDAY | | | | | | | | SATURDAY | | | | | SATURDAY | | | | | | SATURDAY | | | 91 |
| 6 | SUBTOTAL | | SUNDAY | | 4 | 6 | | 6 | | | 7 | 8 | 5 | 2 | 3 | | | | 5 | 8 | 3 | 4 | | | 8 | 6 | 2 | 5 | 8 | | | | |
| 7 | | | | HOLIDAY | | | | | | SUNDAY | | | | | | | | SUNDAY | | | | | SUNDAY | | | | | | SUNDAY | | | 24 |
| 8 | 277/278/278.5 Non-Claimable | | | | 4 | 2 | | 2 | | | | | 2 | | | | | | 3 | | 3 | 4 | | | | 2 | | 3 | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | 8 | 8 | | | 1 | | 1 | 6 | 5 | | | | | | 3 | | | | | | 6 | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 144 |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 16 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | ~~152~~ |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 6 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 6 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/15/18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 10/15/18

SIGNATURE OF SUPERVISOR DATE

DA 1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal C | 4. MONTH/YEAR September 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 5 | | | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | | 152 |
| 2 | 3408(c) & 3408(d) | 4 | | 5 | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | |
| 3 | 3411(a) & 3421(c) | 2 | 5 | 4 | | | | | 2 | 5 | | | | | | 2 | 5 | | | | | | 2 | 5 | | | | | | 2 | 5 | | |
| 4 | 277, 278 & 278.5 | 2 | 4 | 2 | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | |
| 5 | | 2 | 4 | 1 | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | |
| 6 | SUBTOTAL | 14 | 21 | 12 | 8 | 8 | 8 | 8 | 14 | 21 | 8 | 8 | 8 | 8 | 8 | 14 | 21 | 8 | 8 | 8 | 8 | 8 | 14 | 21 | 8 | 8 | 8 | 8 | 8 | 14 | 21 | | 152 |
| 7 | | 4 | 3 | 0 | | | | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | | |
| 8 | 277/278/278.5 Non-Claimable | 00 | 00 | 40 | 0 | 0 | 0 | 0 | 00 | 00 | 0 | 0 | 0 | 0 | 0 | 00 | 00 | 0 | 0 | 0 | 0 | 0 | 00 | 00 | 0 | 0 | 0 | 0 | 0 | 00 | 00 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/28/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

10/15/18
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR September 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 136 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | SATURDAY | | | |
| 6 | SUBTOTAL | | SUNDAY | | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | | | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | | 136 |
| 7 | | | | HOLIDAY | | | | | | | | | | OFF | OFF | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | | | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 136 |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 24 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | 8 | 8 | | | | | | | | | | | | | | | | | | 160 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 4 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/28/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

10/15/18
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR SEPT 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | 2 | | | | 2 | | | 8 | 4 | | | | | | | 14 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 3 | 4 | 6 | 4 | | | 6 | 5 | 5 | 6 | 2 | | | 2 | 2 | 0 | 1 | 1 | | | 1 | 8 | 6 | 6 | 2 | | | | 70 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 3 | 4 | 6 | 4 | | | 6 | 5 | 5 | 6 | 2 | | | 4 | 2 | 0 | 1 | 3 | | | 3 | 8 | 6 | 6 | 2 | | | | 76 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 5 | 4 | 2 | 4 | | | 2 | 3 | 3 | 2 | 6 | | | 4 | 6 | 0 | 7 | 5 | | | 5 | 0 | 2 | 6 | | | | | 68 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 0 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 10/15/18

DA 1591 C 76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | September 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | Holiday | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | 7 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 103 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 8 | 8 | | | | | | | | | | | | | | 8 | | | | | | | | | | | | 24 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 0 | 0 | | | 8 | 8 | 8 | 0 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | 8 | 8 | | | | | | 8 | | | | | | | | | | | 32 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10-4-18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

10/5/18

DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPL [redacted] | 3. ITEM 2891A | 4. MONTH/YEAR SEP - 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | E | S | S | 10 | 10 | 10 | 10 | R | S | S | | 150 |
| 2 | 3408(c) & 3408(d) | A | U | O | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 |
| 12 | Vacation Time, Sick Leave, etc. | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 0 | 10 | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/01/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

10-1-18

DATE

DA 158-C 76C974—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR SEPT / 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | | 150 |
| 2 | 3408(c) & 3408(d) | | | 6 | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | | |
| 3 | 3411(a) & 3421(c) | | | L | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | |
| 4 | 277, 278 & 278.5 | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | b | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 150 |
| 7 | | | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 |
| 12 | Vacation Time, Sick Leave, etc. | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/1/18

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/01/18

SIGNATURE OF SUPERVISOR DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890-A | 4. MONTH/YEAR SEPT 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 10 | 10 | 10 | 10 | ~~10~~ | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 160 |
| 2 | 3408(c) & 3408(d) | A | U | D | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | O | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 0 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | ~~10~~ | | | | | | | | | | | 160 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | ~~10~~ 0 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4/23/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/01/18

SIGNATURE OF SUPERVISOR — DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR SEPT. 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | - | 160 |
| 2 | 3408(c) & 3408(d) | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9-28-18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

9/28/18
DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I EMPLOYEE INFORMATION**

1. NAME: [redacted] 2. EI [redacted] 3. ITEM 2890A 4. MONTH/YEAR SEPTEMBER 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 140 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | SA | | | | | | | SA | | | | | | | SA | | | | | | | SA | | | | | | | SA | | | |
| 4 | 277, 278 & 278.5 | TU | SU | | | | | | TU | SU | | | | | | TU | SU | | | | | | TU | SU | | | | | | TU | SU | | 140 |
| 5 | | RD | ND | | | | | | RD | ND | | | | | | RD | ND | | | | | | RD | ND | | | | | | RD | ND | | |
| 6 | SUBTOTAL | AY | AY | | | | | | AY | AY | | | | | | AY | AY | | | | | | AY | AY | | | | | | AY | AY | | |
| 7 | | SA | SU | HOL | | | | | SA | SU | RDO | | | | | SA | SU | RDO | BCK | | | | SA | SU | RDO | | | SICK | | SA | SU | | |
| 8 | 277/278/278.5 Non-Claimable | TU | ND | IDA | | | | | TU | ND | | | | | | TU | ND | | | | | | TU | ND | | | | | | TU | ND | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | RD | AY | Y | | | | | RD | AY | | | | | | RD | AY | | | | | | RD | AY | | | | | | RD | AY | | |
| 10 | | AY | | | | | | | AY | | | | | | | AY | | | | | | | AY | | | | | | | AY | | | 140 |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | 10 | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 14 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9.28.2018

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

10/9/18

DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE N[redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 9/2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | 7 | 6 | 8 | 8 | 8 | 8 | 8 | S | S | | 165 |
| 2 | 3408(c) & 3408(d) | A | U | O | | | | | A | U | | | | | | A | U | | | | | | | | | | | | | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | L | | | | | T | N | | | | | | T | N | | | | | | | | | | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 165 |
| 6 | SUBTOTAL | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 165 |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 7 | 6 | 8 | 8 | 8 | 8 | 8 | | | | 8 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 165 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 7 | 6 | 8 | 8 | 8 | 8 | 8 | | | | 173 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/28/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

10/01/18
DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR Sept 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

DAYS

| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | H | 9 | 9 | 9 | | S | S | R | 9 | 9 | | | S | S | 8 | 9 | 9 | | 9 | S | S | R | 9 | | 9 | 7.5 | S | S | ✓ | 106.5 |
| 2 | 3408(c) & 3408(d) | A | U | O | | | | | A | U | D | | | | | A | U | | | | | | A | U | D | | | | | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | L | | | | | T | N | O | | | | | T | N | | | | | | T | N | O | | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 7 | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 9 | 9 | 9 | | | | | 9 | 9 | | | | | 8 | 9 | 9 | | 9 | | | | 9 | | 9 | 7.5 | | | | 105.5 |
| 12 | Vacation Time, Sick Leave, etc. | | | 0 | | | | 9 | | | | | | 9 | 9 | | | | | | 9 | | | | | | 9 | | 1.5 | | | | 54.5 |
| 13 | DAILY GRAND TOTAL | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 10/1/18

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 10/01/18

DA-1581-C—76C874—Rev 2 94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | DDA 9274 K | October 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 1 | | | | | 2 | 2 | | | | | | | | 2 | | | | 2 | | | | | | | | | 9 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 8 | 5 | 6 | 8 | 6 | | | | 6 | 2 | 3 | 8 | | | 4 | 4 | | | 2 | | | 8 | 4 | 3 | | 8 | | | 6 | 6 | | 97 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 5 | 6 | 8 | 7 | SATURDAY | SUNDAY | HOLIDAY | 6 | 4 | 5 | 8 | SATURDAY | SUNDAY | 4 | 4 | | | 4 | SATURDAY | SUNDAY | 8 | 6 | 3 | | 8 | SATURDAY | SUNDAY | 6 | 6 | | 106 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 3 | 2 | | 1 | | | | | 1 | 3 | | | | 4 | 4 | | | 4 | | | | 2 | 3 | 3 | | | | 2 | | | 32 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | 2 | 3 | | | | | | | 8 | 8 | | | | | | 2 | 5 | | | | | 2 | | 30 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 11/28/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 11/28/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM: Paralegal | 4. MONTH/YEAR: October 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | 8 | | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | 4 | | 5 | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | 0 | 5 | 4 | | | | | 0 | 5 | | | | | | 0 | 5 | | | | | | 0 | 5 | | | | |
| 5 | | | | | | | 2 | 4 | 6 | | | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 2 | 4 | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | 8 | 9 | 4 | 1 | 8 | 8 | 8 | 8 | 9 | 4 | | 8 | 8 | 8 | 8 | 9 | 4 | 8 | 8 | 8 | 8 | 8 | 9 | 4 | 8 | 8 | 8 | 160 |
| 7 | | | | | 4 | | 1 | 2 | 1 | | | | | 1 | 2 | 4 | | | | | 1 | 2 | | | | | | 1 | 2 | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 4 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 4 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 0 | | 0 | 0 | 4 | | | | | 0 | 0 | 0 | | | | | 0 | 0 | | | | | | 0 | 0 | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | 8 | | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | 8 | | | | | | | 8 | | | | | | | | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/31/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | October 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | SATURDAY | | HOLIDAY | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | SATURDAY | | | | | |
| 6 | SUBTOTAL | SUNDAY | 8 | 8 | 8 | 8 | | SUNDAY | | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | 8 | | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | OFF | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 8 | | | | | | | | | | | | | | | 8 | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/1/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

11/28/18

DATE

DA-1581-C—76C874—Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR October 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 7 | 1 | 1 | 2 | 2 | | | 5 | 1 | 4 | 2 | 1 | | | 1 | 2 | 2 | 1 | 2 | | | 2 | 3 | 2 | 3 | 3 | | | 1 | 2 | 1 | 41 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 7 | 1 | 1 | 2 | 2 | | | 5 | 1 | 4 | 2 | 1 | | | 1 | 2 | 2 | 1 | 2 | | | 2 | 3 | 2 | 3 | 3 | | | 1 | 2 | 1 | 41 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 7 | 7 | 6 | 6 | | | 5 | 7 | 4 | 6 | 7 | | | 7 | 6 | 6 | 7 | 6 | | | 6 | 5 | 6 | 5 | 5 | | | 7 | 6 | 7 | 135 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 5 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11-1-18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/28/18

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM DDA 9213A | 4. MONTH/YEAR OCT 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | 1 | 8 | | 11 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | 1 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | 2 | | | | | | | | | | | | | | | | | 1 | | | 1 | 8 | | 12 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 8 | 8 | 8 | | | | 6 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 7 | | | 7 | | 8 | 132 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 10 | MM CAV Case | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 152 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | 8 | | | | | | 8 | 8 | | | 8 | | | | | | | | | | | | | | | | | | | | 20 32 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 1 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 176 |

Holiday

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/28/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/28/18

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted]
2. EMPLOYEE NO.: [redacted]
3. ITEM: 2891A
4. MONTH/YEAR: OCTOBER 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | R | S | S | ~~10~~ | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 190 |
| 2 | 3408(c) & 3408(d) | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/30/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11-1-18

DATE

DA-1581-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2870(a) | OCTOBER 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | | 170 |
| 2 | 3408(c) & 3408(d) | | | | | D | A | Y | O | | | | D | A | Y | | | | | D | A | Y | | | | | O | A | Y | | | | |
| 3 | 3411(a) & 3421(c) | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | I | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | / | 170 |
| 7 | | | | | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | / | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | | | | 10 | 20 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/01/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/01/18

DATE

DA-1591 C-780874 Rev. 2/04

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR OCTOBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 10 | 10 | 10 | 10 | R | S | S | R | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | | | | | D | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | I | N | O | | | | | T | N | O | | | | | T | N | | | | | O | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/31/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/8/18

DATE

DA 1581-C 76/074 Rev. 9/04

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | OCTOBER 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10-31-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/01/18

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C 760874 Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EM | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | SR INVESTIGATOR | 10/18 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | ~~10~~ | 10 | 10 | 10 | SAT | SUN | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 7 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | ~~177~~ 167 |
| 2 | 3408(c) & 3408(d) | D | | | | | | | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | | | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | ~~10~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 7 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 167 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | ~~10~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 7 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 167 |
| 12 | Vacation Time, Sick Leave, etc. | | 10 | | | | | | | | | | | | | | | | | 3 | | | | | | | | | | | | | 13 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/5/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/7/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | 10/2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | A | U | D | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | T | N | L | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | I | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | A | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 176 |
| 7 | | | | | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/31/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/01/18

SIGNATURE OF SUPERVISOR — DATE

DA 1591 C 76C874 — Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. [redacted] | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | October 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | S | S | 8 | 8 | | 8 | 8 | S | S | 8 | 8 | 8 | 88 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | A | U | | | | | | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | T | N | | | | | | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 88 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 8 | 8 | | | | | | | | | | 8 | | | 8 | | | | | | | | | | | | | | | | | 32 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | | | | 8 | | | | | | | | 64 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/30/81

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/05/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 9274 | NOV. 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 8 | 8 | SATURDAY | SUNDAY | 6 | 2 | 8 | 6 | 4 | MONDAY | SUNDAY | 6 | | | 4 | 8 | | SUNDAY | | 4 | 4 | | | | | 4 | 3 | 2 | 8 | 2 | | 87 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 6 | 2 | 8 | 6 | 4 | | | 6 | | | 4 | 8 | | | | 4 | 4 | | | | | 4 | 3 | 2 | 8 | 2 | | 87 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | 2 | 2 | | 2 | 4 | | | | | 4 | 2 | | | | | 4 | 4 | | | | | 2 | 2 | 6 | | 4 | | 38 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | 4 | | | | | | 2 | | 4 | 2 | | | | 8 | | | | | | | 2 | 3 | | | 5 | | 27 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 0 | 8 | 8 | 8 | | | 8 | 8 | 8 | 0 | 0 | | | 8 | 8 | 8 | 8 | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 8 | | | | | | | | | 8 | 8 | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | ~~152~~ 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/18/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

10/K/18
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR November 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | | | | | | 8 | 8 | 8 | 8 | 8 | | 136 |
| 2 | 3408(c) & 3408(d) | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | 4 | | | | | | | 4 | | 5 | | | | | 4 | | | | | 5 | 5 | 4 | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 4 | 5 | | | | | | 4 | 5 | 4 | | | | | 4 | 5 | | | | 4 | 4 | 4 | 5 | | | | | | |
| 5 | | | | 4 | 4 | | | | | | 4 | 4 | 4 | | | | | 4 | 4 | | | | 4 | 4 | 4 | 4 | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 1 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | | | 1 | 1 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | | 136 |
| 7 | | | | 1 | 2 | | | | | | 1 | 2 | 1 | | | | | 1 | 2 | | W | W | J | J | 1 | 2 | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | $ | 2 | 0 | W | W | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 0 | 0 | | | | | | 0 | 0 | ± | | | | | 0 | 0 | | 0 | 0 | ± | ± | 0 | 0 | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | | | | | | 8 | 8 | 8 | 8 | 8 | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 8 | | | | | | | | 8 | 8 | 8 | 8 | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/30/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/1/18
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM: Paralegal | 4. MONTH/YEAR: November 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | HOLIDAY | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | HOLIDAY | HOLIDAY | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | | 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | | | | | 0 | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 8 | | | | | | | | | | 8 | 8 | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/30/2018
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

12/10/18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR NOVEMBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 1 | | | 1 | | | | | | | 1 | | | | | | | | | | | | | | | 1 | | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | 4 | 2 | 4 | | 2 | | | | 1 | 2 | 1 | 3 | | | 4 | 2 | 3 | | | | | 4 | 2 | 4 | 3 | 1 | | 42 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 5 | 2 | 4 | 1 | 2 | | | | 1 | 2 | 1 | 3 | | | 4 | 2 | 3 | | | | | 4 | 2 | 4 | 3 | 2 | | 46 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | 3 | 6 | 4 | 7 | 6 | | | | 7 | 6 | 4 | 5 | | | 4 | 6 | 5 | | | | | 4 | 6 | 4 | 5 | 7 | | 90 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | 8 | | | | | | | | | | 8 | | | | | | | | | | 8 | 8 | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 1/10/19

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR Nov 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | 8 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | 4 | | | | | | | | | | | | | | | 8 | | | | | | | | | | | 12 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | | | | 8 | 4 | 8 | | | | | | 8 | 8 | 8 | 8 | | | | | | | | | | | | 8 | 8 | 8 | | 84 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 | 8 | 8 | 8 | 8 | | 32 |
| 10 | Pomona case | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | | | | | | 8 | 8 | 8 | 8 | | | 8 | | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 8 | 8 | | | 8 | | | | | | | | 8 | | 8 | 8 | | | | | | | | | ~~24~~ 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | ~~152~~ 176 |

Holiday | Holiday | Holiday

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 10/5/18 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURE OF SUPERVISOR — 12/10/18 DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMP [redacted] | 3. ITEM 2891 (A) | 4. MONTH/YEAR 11/18

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | H | R | S | S | 10 | 10 | 10 | 10 | R | | 150 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | O | O | A | U | | | | | D | | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | L | O | T | N | | | | | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 10 | | | | | | | | | | 10 | | | | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ~~150~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/03/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

12-4-18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(a) | 11 / 18 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

DAYS

| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | H | R | S | S | 10 | 10 | 10 | 10 | R | / | 150 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | O | D | A | U | | | | | D | | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | L | O | T | N | | | | | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | I | | | | | | | | | | I | | | | | | | | | | |
| 5 | | | | | | | | | | | | | D | | | | | | | | | | D | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | A | | | | 10 | 10 | 10 | 10 | | | 150 |
| 7 | | | | | | | | | | | | | Y | | | | | | | | | | Y | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 10 | | | | | | | | | | 10 | | | | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ~~150~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/28/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

12/3/18

DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR NOVEMBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | H | H | S | S | R | 10 | 10 | 10 | 10 | | 160 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | O | | | | | A | U | D | | | O | O | A | U | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | L | | | | | T | N | O | | | L | L | T | N | O | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | I | | | | | | | | | | I | I | | | | | | | | | |
| 5 | | | | | | | | | | | | | D | | | | | | | | | | D | D | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | A | 10 | 10 | 10 | 10 | | | | 10 | 10 | A | A | | | | 10 | 10 | 10 | 10 | | 160 |
| 7 | | | | | | | | | | | | | Y | | | | | | | | | | Y | Y | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | 10 | 10 | 10 | 10 | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | | | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | ~~160~~ 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/30/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

12/07/18

DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE N | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | NOV. 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | V | V | H | H | S | S | R | 10 | 10 | 10 | 10 | – | 140 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | | | | A | U | D | A | A | O | O | A | U | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | C | C | L | L | T | N | O | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | I | I | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | D | D | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | A | A | | | | 10 | 10 | 10 | 10 | | 140 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | Y | Y | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | ~~140~~ 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11-29-18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/03/18

SIGNATURE OF SUPERVISOR — DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. [redacted] | 3. ITEM 2890 | 4. MONTH/YEAR NOVEMBER 2018

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | ~~10~~ | 10 | 10 | ~~10~~ | S | S | R | | | ~~0~~ | ~~0~~ | S | S | R | 10 | 10 | 10 | 10 | | 137 |
| 2 | 3408(c) & 3408(d) | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 7 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | 137 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 7 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | 137 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 3 | | | | | | | 10 | 10 | 10 | 10 | | | | | | | | | 43 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | ~~190~~ 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/30/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/04/18

SIGNATURE OF SUPERVISOR — DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR NOVEMBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | H | H | S | S | 8 | 8 | 8 | 8 | 8 | X | 144 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | | | | | | A | U | A | A | | O | O | A | U | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | | | | | | T | N | C | C | | L | L | T | N | | | | | | | |
| 4 | 277, 278 & 278.5 | | | U | D | | | | | | U | D | | | | | | U | D | A | A | | I | I | U | D | | | | | | | |
| 5 | | | | R | A | | | | | | R | A | | | | | | R | A | T | T | | D | D | R | A | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | 144 136 |
| 7 | | | | | | | | | | | | | | | | | | | | O | O | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | N | N | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 136 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 144 |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 0 | 0 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 8 | | | | | | | 8 | 8 | | 8 | 8 | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 160 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/30/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

12/03/18
DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | November 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | S | S | 8 | 8 | 6 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | H | H | S | S | 8 | 8 | 8 | | 8 | | 64 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | O | | | | | A | U | | | | O | O | A | U | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | L | | | | | T | N | | | | L | L | T | N | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | I | | | | | | | | | | I | I | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | D | | | | | | | | | | D | D | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 6 | 8 | 8 | | | A | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | A | A | | | 8 | 8 | 8 | | 8 | | 142 |
| 7 | | | | | | | | | | | | | Y | | | | | | | | | | Y | Y | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 6 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | | 8 | | 142 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | 2 | | | | | 8 | | | | | | | | | | 8 | 8 | | | | | 8 | | | | 34 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/3/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

12/6/18
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR December 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | 8 | 1 | | | | | | | | | | | | | 9 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 6 | 8 | 5 | 4 | 4 | | | 3 | | | | 6 | | | 2 | | 7 | | | | | | | | | | | | 2 | 45 |
| 5 | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | SUNDAY | 6 | 8 | 5 | 4 | 4 | | SUNDAY | 3 | | | | 6 | | | 2 | 8 | 8 | VACATION | VACATION | | | HOLIDAY | VACATION | VACATION | VACATION | | | | 54 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 2 | | 3 | 4 | | | | 2 | | | | | | | 2 | | | | | | | | | | | | | | | 13 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) training | | | | | | | 4 | SATURDAY | SUNDAY | 3 | 8 | 8 | 8 | 2 | SATURDAY | SUNDAY | 4 | | | | | SATURDAY | SUNDAY | | | | | | | | | | 37 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 104 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 64 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 1/8/19 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURE OF SUPERVISOR — 1/8/19 DATE

AL-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | December 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | | | | 8 | 120 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | | | | 8 | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER -- NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | | | | 8 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 8 | | 8 | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | | 48 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE: 1/2/2019

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE: 1/3/19

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR December 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 4 | | | | | | | 8 | | 8 | 8 | 8 | | | 8 | 116 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | HOLIDAY | | | SATURDAY | | | |
| 6 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 4 | | | | | | | 8 | | 8 | 8 | 8 | | | 8 | 116 |
| 7 | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | OFF | OFF | OFF | OFF | | | | HOLIDAY | 0 | 0 | 0 | | | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 8 | | 8 | 8 | 8 | | | 8 | 116 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 8 | | | | | | | | | | | | 4 | 8 | 8 | 8 | 8 | | | | 8 | | | | | | | 52 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 4 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/2/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

1/9/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR DEC 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

| PART III | DAILY TIME STUDY | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | S | A | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 2 | 1 | 3 | 2 | 1 | | | | 1 | 1 | 2 | 1 | | | 4 | 5 | 4 | 2 | 1 | | | | | | | | | | 2 | 27 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 2 | 1 | 3 | 2 | 1 | | | | 1 | 1 | 2 | 1 | | | 4 | 5 | 4 | 2 | 1 | | | | | | | | | | 2 | 27 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 6 | 7 | 5 | 6 | 7 | | | | 8 | 8 | 7 | 8 | | | 4 | 5 | 7 | 0 | 8 | | | | | | | | | | 6 | 92 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | | 9 | | | | | | | | | | 8 | 119 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | 9 | | | | | 9 | 9 | 9 | 9 | | | | 45 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 164 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12-7-18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

1/8/19
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | Dec. 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | 8 | 8 | 8 | 8 | | | | 8 | 6 | 8 | 8 | 4 | | | | | | | | | | | 66 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | 8 | 8 | 8 | 8 | | | | 8 | 6 | 8 | 8 | 4 | | | | | | | | | | | 66 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 32 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | 8 | 8 | | | | 2 | | | 4 | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 8 | 8 | 8 | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | 32 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 8 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 8 | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | | 40 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | ~~160~~ 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

1/9/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891A | 4. MONTH/YEAR DEC / 2018.

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | 10 | H | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | H | 10 | 10 | R | S | S | 10 | 150 |
| 2 | 3408(c) & 3408(d) | A | U | | | O | | D | A | U | | | | | D | A | U | | | | | D | A | U | | O | | | O | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | | | L | | O | T | N | | | | | O | T | N | | | | | O | T | N | | L | | | O | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | A | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | A | 10 | 10 | | | | 10 | 150 |
| 7 | | | | | | Y | | | | | | | | | | | | | | | | | | | | Y. | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 10 | 10 | | | | 10 | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 10 | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~150~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

01/07/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR DECEMBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | 10 | H | 10 | R | S | S | 10 | 10 | ~~10~~ | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | / | H | / | 10 | R | S | S | A | 130 |
| 2 | 3408(c) & 3408(d) | A | U | | | O | | D | A | U | | | | | D | A | U | | | | | D | A | U | | O | | | D | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | | | L | | O | T | N | | | | | O | T | N | | | | | O | T | N | | L | | | O | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | A | 10 | | | | 10 | 10 | ~~10~~ | 10 | | | | 10 | 10 | 10 | 10 | | | | | A | | 10 | | | | 10 | 130 |
| 7 | | | | | | Y | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | | 10 | | | | 10 | 10 | ~~10~~ | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | 10 | | | | 10 | 130 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 10 | | | | | | | 10 | | | | | | | | | | | | 10 | 10 | 10 | | | | | 10 | ~~20~~ 30 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~150~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

12/31/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

1/07/19

DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR DECEMBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | H | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | H | 10 | 10 | 10 | S | S | R | 140 |
| 2 | 3408(c) & 3408(d) | A | U | D | | O | | | A | U | D | | | | | A | U | D | | | | | A | U | D | O | | | | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | O | | L | | | T | N | O | | | | | T | N | O | | | | | T | N | O | L | | | | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | A | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 140 |
| 7 | | | | | | Y | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 10 | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~140~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

12/28/18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

12/31/18

DATE

DA 1581 C—76C974—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR DEC. 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | H | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | H | 10 | 10 | 10 | S | S | R | 140 |
| 2 | 3408(c) & 3408(d) | A | U | D | | O | | | A | U | D | | | | | A | U | D | | | | | A | U | D | O | | | | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | O | | L | | | T | N | O | | | | | T | N | O | | | | | T | N | O | L | | | | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | A | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 140 |
| 7 | | | | | | Y | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 10 | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~140~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12-26-18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/07/19.
DATE

DA-1581-C 76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EM [redacted] | 3. ITEM | 4. MONTH/YEAR DECEMBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | H | 6 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | H | V | V | V | S | S | R | 126 |
| 2 | 3408(c) & 3408(d) | A | U | D | | O | | | A | U | D | | | | | A | U | D | | | | | A | U | D | O | A | A | A | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | O | | L | | | T | N | O | | | | | T | N | O | | | | | T | N | O | L | C | C | C | T | N | O | |
| 4 | 277, 278 & 278.5 | | | | | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | A | 6 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | | | | | | | 106 |
| 7 | | | | | | Y | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | | 6 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 106 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 10 | 4 | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 54 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

January 2 18

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

01/07/19

DATE

DA 1581 C 76C874 Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR December 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 8 | 8 | - | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | H | 8 | 8 | 8 | S | S | 8 | 152 144 |
| 2 | 3408(c) & 3408(d) | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | O | | | | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | L | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 152 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | - | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 8 | | | | | | | | | | | | 8 | | | | | | | | 8 | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 152 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/31/18
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/31/18
DATE

DA 1581 C 76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. E [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR DECEMBER 2018 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 8 | 8 | H | 8 | | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | H | 8 | 8 | 8 | S | S | 8 | 144 |
| 2 | 3408(c) & 3408(d) | A | 4 | | | O | | | A | 4 | | | | | | A | 4 | | | | | | A | 4 | | O | | | | A | 4 | | |
| 3 | 3411(a) & 3421(c) | T | N | | | L | | | T | N | | | | | | T | N | | | | | | T | N | | L | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | 8 | 8 | A | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | A | 8 | 8 | 8 | | | 8 | 144 |
| 7 | | | | | | Y | | | | | | | | | | | | | | | | | | | | 4 | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 8 | | 8 | | | | | | | | | | | | | | | | | | 8 | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/7/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

01/07/19.
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR 1/2019 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | | | | | | 2 | | | | 2 | | | 5 | | | | | | | | | 4 | | | | | | | 2 | 2 | 17 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | 2 | | 2 | | | | | | 3 | | 2 | | | | | | | 2 | | | | 4 | 4 | | 2 | 21 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | 4 | | 2 | | 2 | | | 5 | 3 | | 2 | | | | | | 4 | 2 | | | | 4 | 4 | 2 | 4 | 38 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 8 | 8 | | | | 4 | 8 | 6 | 4 | 2 | | | 3 | 5 | 5 | 2 | 8 | | | | 4 | 4 | 3 | 6 | | | | 4 | 2 | 4 | 90 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | 4 | 4 | | | | | 3 | 4 | | | | | 4 | | 3 | 2 | | | 4 | | 4 | | 32 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | 1 | | | | | 8 | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 1 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | ~~160~~ 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 2/4/19

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 2/4/19

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR January 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 168 |
| 2 | 3408(c) & 3408(d) | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | |
| 3 | 3411(a) & 3421(c) | 5 | | | | 4 | | | | | | | 4 | | | | | | | 4 | | 5 | | | | | 4 | | | | | | |
| 4 | 277, 278 & 278.5 | 4 | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | 4 | | | | | 4 | 5 | | | | | 0 |
| 5 | | 4 | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | 4 | | | | | 4 | 4 | | | | | |
| 6 | SUBTOTAL | - | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 0 | 4 | - | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 168 |
| 7 | | 1 | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | 1 | | | | | 1 | 2 | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 1 | | | | 0 | 0 | | | | | | 0 | 0 | | | | | | 0 | 0 | 1 | | | | | 0 | 0 | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/31/2019

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 2/4/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR January 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | | | | | | | | | | 104 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | HOLIDAY | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | | | | | | | | | | 104 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | OFF | OFF | OFF | | | OFF | OFF | OFF | OFF | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 80 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 184 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2-4-2019

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

2/4/19

DATE

DA 1581-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLO [redacted] | 3. ITEM | 4. MONTH/YEAR Jan 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | NEW YEARS | | | | SAT | SUN | | 7 | 0 | 0 | | | | 7 | 2 | 0 | 7 | 0 | | | | | | 2 | | | | 7 | | | 37 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | 0 | 0 | 4 | 7 | T | | 0 | 2 | 1 | 0 | 3 | | | DAY | | 4 | | | | 2 | 0 | 4 | 1 | 25 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | SAT | SUN | | 7 | 7 | 4 | 4 | SAT | SUN | 7 | 2 | 1 | 7 | 3 | | SUN | MLK | | 4 | 2 | 0 | SAT | SUN | 2 | 7 | 4 | 1 | 62 |
| 7 | | | | | | | | | | | | | | | | | | | | SAT | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | 2 | 2 | 5 | 5 | | | 1 | 7 | 8 | 2 | 6 | | | | | 0 | 5 | 7 | 9 | | | 6 | 2 | 5 | 8 | 80 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 142 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 45 |
| 13 | DAILY GRAND TOTAL | | | | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 187 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

2/6/19
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR Jan. 22 - Jan. 31, 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3.5 | 3.5 | | | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | 1 | .5 | | 2.5 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | 3.5 | 4.5 | .5 | | 9.5 |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 7 | | | 4.5 | 8.5 | 7.5 | 8 | 54.5 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 64 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8.0 | 8 | 8 | 64 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1.31.19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 2/4/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 2891(A) | 4. MONTH/YEAR JAN/2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | V | 160 |
| 2 | 3408(c) & 3408(d) | O | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | A | |
| 3 | 3411(a) & 3421(c) | C | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | G | T | N | | | | C | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | A | |
| 5 | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | T | |
| 6 | SUBTOTAL | A | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | I | 160 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | O | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | N | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | 10 | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 01/30/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/30/19

SIGNATURE OF SUPERVISOR — DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR JANUARY 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | / | / | 150 |
| 2 | 3408(c) & 3408(d) | O | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | O | | | | O | A | 4 | | | | | |
| 3 | 3411(a) & 3421(c) | L | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | | | | | | | O | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | / | / | 150 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | / | / | 150 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | 10 | 10 | 40 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/29/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 2/R9/19

SIGNATURE OF SUPERVISOR — DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR January 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | | | | | | | | | | | | | | | | | 80 |
| 2 | 3408(c) & 3408(d) | O | | | | A | U | D | | | | | A | U | D | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | T | N | O | | | | | T | N | O | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | ' | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | | 80 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | | 80 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 110 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~80~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

01/15/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

01/29/19

DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | JANUARY 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | O | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1-29-19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 01/30/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C 78C874 Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. ID [redacted] | 3. ITEM 2890 (A) | 4. MONTH/YEAR JANUARY 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | V | V | 10 | S | S | R | 10 | 10 | 10 | 160 |
| 2 | 3408(c) & 3408(d) | O | | | | A | U | O | | | | | A | U | O | | | | | A | U | O | | A | A | | A | U | O | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | C | C | | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | .. | | 10 | | | | 10 | 10 | 10 | 160 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | 10 | | | | 10 | 10 | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1-30-19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 01/19/19.

SIGNATURE OF SUPERVISOR — DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR January 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 168 |
| 2 | 3408(c) & 3408(d) | O | | | | A | U | | | | | | A | U | | | | | | A | U | O | | | | | A | U | | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | T | N | | | | | | T | N | | | | | | T | N | L | | | | | T | N | | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | I | | | 5 | | | | | | | 5 |
| 5 | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | |
| 6 | SUBTOTAL | A | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | A | 8 | 8 | 13 | 8 | | | 8 | 8 | 8 | 8 | 173 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | V | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 13 | 8 | | | 8 | 8 | 8 | 8 | 173 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 13 | 8 | | | 8 | 8 | 8 | 8 | 189 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/31/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

2/29/19.
DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPL | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2889 A | JAN / 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | O | | | | A | U | D | | | | | A | U | | | | | D | A | U | O | | | | | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | T | N | O | | | | | T | N | | | | | O | T | N | L | | | | | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/29/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

01/30/19
DATE

DA-1581-C 78CS74 Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR January 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | 56 |
| 2 | 3408(c) & 3408(d) | O | | | I | A | Y | | I | | | | A | Y | | I | I | I | I | A | Y | I | I | I | I | I | A | Y | I | I | I | I | |
| 3 | 3411(a) & 3421(c) | L | | | C | T | N | | C | | | | T | N | | C | C | C | C | T | N | C | C | C | C | C | T | N | C | C | C | C | |
| 4 | 277, 278 & 278.5 | I | | | K | | | | K | | | | | | | K | K | K | K | | | K | K | K | K | K | | | K | K | K | K | |
| 5 | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | 8 | 8 | | | | 8 | | 8 | 8 | 8 | | | 8 | | | | | | | | | | | | | | | | | | 56 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | | | 8 | | 8 | 8 | 8 | | | 8 | | | | | | | | | | | | | | | | | | 56 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | 8 | | | | 8 | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 128 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 2/20/19 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURE OF SUPERVISOR — 02/20/19. DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR February, 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | | | 2 | | | | | | | | | | | 3 | | | | 2 | | | | | | 5 | | 2 | | | | | 16 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 6 | 8 | 8 | 1 | 3 | | | | 8 | 5 | | 3 | | | | 2 | | 4 | 3 | | | 3 | 4 | 3 | 2 | | | | 63 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | | | 8 | 8 | 8 | 1 | 3 | | | | 8 | 5 | | 6 | | | | 4 | | 4 | 3 | | | 8 | 4 | 5 | 2 | | | | 79 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 3 | | | | | | 5 | 4 | | | | | 3 | | 2 | | | | 4 | 4 | 4 | 3 | | | | 4 | 2 | 2 | | | | 40 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 3 | | | | | | 2 | 1 | | | | | | | | | | | | 4 | | 2 | | | | | 1 | 4 | | | | 17 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | | 8 | | | | 8 | 8 | 8 | 8 | | | 9 | 8 | 8 | 8 | | | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 8 | | | 8 | | | | 8 | | | | | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 9 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/5/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

3/5/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | February 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 152 |
| 2 | 3408(c) & 3408(d) | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | 4 | | | | | | | 4 | | | | | | | 4 | | 5 | | | | | 4 | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | 4 | | | | | 4 | 5 | | | | | | | |
| 5 | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | 4 | | | | | 4 | 4 | | | | | | | |
| 6 | SUBTOTAL | 8 | 5 | 4 | 8 | 8 | 8 | 8 | 8 | 5 | 4 | 8 | 8 | 8 | 8 | 8 | 5 | 4 | 1 | 8 | 8 | 8 | 8 | 5 | 4 | 8 | 8 | 8 | 8 | | | | 152 |
| 7 | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | 1 | | | | | 1 | 2 | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 0 | 0 | | | | | | 0 | 0 | | | | | | 0 | 0 | 1 | | | | | 0 | 0 | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/28/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

3/5/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | February 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | | |
| 6 | SUBTOTAL | | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SUNDAY | | | 8 | 8 | 8 | 8 | SUNDAY | | 8 | 8 | 8 | 8 | | | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | OFF | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | SATURDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/28/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/7/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR February 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | | | | 5 | 5 | 5 | | | | 6 | 2 | 6 | | | | | | 6 | | | | | | | | 6 | | | | | 43 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | | | 3 | 0 | 0 | 2 | | | 1 | 2 | 1 | 1 | 2 | | | | | 2 | 3 | | | | 2 | | | 1 | | | | 20 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | | | | 7 | 5 | 5 | 2 | | | 7 | 4 | 7 | 1 | 2 | | | | 6 | 2 | 3 | 0 | | | 2 | | 6 | 1 | | | | 63 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | | | | 2 | 4 | 4 | 7 | | | 1 | 5 | 2 | 8 | 7 | | | | 3 | 7 | 6 | 9 | | | 6 | 9 | 3 | 8 | | | | 97 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3-1-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

4/9/19
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR February 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | [redacted] | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | X | X | | | | | | X | X | | .5 | .5 | 3 | 5 | X | X | | 6 | | 2 | | X | X | | | | | | 17 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | .5 | | 1 | | | | | | | | | | | | | | | | | | | | | | | | 1.5 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 18.5 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 178.5 |
| 8 | 277/278/278.5 Non-Claimable | 8 | | | 7.5 | 8 | 7 | 8 | 8 | | | 2 | 8 | 8 | 6 | 4 | | | HOLIDAY | 3 | 9 | 7 | 9 | | | 9 | 9 | 9 | 9 | | 137.5 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | R | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 147 |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | | 156 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | | 156 |

155

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2/28/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

3/6/19

DATE

DA-1581-C—76C874—Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted]
2. EMPLOYEE NO [redacted]
3. ITEM 2891 A
4. MONTH/YEAR 2/2019

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | V | V | V | V | R | S | S | V | V | V | V | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | — | — | — | 70 |
| 2 | 3408(c) & 3408(d) | D | A | U | A | A | A | A | D | A | U | A | A | A | A | D | A | U | O | | | | D | A | U | | | | | | | | |
| 3 | 3411(a) & 3421(c) | O | T | N | C | C | C | C | O | T | N | C | C | C | C | O | T | N | L | | | | O | T | N | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | A | A | A | A | | | | A | A | A | A | | | | | | | | | | | | | | | | | | |
| 5 | | | | | T | T | T | T | | | | T | T | T | T | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 1 | 1 | 1 | 1 | | | | 1 | 1 | 1 | 1 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 70 |
| 7 | | | | | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | N | N | N | N | | | | N | N | N | N | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 70 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | 90 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | — | — | — | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

02/28/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/4/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(A) | ~~JAN~~ FEB 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | | | | | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | / | / | / | 110 |
| 2 | 3408(c) & 3408(d) | b | A | 4 | | | | | D | A | 4 | | | | | b | A | 4 | O | | | | D | A | 4 | | | | | | | | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | b | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | / | / | / | 110 |
| 7 | | | | | | | | | | | | | | | | | | | 4 | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | / | / | / | 110 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | | | | | | | | | | | | | | 50 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | / | / | / | ~~150~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/28/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 03/04/19.

SIGNATURE OF SUPERVISOR — DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 2890-A | 4. MONTH/YEAR FEB. 2019

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | V | V | V | S | S | R | V | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | - | - | - | ~~110~~ 120 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | A | A | A | A | U | D | A | | | | A | U | D | | | | | A | U | D | | | | | | | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | C | C | C | T | N | O | C | | | | T | N | O | | | | | T | N | O | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | - | - | - | ~~110~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2-17-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

02/28/19.
DATE

DA-158-C 760974 Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM SR. INVESTIGATOR | 4. MONTH/YEAR 2/19 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | H | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | X | | | | 140 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | O | | | | A | U | D | | | | | A | U | D | | | O | | | | |
| 3 | 3411(a) & 3421(c) | | T | N | D | | | | | T | N | D | L | | | | T | N | D | | | | | T | N | O | | | L | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | I | | | | | | | | | | | | | | | | I | | | | |
| 5 | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | D | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | A | | | | 140 |
| 7 | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | Y | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | 10 | | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2-1-19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 03/04/19.

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C 78C874 Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | 2/2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | Ø | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | | | | 144 136 |
| 2 | 3408(c) & 3408(d) | | A | U | | | | | | A | U | | | | | | A | U | D | | | | | A | U | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | T | N | | | | | | T | N | | | | | | T | N | L | | | | | T | N | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | I | | | | | - | | | | | | | | | |
| 5 | | 8 | / | / | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | D | | | | | | | | | | | | | | 136 |
| 6 | SUBTOTAL | | | | | | | | | / | / | 8 | 8 | 8 | 8 | Ø | / | / | A | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | | | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 144 |
| 11 | SUBTOTAL | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | | / | / | / | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | | | | 8 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 8 | | | 8 | | | | 8 | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | | | | 144 |

160

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE: 2/26/19

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE: 02/28/19

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLO [redacted] | 3. ITEM 2889 A | 4. MONTH/YEAR FEB/2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | | | | 160 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | | | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ø |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/28/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

02/28/19
DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR February 2019

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | S | S | S | S | S | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | H | 8 | V | 8 | 8 | S | S | V | 8 | 8 | 8 | | | | 96 |
| 2 | 3408(c) & 3408(d) | A | A | H | / | / | / | / | | A | H | | | | | | A | H | O | | A | | | A | H | A | | | | | | | |
| 3 | 3411(a) & 3421(c) | E | T | N | C | C | C | C | | T | N | | | | | | T | N | L | | C | | | T | N | C | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | R | | | K | K | K | K | | | | | | | | | | | I | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | A | 8 | | 8 | 8 | | | | 8 | 8 | 8 | | | | 96 |
| 7 | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | | 8 | 8 | | | | 8 | 8 | 8 | | | | 96 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | 8 | 8 | 8 | 8 | | | | | | | | | | | 8 | | 8 | | | | | 8 | | | | | | | 64 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/27/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 03/05/19

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR 03/2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | | | | | | | | | | | 2 | | | | | | | | | | | | | | | | | 2 | | | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 4 | | | 4 | 4 | | 8 | 2 | | | 5 | 4 | 8 | 3 | 3 | | | 3 | | 4 | 6 | 7 | | | 4 | | 8 | 4 | 3 | 7 | | 84 |
| 5 | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | | | | SATURDAY | SUNDAY | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 5 | | | 4 | 4 | | 8 | 2 | | | 5 | 6 | 8 | 3 | 3 | | | 3 | | 4 | 6 | 7 | | | 4 | | 8 | 4 | 5 | | | 89 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 2 | | | 4 | 3 | 6 | | 5 | | | 1 | 2 | | 2 | 5 | | | | | | 2 | 1 | | | 4 | 2 | | | | | | 39 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 1 | | | | 1 | 2 | | 1 | | | 2 | | | 3 | | | 5 | 8 | 4 | | | | | | 6 | | 4 | 3 | | | 40 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/10/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

4/10/19
DATE

581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME: [redacted] | 2. EMPLOYEE NO: [redacted] | 3. ITEM: Paralegal | 4. MONTH/YEAR: March 2019

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 152 |
| 2 | 3408(c) & 3408(d) | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | |
| 3 | 3411(a) & 3421(c) | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | 5 | | | | | 4 | | |
| 4 | 277, 278 & 278.5 | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | 4 | | | | | A | 5 | |
| 5 | | | 2 | 4 | | | | | | 2 | 4 | | | | | | 4 | 4 | | | | | | 2 | 4 | A | | | | | 4 | 4 | |
| 6 | SUBTOTAL | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | - | 8 | 8 | 8 | 8 | 2 | A | 152 |
| 7 | | | 1 | 2 | | | | | | 1 | 2 | | | N | | | 1 | 2 | | | | | | 1 | 2 | 2 | | | | | 1 | 2 | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | N | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 10 | 10 | | | | | | 10 | 10 | | | 0 | | | 10 | 10 | | | | | | 10 | 10 | ± | | | | | 10 | 10 | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 8 | | | | | | | | | | | | 8 | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/1/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

4/9/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | March 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | SATURDAY | | | | | | | | | | | | | | SATURDAY | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | | 8 | 8 | 8 | 8 | 8 | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | | HOLIDAY | 8 | 8 | 8 | 8 | SATURDAY | | 160 |
| 7 | | | | | | | | | | | SUNDAY | | | | | | | | | | | | | SUNDAY | | | | | | | SUNDAY | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | SATURDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | | | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | SUNDAY | | | | | | | | | | | | | | SUNDAY | | | | | | | SUNDAY | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4-1-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

4/9/19
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | DDA-III | MARCH 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | | | | 1 | 1 | | 2 | | | 2 | 1 | 1 | | 2 | | | | | 2 | | 2 | | | | 1 | 1 | | | | | 18 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | 2 | | | | | 1 | 2 | 2 | | | | | 2 | | 2 | 1 | | | | | | | | | | 12 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | | | 0 | 1 | 1 | 2 | 2 | | | 2 | 2 | 3 | 2 | 2 | | | 2 | 0 | 2 | 2 | 3 | | | 1 | 1 | 0 | 0 | | | | 30 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 7 | | | | 8 | 8 | 7 | 7 | | | 6 | 7 | 6 | 7 | 7 | | | | 7 | 7 | 7 | 6 | | | 8 | 8 | 9 | 9 | | | | 131 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | 0 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 0 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | 161 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 9 | | | 0 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 0 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | 169 |

RDO RDO

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] as shown above.*

[redacted] 4-5 19

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 4/9/19

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR March 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | X | X | – | 3 | 4 | 4 | 4 | X | X | | 4 | 4 | 4 | – | X | X | 4 | 4 | | | 1 | X | X | | | | | | X | X | 36 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | 1 | | | 1 | | | | | 1 | 1 | | | | | | | 1 | | | | 5 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 3 | 4 | 4 | 4 | | | | 5 | 4 | 4 | 1 | | | 4 | 4 | 1 | 1 | 1 | | | | | | 1 | | | | 41 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 9 | | | 8 | 6 | 5 | 5 | 5 | | | 9 | 4 | 5 | 5 | 8 | | | 4 | 5 | 8 | 8 | 8 | | | 8 | 9 | 9 | 8 | 9 | | | 128 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | 9 | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 169 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 169 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

3/29/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

3/28/19

DATE

DA-1581-C—78C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2891A | 4. MONTH/YEAR MARCH 2019. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | R | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | ~~150~~ 146 |
| 2 | 3408(c) & 3408(d) | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 6 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 146 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 6 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 146 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 4 | | | | | | | | | | | 10 | | | | | | | 14 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~150~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

03/28/19.

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPI [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR MARCH 2019 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 150 |
| 2 | 3408(c) & 3408(d) | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4/1/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 04/02/19.

SIGNATURE OF SUPERVISOR — DATE

DA 1591 C 76C874—Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR MARCH 2019 | |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | ~~10~~ | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | V | S | S | ~~160~~ 150 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | A | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | C | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | | 10 | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ~~160~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

03/28/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

03/28/19
DATE

DA 1581-C 76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 | MARCH 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 170 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | O | | | | | A | U | D | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | L | | | | | T | N | O | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | A | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

3-28-19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

03/28/19

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | March 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 168 152 |
| 2 | 3408(c) & 3408(d) | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 | | | | | | | 8 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 0 | | | 8 | 8 | 8 | 8 | 8 | | | 160 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/29/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

04/01/19.
DATE

DA-1581 C-76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2889 A | MARCH /2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 170 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE: 3/28/2019

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE: 04/28/19.

DA 1581 C 76C874 Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. [redacted] | 2. EM [redacted] | 3. ITEM 22144 | 4. MONTH/YEAR March 2019 |
|---|---|---|---|

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | X | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | X | 8 | 8 | 8 | 8 | | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/28/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

4/01/19
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR 4/2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | | | | | | | | | | | | | 2 | | | | 2 | | | | | | | | | | 1 | 3 | | 16 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 4 | | | 2 | 4 | | | 4 | 3 | 5 | 5 | 2 | | | 3 | 3 | 3 | | | | | | | | | | | | 3 | 2 | | 42 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | 8 | | 2 | 4 | | | 4 | 3 | 5 | 5 | 2 | | | 3 | 3 | 3 | | 2 | | | | | | | | | | 4 | 5 | | 58 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | | 8 | 2 | 2 | | | 4 | 5 | 3 | 3 | 4 | | | 4 | 2 | 2 | | 4 | | | | | | | | | | 4 | 3 | | 57 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 4 | 2 | | | | | | | 2 | | | | 3 | | | 2 | | | | | | | | | | | | | 13 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 7 | 8 | 0 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | 8 | 8 | | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 48 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |

Sat Sunday Sunday Sat Sunday OFF OFF OFF OFF Sat Sunday

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5/15/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

5/15/19

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | April 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | | | | | | | 8 | 8 | | 128 |
| 2 | 3408(c) & 3408(d) | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | 0 |
| 5 | | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | | 2 | 4 | | | | | | 2 | 4 | 8 | 8 | | 128 |
| 7 | | | | | | | 4 | 2 | | | | | | 4 | 2 | | | | | N | 4 | 2 | N | N | N | N | N | 4 | 2 | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | N | 4 | 2 | N | N | N | N | N | 4 | 2 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | 0 | 0 | | | | | | 0 | 0 | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | | | | | | | 8 | 8 | | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | 8 | | | | | 56 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | ~~176~~ 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/30/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/15/19
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR April 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

5/15/19.

DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR April 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 6 | 2 | 2 | 1 | | | 2 | 1 | 2 | 2 | D | | | | | | | 2 | | | 2 | 1 | 2 | 1 | 1 | | | | 2 | | 27 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 1 | | 3 | | | 2 | 3 | 1 | | | | | | | | | 2 | | | 1 | 3 | 2 | 1 | 1 | | | | 1 | | 21 |
| 5 | | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 6 | 3 | 2 | 4 | | | 4 | 4 | 3 | 0 | 0 | | | | 0 | 0 | 0 | 4 | | | 3 | 4 | 4 | 2 | 2 | | | 200 | 3 | | 48 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 3 | 6 | 7 | 5 | | | 4 | 5 | 6 | 0 | 0 | | | | 0 | 0 | 0 | 5 | | | 5 | 5 | 5 | 7 | 7 | | | | 6 | | 76 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 0 | 0 | | | | 0 | 0 | 0 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | 124 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 9 | 9 | | | | 9 | 9 | 9 | | | | | | | | | | | | | | 45 |
| 13 | DAILY GRAND TOTAL | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | ~~169~~ 169 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

5/15/19

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR April 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | M 1 | T 2 | W 3 | Th 4 | F 5 | Sa 6 | Su 7 | M 8 | T 9 | W 10 | Th 11 | F 12 | S 13 | Su 14 | M 15 | T 16 | W 17 | Th 18 | F 19 | Sa 20 | Su 21 | M 22 | T 23 | W 24 | Th 25 | F 26 | Sa 27 | Su 28 | M 29 | T 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | 1 | | | | | | | | | | | | | 1 | | 2 | | | 6 | 5 | 15 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 15 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | RDO | 9 | 9 | 8 | | | | 8 | 9 | 9 | 9 | 9 | | | RDO | 9 | 8 | 9 | 7 | | | 23 4 | | 40 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | 9 | 9 | 9 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 18 9 | | 125 124 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | 9 | 9 | 9 | 9 | X | X | | | | 1 | 9 | X | X | | | | | | | | | | | | | | | | | 53 |
| 13 | DAILY GRAND TOTAL | 8 | 9 | 9 | 9 | 9 | X | X | | 9 | 9 | 9 | 9 | X | X | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 18 9 | | 178 177 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/30/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

5/15/19

DATE

DA-1581-C—76C874—Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891(A) | APRIL 2019. |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | | 180 |
| 2 | 3408(c) & 3408(d) | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 180 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

04/29/19.

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

04/30/19

DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR APRIL 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | 10 | S | S | R | R | 10 | 10 | R | S | 10 | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | / | R | S | S | / | 10 | / | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | A | U | O | O | | | O | A | | | | | | O | A | U | | | | | O | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | T | N | O | O | | | O | T | | | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | 10 | | | | | 10 | 10 | | | 10 | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | / | | | | / | 10 | / | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | 10 | | | | | 10 | 10 | | | 10 | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | / | | | | | 10 | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | 10 | | / | 20 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | 10 | | | | | 10 | 10 | | | 10 | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | / | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4/25/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 04/29/19

SIGNATURE OF SUPERVISOR — DATE

DA 1581-C 76C974—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | APRIL 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | – | 170 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4-25-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

04/29/19
DATE

DA 1581 C 76C874—Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR April 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | X | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | X | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 184 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | X | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 184 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 184 |

176

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/30/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

04/29/19

DATE

DA-1581-C 76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPL [redacted] | 3. ITEM 2889 A | 4. MONTH/YEAR APRIL / 2019

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | ~~10~~ | ~~10~~ | ~~10~~ | ~~10~~ | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 1 | ~~140~~ 130 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | | 130 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | | 130 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 4/26/19

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 04/29/19

DA 1581 C - 76C874 - Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EI | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | 04/2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 6 | | 3 | | | | | | | | | | | | 7 | | 6 | | | | 4 | | | | | | | | 7 | | 33 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 6 | | 3 | | | | | | | | | | | | 7 | | 6 | | | | 4 | | | | | | | | 7 | | 33 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 6 | | 3 | | | | | | | | | | | | 7 | | 6 | | | | 4 | | | | | | | | 7 | | 33 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | 1 |
| 13 | DAILY GRAND TOTAL | | 6 | | 3 | | | | | | | | | | | | 7 | | 6 | | | | 4 | | | | | | | | 8 | | 34 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/30/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

04/30/19

DATE

DA 1581 C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR April 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | 5 | S | S | | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | | S | S | | 4 | 8 | 8 | 8 | S | S | 8 | 8 | | 137 |
| 2 | 3408(c) & 3408(d) | | | | | | A | 4 | | | | | | A | 4 | | | | | | A | 4 | | | | | | A | 4 | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | 5 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 4 | 8 | 8 | 8 | | | 8 | 8 | | 137 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | 5 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 4 | 8 | 8 | 8 | | | 8 | 8 | | 137 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | 3 | | | 8 | | | | | | | | | | | 8 | | | 8 | 4 | | | | | | | | 39 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/30/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

04/30/19

DATE

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 9274 | 05/2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | | | | | | | 1 | | | | | | | 2 | | 2 | | | | | 2 | | | | | | 1 | | | | 10 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 4 | 4 | 2 | | | 2 | 3 | 3 | 4 | | | | 5 | | 6 | | | | | 2 | 2 | 2 | 4 | | | | 3 | 3 | 8 | | 57 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 6 | 4 | 2 | | | 2 | 3 | 4 | 4 | | | | 5 | | 8 | | 2 | | | 2 | 2 | 4 | 4 | | | | 4 | 3 | 8 | | 67 |
| 7 | | | | | SAT | SUN | | | | | OFF | SAT | SUN | | | | | | SAT | SUN | | | | | OFF | SAT | SUN | HOLIDAY | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 2 | 4 | 2 | | | 4 | 5 | 3 | 4 | | | | 3 | 4 | | 4 | 3 | | | 4 | 6 | 4 | | | | | | 4 | 4 | | 6 | 166 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 4 | | | 2 | | 1 | | | | | | 4 | | 4 | 3 | | | 2 | | | 4 | | | | | 1 | | 2 | 27 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 8 | | | | | | | | | | | | | | 8 | | | 8 | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 5 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 176 |

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

6/10/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

6/10/19

DATE

DA-1581-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | JUNE 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | | 8 | 8 | 8 | 8 | 168 |
| 2 | 3408(c) & 3408(d) | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | 0 | 5 | | | | | | 0 | 5 | | | | | | 0 | 5 | | | | | | 0 | 5 | 5 | | | | | |
| 4 | 277, 278 & 278.5 | | | | 0 | 4 | | | | | | 0 | 4 | | | | | | 0 | 4 | | | | | | 0 | 4 | 4 | | | | | 0 |
| 5 | | | | | 0 | 0 | | | | | | 0 | 0 | | | | | | 0 | 0 | | | | | | 0 | 0 | 0 | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 4 | 1 | 2 | 8 | 8 | 8 | 8 | 8 | 1 | 2 | 8 | 8 | 8 | 8 | 8 | 1 | 2 | 8 | 8 | 8 | 8 | 8 | 1 | 2 | 1 | 8 | 8 | 8 | 8 | 168 |
| 7 | | | | 4 | 4 | 2 | | | | | | 4 | 2 | | | | | | 4 | 2 | | | | | | 4 | 2 | 1 | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/30/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Pavalegal | May 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | HOLIDAY | 8 | 8 | 8 | 8 | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | ~~176~~ 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5-31-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

6/10/19
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | MAY 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 1 | | | | 2 | 1 | 2 | | 1 | | | | 3 | 1 | | 2 | | | 6 | 1 | 2 | 6 | 1 | | | | 2 | 1 | 1 | 2 | 37 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 1 | 2 | 2 | | 1 | 2 | | 3 | | | | | | 3 | 3 | 3 | | | | 1 | 1 | | 3 | | | | 1 | 2 | 2 | 1 | 29 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 2 | 2 | | | 3 | 3 | 2 | 3 | 1 | | | | 3 | 4 | 3 | 5 | | | 6 | 2 | 3 | 6 | 4 | | | | 3 | 3 | 3 | 3 | 64 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 7 | 7 | 7 | | | 6 | 6 | 7 | 6 | 8 | | | | 6 | 5 | 6 | 4 | | | 2 | 7 | 6 | 3 | 5 | | | | 6 | 6 | 6 | 6 | 121 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | 187 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | ~~187~~ 187 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 6-3-19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct and the functions were performed*

[redacted] 6/10/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR May 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | 3 | | | | | | | | 3 | | | | | | | | | | 6 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | 1 | | | | | | 1 | | | | | | | | 1 | | | | | | | | | | | 3 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | 1 | | | | | | 1 | 3 | | | | | | | 1 | 3 | | | | | | | | | | 9 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 7 | 6 | 9 | 9 | | | | | 8 | 6 | 9 | 9 | | | | 9 | 9 | | 9 | 152 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | | 9 | 161 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 9 | | | | | | | | | | 8 | | | 9 | | 26 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | 187 |

SATURDAY SUNDAY RDO RDO OFF SATURDAY SUNDAY RDO SATURDAY SUNDAY HOLIDAY OFF

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/31/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

6/10/19
DATE

DA-1581-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE # [redacted] | 3. ITEM 2891(a). | 4. MONTH/YEAR 7/1/ 2019.

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | ~~10~~ | 10 | 10 | ✓ | R | 160 |
| 2 | 3408(c) & 3408(d) | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | 10 | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

06/03/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

06/11/19
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2810 (A) | 4. MONTH/YEAR MAY 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | ~~10~~ | 10 | 10 | 10 | R | 170 |
| 2 | 3408(c) & 3408(d) | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 6/3/19 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURE OF SUPERVISOR — 06/11/19. DATE

DA 1581-C 76C974 – Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | MAY 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | 190 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5-30-19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C 76C874 — Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | MAY/2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | Ø | S | S | H | 8 | Ø | 8 | 8 | 160 |
| 2 | 3408(c) & 3408(d) | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | O | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | L | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | Ø | / | / | A | 8 | Ø | 8 | 8 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | Ø | | | | 8 | Ø | 8 | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 | | 8 | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | Ø | / | / | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE: 5/30/19

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE: 06/11/19.

DA-1581-C—76C974—Rev. 2/84

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYE [redacted] | 3. ITEM 2889 A | 4. MONTH/YEAR MAY / 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | 190 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/31/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/11/19
DATE

DA 1581 C 76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. E [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR 5/2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | | | | 8 | | 8 | | | | | | | | | | | | | | 9 | | | | | 8 | | 8 | | 49 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | | | | 8 | | 8 | | | | | | | | | | | | | | 9 | | | | | 8 | | 8 | | 49 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | | | | 8 | | 8 | | | | | | | | | | | | | | 9 | | | | | 8 | | 8 | | 49 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | | | | | | 8 | | 8 | | | | | | | | | | | | | | 9 | | | | | 8 | | 8 | | 49 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/4/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

06/11/19.
DATE

DA 1581-C 76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EM [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR May 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

| PART III DAILY TIME STUDY | | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1 | 3130 - 3133 | 8 | 8 | 8 | S | S | L | O | 8 | 8 | 8 | S | S | 8 | 7 | 8 | 8 | 8 | S | S | 8 | 8 | | 8 | 8 | S | S | H | | | 8 | 8 | 141 |
| 2 | 3408(c) & 3408(d) | | | | A | 4 | | | | | | A | 4 | | | | | | A | 4 | | | | | | | A | 4 | O | | | | | |
| 3 | 3411(a) & 3421(c) | | | | I | N | | | | | | I | N | | | | | | I | N | | | | | | | I | N | L | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | | 6 | 0 | 8 | 8 | 8 | | | 8 | 7 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | A | | | 8 | 8 | 141 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 8 | 8 | | | 6 | 0 | 8 | 8 | 8 | | | 8 | 7 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | | | | 8 | 8 | 141 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 6 | 0 | 8 | 8 | 8 | | | 8 | 7 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | | | | 8 | 8 | 141 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 2 | 8 | | | | | | | 1 | | | | | | | | 8 | | | | | 8 | 8 | 8 | | | 43 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/30/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 06/11/19.

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME | [redacted] | 2. EMPLOYEE NO. | [redacted] | 3. ITEM | 9274 |

4. MONTH/YEAR: June 2019

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 1 | | | | | | 1 | | 2 | | | | | 1 | | | 1 | 3 | | | 1 | | 1 | | | | | | 11 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 2 | 3 | 8 | | 2 | | | 1 | 4 | 2 | 4 | | | | 2 | | 4 | 3 | | | 2 | 5 | 3 | 4 | | | | | | 49 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 2 | 4 | 8 | | 2 | | | 3 | 4 | 4 | 4 | | | | 3 | | 4 | 4 | 3 | | | 3 | 5 | 4 | 4 | | | | | 60 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 3 | 2 | | | 4 | | | 4 | 4 | 4 | 4 | | | | 5 | 8 | | 2 | 4 | | | 5 | 3 | | | 8 | | | | 60 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 3 | 2 | | | 2 | | | 2 | | | | | | | | | 4 | 2 | 1 | | | | | 4 | 4 | | | | | 24 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 8 | | | | | | | | 8 | | | | | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

7/1/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this [illegible] and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

7/1/19

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | June 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 5 | | 8 | 8 | 8 | | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | | 152 |
| 2 | 3408(c) & 3408(d) | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | |
| 3 | 3411(a) & 3421(c) | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | | |
| 4 | 277, 278 & 278.5 | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | 0 |
| 5 | | 3 | 4 | | | | | | 3 | 4 | | | | | | 3 | 4 | | | | | | 3 | 4 | | | | | | 3 | 4 | | |
| 6 | SUBTOTAL | 1 | 2 | 8 | 8 | 8 | | 8 | 1 | 2 | 8 | 8 | 8 | 8 | 8 | 1 | 2 | 8 | 8 | 8 | 8 | 8 | 1 | 2 | 8 | 8 | 8 | 8 | 8 | 1 | 2 | | 152 |
| 7 | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | | |
| 8 | 277/278/278.5 Non-Claimable | S | S | 0 | 0 | 0 | | 0 | S | S | 0 | 0 | 0 | 0 | 0 | S | S | 0 | 0 | 0 | 0 | 0 | S | S | 0 | 0 | 0 | 0 | 0 | S | S | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

6/20/2019

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

6/18/19

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | June 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | | | | | | | | | | | | | 8 | 8 | 8 | | | | 72 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | |
| 6 | SUBTOTAL | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SUNDAY | | 8 | | | | | SUNDAY | | | | | | | SUNDAY | | | | 8 | 8 | 8 | | SUNDAY | | 72 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | | | 0 | | | | | | | | | | | | | | | | 0 | 0 | 0 | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | | | | | | | | | | | | | | | 8 | 8 | 8 | | | | 72 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | | 88 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/28/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

6/28/19
DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR June 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 6 | 2 | 1 | | | | | | | | | | | 8 | 8 | 1 | 1 | | | | | | | | | | | | 27 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | TOOK THE DAY OFF | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 7 | | 1 | 1 | | | | 0 | 1 | 2 | 1 | 2 | | | | | 1 | 2 | 2 | | | | 2 | 1 | 2 | 2 | | | | 22 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 2 | 6 | 3 | 2 | | | | 0 | 1 | 2 | 1 | 2 | | | 8 | 8 | 2 | 3 | 2 | | 2 | 1 | 2 | 1 | 2 | 2 | | | | 49 |
| 7 | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 7 | 3 | 6 | 7 | | | | 0 | 8 | 7 | 8 | 7 | | | 0 | 1 | 7 | 6 | 7 | | 1 | 2 | 1 | 7 | 8 | 7 | 7 | | | | 102 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 9 | 9 | 9 | 9 | 0 | | | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 8 | | | | 9 | 9 | 9 | 9 | | | | 151 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | 9 |
| 13 | DAILY GRAND TOTAL | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 8 | | | | 9 | 9 | 9 | 9 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/8/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

7/8/19
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR June/2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | St | Sun | M | T | W | Th | F | Sa | Sun | M | T | W | Th | F | Sa | Sun | M | T | W | Th | F | Sa | Sun | M | T | W | Th | F | Sa | Sun | |
| 1 | 3130 - 3133 | [redacted] | | | | | | | | | 3 | 3 | 3 | 3 | 3 | | | | | | | | | | | | | | | | | 15 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | 1 | | | | | | | | 1 | 1 | | | | | | | | | | | | 3 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | 4 | 3 | 3 | 3 | 3 | | | | 1 | 1 | | | | | | | | | | | | 18 |
| 7 | | | | RDO | OFF | OFF | OFF | OFF | | | | | | | | | | RDO | | | OFF | OFF | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | 5 | 6 | 6 | 6 | 6 | | | RDO | 8 | 8 | OFF | OFF | | | 8 | 9 | 9 | 9 | 9 | | | 90 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | | | 4 |
| 10 | SW duty on 6/27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | 8 | 9 | 9 | 8 | 9 | | | 112 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 9 | 9 | 9 | 9 | | | | | | | | | | | | | 9 | 9 | | | | | | | | | | 54 |
| 13 | DAILY GRAND TOTAL | | | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 160 |

160

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

6/28/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

6/28/19

DATE

DA-1581-C—76C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 289/(A) | JUNE 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | V | 10 | R | S | S | — | 150 |
| 2 | 3408(c) & 3408(d) | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | A | | D | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | C | | O | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | ~~150~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

07/01/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

07/01/19

DATE

DA-1581-C—76CR74—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(a) | JUNE / 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | ✓ | 160 |
| 2 | 3408(c) & 3408(d) | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ✓ | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ✓ | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ✓ | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/1/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/01/19

SIGNATURE OF SUPERVISOR — DATE

DA 1591 C 76C974 Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | JUNE 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | V | V | V | V | S | S | R | 10 | 10 | 10 | 10 | S | S | - | 160 |
| 2 | 3408(c) & 3408(d) | A | U | D | | | | | A | U | D | | | | | A | U | D | A | A | A | A | A | U | D | | | | | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | O | | | | | T | N | O | | | | | T | N | O | C | C | C | C | T | N | O | | | | | T | N | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~120~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6-28-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

07/01/19
DATE

DA 1581 C 76C874—Rev 2/04

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR JUNE 2019 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | / | 160 |
| 2 | 3408(c) & 3408(d) | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | / | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | / | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | / | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | / | |
| 13 | DAILY GRAND TOTAL | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | / | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

6/28/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

07/01/19

DATE

DA-1581-C—76C874—Rev 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(A) | JUNE / 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | | 160 |
| 2 | 3408(c) & 3408(d) | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | | |
| 3 | 3411(a) & 3421(c) | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/28/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/02/19.

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C 760874—Rev 2/04

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EM | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | 6/2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 8 | | 8 | | | | | 8 | | | 8 | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 64 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 8 | | 8 | | | | | 8 | | | 8 | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 64 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | | 8 | | | | | 8 | | | 8 | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 64 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 8 | | 8 | | | | | 8 | | | 8 | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 64 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

7/2/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

07/02/19

DATE

DA 1691 C 76/C874—Rev. 2/94

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR June 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 8 | 8 | 8 | V | 8 | S | S | V | 8 | 8 | 8 | 8 | S | S | 8 | 8 | V | V | 8 | S | S | 8 | V | 8 | 8 | 8 | S | S | — | 120 |
| 2 | 3408(c) & 3408(d) | A | 4 | | | | A | | A | 4 | A | | | | | A | 4 | | | A | A | | A | 4 | | A | | | | A | C | | |
| 3 | 3411(a) & 3421(c) | T | N | | | | C | | T | N | C | | | | | T | N | | | C | C | | T | N | | C | | | | T | N | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 8 | 8 | 8 | | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | | | 8 | | | 8 | | 8 | 8 | 8 | | | | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | | | 8 | | | 8 | | 8 | 8 | 8 | | | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 8 | | | | 8 | | | | | | | | | 8 | 8 | | | | | 8 | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | X | X | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/1/19

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/02/19

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR 7/19 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | | 1 | | | | | | | | 1 | | | | | | | | | | | 1 | | | 1 | 1 | | | | 1 | | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 6 | 2 | 3 | | 6 | | | 8 | 2 | 8 | 1 | 4 | | | | | | | | | | 2 | 4 | 4 | 3 | 7 | | | 5 | 3 | | 68 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 7 | 2 | 4 | Holiday | 6 | Saturday | Sunday | 8 | 2 | 8 | 2 | 4 | Saturday | Sunday | vacation | vacation | vacation | vacation | vacation | Sunday | | 3 | 4 | 4 | 4 | 8 | | Sunday | 5 | 4 | | 75 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 1 | 3 | 2 | | 2 | | | | 4 | | 4 | | | | | | | | | | | 5 | | 1 | 4 | | | | 3 | 4 | 6 | 39 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 3 | 2 | | | | | | 2 | | 2 | 4 | | | | | | | | | | | 4 | 3 | | | | | | | 2 | 22 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 48 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 176 |

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8/9/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

8/9/19

DATE

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION |
|---|---|

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR July 2019.

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 8 | 8 | 8 | 128 |
| 2 | 3408(c) & 3408(d) | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | |
| 3 | 3411(a) & 3421(c) | | | | 5 | | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | | | |
| 4 | 277, 278 & 278.5 | | | | ¢ | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | 0 |
| 5 | | | | | A | | ¢ | ¢ | | | | | | ¢ | ¢ | | | | | | ¢ | ¢ | | | | | | ¢ | ¢ | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | - | | 2 | A8 | 8 | 8 | 8 | 8 | 8 | 2 | A | 8 | 8 | 8 | 8 | 8 | 2 | A | | | | | | 2 | A | 8 | 8 | 8 | 128 |
| 7 | | | | | J | N | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | N | N | N | N | N | 1 | 2 | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | N | ¢ | 2 | 0 | 0 | 0 | 0 | 0 | ¢ | 2 | 0 | 0 | 0 | 0 | 0 | ¢ | 2 | N | N | N | N | N | ¢ | 2 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | ± | 0 | Ø | Ø | | | | | | Ø | Ø | | | | | | Ø | Ø | 0 | 0 | 0 | 0 | 0 | Ø | Ø | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | 8 | 8 | 8 | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | 8 | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | | | | 56 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8/1/19.
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

3/9/19
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | July 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 4th DAY | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | OFF | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | OFF | OFF | OFF | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | 8 | | | | | | | | | | | | | | 8 | 8 | 8 | 40 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | ~~176~~ 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/26/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 8/6/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581 C—76C874—Rev 2 94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR JULY 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 3 | 2 | 3 | 4 | 4 | | | | 2 | 1 | 2 | 2 | 1 | | 2 | 6 | 1 | 0 | 0 | | | | 0 | 0 | | | | | | 0 | 0 | 28 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | 2 | 3 | 4 | 4 | | | | 2 | 1 | 2 | 2 | | | 2 | 6 | 1 | 0 | 0 | | | | 0 | 0 | | | | | | 0 | 0 | 28 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 5 | 7 | 6 | 5 | 5 | | | | 7 | 8 | 7 | 7 | | | 6 | 3 | 8 | 9 | 9 | | | | 9 | 9 | | | | | | 9 | 9 | 123 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | | 9 | 9 | 151 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 9 | | | | | | | | | | | | | | | | | | | | | 9 | 9 | | | 8 | | | 35 |
| 13 | DAILY GRAND TOTAL | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 186 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8-1

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time report is true and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

8/7/19

DATE

DA-1581-C—76C874—Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR July 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | 1 | | | | 2 | 1 | | | | | | 1 | 1 | 6 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | RDO | 0 | 0 | | | | | 0 | 0 | 0 | 0 | 0 | | | RDO | 0 | 0 | 0 | 1 | | | 0 | 2 | 1 | | | | | RDO | 1 | 1 | 6 |
| 7 | | RDO | | | HOLIDAY | VACATION | | | | | | | | | | | | | | | | | | | | VACATION | VACATION | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 9 | 9 | | | | | 8 | 9 | 9 | 9 | 9 | | | RDO | 9 | 9 | 9 | 8 | | | 8 | 7 | 8 | | | | | RDO | 8 | 8 | 136 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | | | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 1 | | | | | 9 | 9 | 142 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 9 | 9 | | | | | | | | | | | | | | | | | | | | 9 | 9 | | | | | | 17.02 |
| 13 | DAILY GRAND TOTAL | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 159 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the functions performed as shown above.*

[redacted] 8/1/19

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, the time record is true and correct, and the functions were performed*

[redacted] 8/6/19

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891(A) | 4. MONTH July 2019.

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | H | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | / | / | R | S | S | / | / | / | 130 |
| 2 | 3408(c) & 3408(d) | | | | O | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | L | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | A | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | | | | 130 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | | | | 130 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | 10 | 10 | | | | 10 | 10 | 10 | 60 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

08/05/19.

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

8/7/19

DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(a) | JULY / 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | H | R | S | S | / | / | / | / | R | S | S | 10 | 10 | 10 | 10 | R | S | S | ~~10~~ | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 130 |
| 2 | 3408(c) & 3408(d) | | | | O | A | A | U | | | | | O | A | U | | | | | O | A | U | | | | | O | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | L | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | A | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 130 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 130 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | 10 | | | | 10 | 10 | 10 | | | | 10 | 10 | | 60 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 7/30/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 08/05/19

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C 760874—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | JULY 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | ~~10~~ | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | 17 |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8.8.19

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted] 08/08/19

SIGNATURE OF SUPERVISOR DATE

DA 1581 C 76C874—Rev 2/84

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | 7/2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | H | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | D | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | |
| 3 | 3411(a) & 3421(c) | | | | U | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | I | | U | D | | | | | | U | D | | | | | | U | D | | | | | | U | P | | | | 0 |
| 5 | | | | | D | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | A | 8 | D | Y | 8 | 8 | 8 | 8 | 8 | D | Y | 8 | 8 | 8 | 8 | 8 | D | Y | 8 | 8 | 8 | 8 | 8 | D | Y | 8 | 8 | 8 | 176 |
| 7 | | | | | Y | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | / | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 8 | 8 | / | / | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 0 | 8 | 176 154 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

08/05/19
DATE

DA 1581 C 76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR JULY / 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | H | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 170 |
| 2 | 3408(c) & 3408(d) | D | | | O | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | 6 | | | L | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | A | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~170~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/23/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

8/05/19
DATE

DA 1581 C 76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAM [redacted] | | 2. EM [redacted] | 3. ITEM 2390 D | 4. MONTH/YEAR 7/19 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 8 | 8 | | | | | | 8 | | 64 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 8 | 8 | | | | | | 8 | | 64 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 8 | 8 | | | | | | 8 | | 64 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | 8 | | | | | 8 | 8 | | | | | | 8 | | 64 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/6/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

08/06/19
DATE

DA 1581 C 76C874 — Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. [redacted] | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2214A | July 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 4 | 8 | 5 | 5 | 8 | 8 | 8 | 8 | 8 | 5 | 5 | 8 | 8 | 8 | 8 | 8 | 5 | 5 | 8 | 8 | 8 | S | S | 5 | 5 | 8 | 8 | 8 | 152 |
| 2 | 3408(c) & 3408(d) | | | | 0 | | A | 4 | | | | | | A | 4 | | | | | | A | 4 | | | | I | I | A | 4 | | | I | |
| 3 | 3411(a) & 3421(c) | | | | L | | T | N | | | | | | T | N | | | | | | T | N | | | | C | C | T | N | | | C | |
| 4 | 277, 278 & 278.5 | | | | 1 | | | | | | | | | | | | | | | | | | | | | K | K | | | | | K | 0 |
| 5 | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | A | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | | 152 |
| 7 | | | | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 0 | | | | | | | | | | | | | | | | | | | | | 8 | -8 | | | | | 8 | 24 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 8/1/19 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] SIGNATURES OF SUPERVISOR — 08/05/19 DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR August 2019 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | 1 | | | | | | 2 | 1 | | | 1 | | | 2 | | | | | | | | 2 | 1 | | | 10 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 5 | 4 | | | 3 | 4 | | 5 | 4 | | | 4 | 4 | 8 | 8 | 1 | | | 3 | 4 | 4 | 8 | 2 | | | 8 | 4 | 3 | 8 | | | 124 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 5 | 4 | SATURDAY | | 3 | 5 | | 5 | 4 | SATURDAY | | 6 | 5 | 8 | 8 | 2 | SUNDAY | | 5 | 4 | 4 | 8 | 2 | SATURDAY | | 8 | 6 | 4 | 8 | | | 104 |
| 7 | | | | SUNDAY | | | | OFF | | | SUNDAY | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 3 | 4 | | | 5 | | | 3 | 2 | | | 2 | 3 | | | 2 | | | 1 | | | | 2 | | | | | 4 | | 8 | 39 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | 3 | | | 2 | | | | | | | 4 | SUNDAY | | 2 | 4 | 4 | | 4 | SATURDAY | | | 2 | 4 | | | 25 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 0 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/6/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time record [illegible] examined and that, to the best of my knowledge and [illegible] functions [illegible]*

[redacted]

SIGNATURE OF SUPERVISOR

DA-1581-C—76C874—Rev 2 94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR August 2019

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | | 8 | | 8 | 8 | 8 | 5 | | 8 | 8 | 8 | 8 | 8 | 5 | 160 |
| 2 | 3408(c) & 3408(d) | | | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | | | | | ¢ | | | | | | | ¢ | |
| 3 | 3411(a) & 3421(c) | | | 0 | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | 5 | | | | | | A | |
| 4 | 277, 278 & 278.5 | | | d | ¢ | | | | | | d | ¢ | | | | | | d | ¢ | | | | | | ¢ | ¢ | | | | | | d | |
| 5 | | | | 2 | A | | | | | | 2 | A | | | | | | 2 | A | | | | | | 2 | A | | | | | | 2 | |
| 6 | SUBTOTAL | 8 | 8 | 4 | 2 | 8 | 8 | 8 | 8 | 4 | 4 | 2 | 8 | 8 | 8 | 8 | 8 | 4 | 2 | 8 | 4 | 8 | 8 | 8 | 4 | 2 | 8 | 8 | 8 | 8 | 8 | 4 | 160 |
| 7 | | | | ¢ | 2 | | | | | 4 | ¢ | 2 | | | | | | ¢ | 2 | | 4 | | | | ¢ | 2 | | | | | | ¢ | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 8 | | | | | | | | | | | 8 | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted]
SIGNATURE OF EMPLOYEE

8/30/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

10/3/19
DATE

DA-1581-C—76C874—Rev 2 84

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR August 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | OFF - Vacation | OFF - Vacation | SATURDAY | SUNDAY | OFF - Vacation | OFF - Vacation | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | 8 | | | 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | 32 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/3/2019

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time records is true and correct, and the functions were performed*

[redacted] 9/6/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2 94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR Aug 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Cross Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 3 | 2 | | | | 0 | 1 | 5 | 0 | | | 0 | 4 | 4 | 0 | 1 | | | | 7 | 1 | 2 | 2 | | 1 | 3 | 7 | 1 | 2 | 3 | | 36 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | 2 | | | | 0 | 1 | 5 | 0 | | | 0 | 4 | 4 | 0 | 1 | | | | 7 | 1 | 2 | 2 | | 1 | 3 | 7 | 1 | 2 | 3 | | 36 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 7 | SATURDAY | SUNDAY | | 4 | 8 | 8 | 9 | SATURDAY | SUNDAY | 8 | 8 | 8 | 9 | 8 | SATURDAY | SUNDAY | | 2 | 8 | 7 | 7 | SATURDAY | | 5 | 2 | 8 | 7 | 6 | | 91 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | | | 0 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 0 | 9 | 9 | 9 | 9 | | 2 | 8 | 9 | 9 | 9 | 9 | | 127 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | 2 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 2 | 9 | 9 | 9 | 9 | | 2 | 8 | 9 | 9 | 9 | 9 | | 163 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9-1-19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time record[illegible] examined and that, to the best of my knowledge and [illegible] and the functions [illegible]*

[redacted] 9/4/19

SIGNATURE OF SUPERVISOR

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR August 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | 10 | | | OT | 2 | | 1 | | | | | 1 | | 1 | | | | 1 | | | 2 | | | | | 1 | | | | | 10 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 1 | | | | | 2 | | 1 | | | | | 1 | | 1 | | | | 1 | | | 2 | | | | | 1 | | | | | 10 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | | | | | 7 | 9 | 8 | 9 | | | | 8 | 9 | 8 | 9 | | | 7 | 9 | 9 | 7 | 9 | | | RDO | 8 | 9 | 9 | 9 | | 69 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | RDO | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | 10 |
| 12 | Vacation Time, Sick Leave, etc. | | 9 | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | 17 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 8/30/19

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, the time record is true and correct and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 9/6/19

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 289/(A) | 4. MONTH/YEAR AUG - 2019

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | ~~10~~ | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | V | E | S | 150 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | A | D | A | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | C | O | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | ~~10~~ | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | ~~10~~ | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | 20 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 09/03/19.

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, the time record is true and correct, and the functions were performe*

[redacted] 09/07/1

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C—76CR74—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 (A) | AUG / 2017 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | . | 10 | 10 | 10 | 10 | . | | . | 10 | 10 | 10 | 10 | | | . | 10 | 10 | 10 | 10 | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/3/9

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, the time record is true and correct, and the functions were performed.*

[redacted] 09/

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C 76C874 Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | AUGUST 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | V | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | ~~10~~ | ~~10~~ | | |
| 2 | 3408(c) & 3408(d) | | A | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | C | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~10~~ | ~~10~~ | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | | |
| 13 | **DAILY GRAND TOTAL** | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

8-28-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time record[illegible] examined and that, to the best of my knowledge and [illegible] time record is true and correct, and the functions [illegible]*

[redacted]
SIGNATURE OF SUPERVISOR

DATE

DA 1181 C 75C871—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR August 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | Ø | Ø | Ø | Ø | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 6 | 8 | Ø | | | 134 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | Ø | Ø | Ø | Ø | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 6 | 8 | Ø | 8 | | 134 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | Ø | Ø | Ø | Ø | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 6 | 8 | Ø | 8 | | 134 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 8 | 8 | 8 | 8 | | | | | | | | | | | 2 | | 8 | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 134 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8/20/2019

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, [illegible] time record is true and correct, and the functions were performed.*

[redacted]

SIGNATURE OF SUPERVISOR

DA 1581 C 76/874—Rev 2/04

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | AUG / 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Sick Time |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8/29/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time record [illegible] examined and that, to the best of my knowledge and [illegible] time record is true and correct, and the functions [illegible]*

[redacted] 8/29/19

SIGNATURE OF SUPERVISOR

DA 1581 C 76C874—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMP [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 08/2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Comp Time Earned |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | | | 8 | 5 | 7 | | | | | 8 | 5 | 8 | | | | | 8 | | 8 | | | | | 8 | | 8 | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | | | 8 | 5 | 7 | | | | | 8 | 5 | 8 | | | | | 8 | | 8 | | | | | 8 | | 8 | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | | | 8 | 5 | 7 | | | | | 8 | 5 | 8 | | | | | 8 | | 8 | | | | | 8 | | 8 | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | | | | | 8 | 5 | 7 | | | | | 8 | 5 | 8 | | | | | 8 | | 8 | | | | | 8 | | 8 | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8/29/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time record has been examined and that, to the best of my knowledge and belief, the time record is true and correct, and the functions were performed.*

[redacted]

SIGNATURE OF SUPERVISOR

DA 1581 C 76C874—Rev. 2/04

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR August 2019

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | S | 8 | 8 | S | S | 8 | S | 8 | 8 | 8 | S | S | S | 8 | 8 | 8 | 8 | S | |
| 2 | 3408(c) & 3408(d) | | | A | 4 | | | | | | A | 4 | | | 1 | | | A | 4 | | 1 | | | | A | 4 | 1 | 1 | | | | A | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | | | C | | | T | N | | C | | | | T | N | C | C | | | | 7 | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | K | | | | | | K | | | | | | K | K | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | | 8 | 8 | 8 | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

8/31/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records has [illegible] examined and that, to the best of my knowledge and belief, [illegible] time record is true and correct, and the functions were performed.*

[redacted]

SIGNATURE OF SUPERVISOR

DA 1FB1 C—76CR71—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR 9/19 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | 1 | | | | 1 | | | 1 | | | 1 | | | | | | | | | | | | | | 1 | X | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | SUNDAY | 8 | 8 | 4 | 3 | X | X | 4 | | 1 | 8 | 4 | X | X | 2 | 2 | | | | 4 | X | X | | | | 4 | 5 | X | X | 7 | X | 64 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 4 | 4 | X | X | 4 | 1 | 1 | 8 | 5 | X | X | 3 | 2 | | | | 4 | X | X | | | | 4 | 5 | X | X | 8 | X | 69 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 4 | 4 | X | X | 4 | 3 | 4 | | 3 | X | X | 3 | 6 | 9 | 8 | 4 | X | X | | | | 4 | 3 | X | | | X | 54 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | 4 | 3 | | | | | 2 | | 4 | | | | | | 8 | 8 | 8 | | | | | | | 37 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | X | X | 8 | 8 | 8 | 8 | 8 | X | X | 8 | 8 | 8 | 8 | 4 | X | X | 8 | 8 | 8 | 8 | 8 | X | X | 8 | X | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | X | X | 8 | 8 | 8 | 8 | 8 | X | X | 8 | 8 | 8 | 8 | 4 | X | X | 8 | 8 | 8 | 8 | 8 | X | X | 8 | X | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my* [redacted] *shown above.*

SIGNATURE OF EMPLOYEE

10/6/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have beer examined and that, to the best of my knowledge and belief, this* [redacted] *unctions were performec*

SIGNATURE OF SUPERVISOR

10/6/19
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR September 20

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 5 | 8 | 8 | 8 | 8 | | | 8 | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | 4 | | | | | 5 | | | | |
| 3 | 3411(a) & 3421(c) | | 5 | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | 2 | | | | | 4 | | | | |
| 4 | 277, 278 & 278.5 | 5 | 4 | | | | | 4 | 5 | | | | | | 4 | 5 | | | | | | 4 | 5 | 4 | | | | | 4 | 5 | | | |
| 5 | | 4 | 4 | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | |
| 6 | SUBTOTAL | 4 | - | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 5 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | | 152 |
| 7 | | 2 | 1 | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | 1 | 2 | 4 | | | | | 1 | 2 | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | I | | | | | 0 | 0 | | | | | | 0 | 0 | | | | | | 0 | 0 | H | | | | | 0 | 0 | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | 8 | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/30/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th functions were perform*

[redacted]
SIGNATURE OF SUPERVISOR

10/3/1
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR September 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | Saturday | | | | | | | | | | | | | | | | | | | | | Saturday | | | | |
| 6 | SUBTOTAL | Sunday | | 8 | 8 | 8 | 8 | | Sunday | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | 144 |
| 7 | | | HOLIDAY | | | | | | | OFF | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | | | Sunday | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | 8 | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | 8 | | 24 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | ~~152~~ 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/30/2019

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this [redacted] and the functions were performed*

SIGNATURE OF SUPERVISOR — DATE 10/3/19

DA 0311-C—TGC1674—Rev. 2/94

LOS ANGELES **COUNTY DISTRICT ATTORNEY**

CUSTODY OF **MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

PART I **EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | SEPT 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III **DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | 6 | 6 | 6 | | | | | | 6 | | | | | 6 | 6 | | 6 | | | | | | 42 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 2 | 1 | 3 | 2 | | | 3 | | | | 3 | | | | 2 | | 3 | 4 | | | | | 3 | | 2 | | | | | 28 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | SUNDAY | LABOR DAY | 2 | 1 | 3 | 2 | SATURDAY | SUNDAY | 3 | 6 | 6 | 6 | 3 | SATURDAY | SUNDAY | 0 | 2 | 6 | 3 | 4 | SATURDAY | SUNDAY | 6 | 6 | 3 | 6 | 2 | SATURDAY | SUNDAY | 0 | | 70 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 7 | 8 | 6 | 7 | | | 5 | 3 | 3 | 3 | 6 | | | | 7 | 3 | 6 | 5 | | | 3 | 3 | 6 | 3 | 7 | | | 2 | | 90 |
| 9 | TIME — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | **DAILY GRAND TOTAL** | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10-1-19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 10/3/19

SIGNATURE OF SUPERVISOR — DATE

DA-Form C—7CD674—Rev 2.94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | Sept. 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | 1 | | | | | | 1 | 1 | | | | | | | 1 | | | | | | 1 | 1 | | | | | 6 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 1 | | | | | | 1 | 1 | | | | | | | 1 | | | | | | 1 | 1 | | | | | 6 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | HOLIDAY | 9 | 9 | 8 | OFF | | | PTO | 9 | 8 | 8 | 9 | | | 8 | 9 | 9 | 8 | 9 | | | PTO | 9 | 8 | 8 | 9 | | | 8 | 145 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 151 |
| 12 | Vacation Time, Sick Leave, etc. | | 8 | | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | 17 |
| 13 | DAILY GRAND TOTAL | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 168 |

168

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] as shown above.*

[redacted] 10/1/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t d the functions were perform*

[redacted] 10/3/19

SIGNATURE OF SUPERVISOR — DATE

DA-1501 C-76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891 | 4. MONTH/YEAR SEPT 15-30TH |
|---|---|---|---|

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3133 | | | | | | | | | | | | | | | | R | 10 | 10 | 10 | X | S | S | R | X | X | X | X | S | S | R | [redacted] | 90 |
| 3408(c) & 3408(d) | | | | | | | | | | | | | | | | D | | | | | A | U | D | | | | | A | U | D | | |
| 3421(a) & 3421(c) | | | | | | | | | | | | | | | | O | | | | | T | N | O | | | | | T | N | O | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | | | | 10 | 10 | 10 | | | | | | | | | | | | | 30 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | 10 | 10 | 10 | X | | | | X | X | X | X | | | | [redacted] | 90 |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | | | | 10 | 10 | 10 | | | | | | | | | | | | | 30 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | 40 |
| DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | X | X | X | X | | | | [redacted] | 90 |

EMPLOYEE *I hereby certify that this is a true and accurate report of my time and the functions performed as shown above.*

[redacted] 9/31/19

SIGNATURE OF EMPLOYEE DATE

SUPERVISOR *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted] 10/15/19

SIGNATURE OF SUPERVISOR DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR SEPTEMBER 2019

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3133 | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | | 160 |
| 3408(d) | U | O | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | |
| 3421(c) | N | L | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | |
| 278 & 278.5 | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 160 |
| | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | - | | - | 10 | 10 | 10 | 10 | | | | 10 | | 160 |
| NON-CLAIMABLE (Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 160 |
| Vacation Time, Sick Leave, etc. | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/30/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this is true and correct, and the functions were performed as shown above.*

[redacted] 9/30/19

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

COPY OF **MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| EMPLOYEE INFORMATION | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | SEPTEMBER 2019 |

SEE INSTRUCTIONS ON BACK OF FORM

**DAILY TIME STUDY**

| ACTIVITIES (by Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3131 - 3133 | S | R | 10 | V | V | V | S | S | R | V | V | V | V | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | - | 90 |
| 3405(c) & 3408(d) | U | D | | A | A | A | A | U | D | A | A | A | A | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3411(c) & 3421(c) | N | O | | C | C | C | T | N | O | C | C | C | C | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | | | 10 | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 90 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4000 — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | | | 10 | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 90 |
| Vacation Time, Sick Leave, etc. | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | 70 |
| **DAILY GRAND TOTAL** | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10·16·19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

10/16/19
DATE

ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR SEPT / 2019

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3133 | S | H | 8 | 8 | 8 | | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | | 8 | | S | S | 8 | / | 136 |
| 3408(d) | U | O | | | | | A | U | | | | | | A | U | | | | | | A | U | | | | | | A | U | | | |
| 3421(a) & 3421(c) | N | L | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | |
| 277, 278 & 278.5 | | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | A | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | | | | 8 | | 136 |
| | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | | | | 8 | | 136 |
| Vacation Time, Sick Leave, etc. | | 8 | | | | 8V | | | | | | | | | | | | | | | | | | | 8V | | 8V | | | | | 24 |
| DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | / | 136 |

169

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

9/31/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

9/20/19
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| 1. EMPLOYEE INFORMATION [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR SEPTEMBER / 2019 |
|---|---|---|---|

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | | 160 |
| 3406(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Identify Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/26/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee. examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe.*

[redacted] 9/30/19

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 9/19

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | | | 8 | | 8 | | | | | 8 | | | | | | | | | | | | | | | | 8 | | | | | | 32 |
| 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3111(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 8 | | 8 | | | | | 8 | | | | | | | | | | | | | | | | 8 | | | | | | 32 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER - NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 8 | | 8 | | | | | 8 | | | | | | | | | | | | | | | | 8 | | | | | | 32 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAILY GRAND TOTAL | | | 8 | | 8 | | | | | 8 | | | | | | | | | | | | | | | | 8 | | | | | | 32 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/1/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted] 10/7/19

SIGNATURE OF SUPERVISOR — DATE

ELES COUNTY DISTRICT ATTORNEY

DY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EM [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR Sept. 2019

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| - 3133 | | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | S | 8 | 8 | S | S | 8 | 5.5 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | | 149.5 |
| 3408(c) & 3408(d) | | O | | | | | A T | Y N | | | I C | | | A T | Y N | | | | | | A T | Y N | | | | | | A T | Y N | | | |
| (b) & 3421(c) | | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277, 278 & 278.5 | | I | | | | | | | | | K | | | | | | | | | | | | | | | | | | | | | |
| | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | A | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 5.5 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 149.5 |
| | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 5.5 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 149.5 |
| Vacation Time, Sick Leave, etc. | | 8 | | | | | | | | | 8 | | | | | | 2.5 | | | | | | | | | | | | | | | 18.5 |
| DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — 9/30/19 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR — 9/30/19 DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9214 | 4. MONTH/YEAR October 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | 1 | | | | | | | | | | 1 | | | | | 2 | | | | | | | 1 | 1 | | 6 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 8 | 8 | 4 | | | 3 | 3 | 4 | 4 | 3 | | | | | | 4 | | | | | 1 | 4 | | | | | 3 | 4 | 3 | | 59 |
| 5 | | | | | | SATURDAY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 4 | SUNDAY | | 4 | 3 | 4 | 4 | 3 | | | | | | 5 | | | | | 3 | 4 | | | | | 3 | 4 | 4 | | 65 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | | | 2 | | | 4 | 5 | 4 | 4 | 1 | | | | | | 3 | | | | 8 | 5 | 4 | | 8 | | | 5 | | 4 | | 63 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 2 | | | 2 | | | | | | | 4 | | | | | | | 8 | | | | | | 8 | | | | | | | | 24 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 8 | 8 | 8 | | | | | | | | | | | | | | 9 | | 32 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | ~~176~~ 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/25/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted] 11/26/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR October 2019

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 166 |
| 2 | 3408(c) & 3408(d) | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | 5 | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | 4 | | | | | | | 4 | | 5 | | | | | 4 | | | | | | | 4 | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | 0 | 5 | | | | | | 0 | 5 | 4 | | | | | 0 | 5 | | | | | | 0 | 5 | | | | | 0 |
| 5 | | | | | | 0 | 4 | | | | | | 4 | 4 | 0 | | | | | 0 | 4 | | | | | | 0 | 4 | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | - | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 8 | 2 | 4 | 8 | 8 | 8 | 8 | 168 |
| 7 | | | | | N | 1 | 2 | | | | | | 1 | 2 | 1 | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | N | 4 | 3 | | | | | | 4 | 3 | 0 | | | | | 4 | 3 | | | | | | 4 | 3 | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 0 | 0 | 0 | | | | | | 0 | 0 | 4 | | | | | 0 | 0 | | | | | | 0 | 0 | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/4/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

11/19/19
DATE

DA-1581-C—78C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | October 2019 |

PART II -- INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | | | | | | | | 0 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/1/19

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi correct, and the functions were performe*

[redacted] 11/20/19

SIGNATURE OF SUPERVISOR DATE

DA Form C-70C874—Rev. 2-94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR OCTOBER 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 0 | 1 | | | 0 | 0 | 8 | 8 | 0 | | | | 0 | 0 | 8 | 8 | | | 8 | 8 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 1 |
| 2 | 3408(c) & 3408(d) | | | | | X | | | | | | | X | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | A | | | | | | | A | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 3 | 2 | 1 | 1 | A | X | 2 | 1 | 0 | 2 | 1 | S | K | | 1 | 2 | 3 | 3 | | | 3 | 2 | 1 | 1 | 2 | | | | 2 | 3 | 1 | 37 |
| 5 | | | | | | | A | | | | | | F | D | 0 | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | 2 | 1 | 2 | J | J | 2 | 1 | 0 | 2 | 1 | T | J | A | 1 | 2 | 3 | 3 | | | 3 | 2 | 1 | 1 | 2 | | | | 2 | 3 | 1 | 38 |
| 7 | | | | | | T | Z | | | | | | P | J | d | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 7 | 8 | 8 | A | J | 6 | 8 | 6 | 7 | 8 | | P | | 8 | # | 6 | 6 | | | 5 | 7 | 8 | 8 | 7 | | | | 7 | 6 | 8 | 140 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | P | D | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | 9 | | | 8 | 9 | 0 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 174 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 183 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11-7-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th and the functions were perform*

[redacted]
SIGNATURE OF SUPERVISOR

11/26/19
DATE

DA-1561-C—7GC674—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 370 | Oct. 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 1 | | | | 6 | 4 | | | | | | | | | | | | | | | | | | | | | | | 11 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | | | | | | | | 1 | | | | | | | | | | | | | | | 1 | | | 1 | 1 | 1 | 1 | 7 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 1 | | | 1 | | | | 6 | 4 | 1 | | | | | | | | | | | | | | | 1 | | | 1 | 1 | 1 | 1 | 18 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 9 | 9 | 8 | | | RDO | 3 | 5 | 8 | 9 | | | HOLIDAY | 9 | 9 | 9 | 9 | | | RDO | 9 | 9 | 9 | 8 | | | 7 | 8 | 8 | 8 | 161 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 17 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 17 / 18 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the functions performed as shown above.*

[redacted] 11/1/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted] 11/1/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76/C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2889B | 10/2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | 10 | 10 | 10 | 0 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 180 |
| 3368(d) & 3408(d) | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | |
| 3411(a) & 3421(c) | | | | | + | N | O | | | | | + | N | O | | | | | + | N | O | | | | | + | N | O | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | 10 | 0 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 180 |
| Vacation Time, Sick Leave, etc. | | | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | - | - | - | 10 | 10 | 10 | 10 | - | - | - | 10 | 10 | 10 | 10 | - | - | - | 10 | 10 | 10 | 10 | - | - | - | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the functions performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/5/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

SIGNATURE OF SUPERVISOR

DATE

Rev 7/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR 10/2019

— INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| - 3133 | 10 | 10 | 10 | R | S | S | / | / | / | / | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | 140 |
| 3408(e) & 3408(d) | | | | D | A | U | | | | | D | A | U | O | | | | O | A | U | | | | | D | A | U | | | | | |
| 3421(b) & 3421(c) | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | 10 | | | | | | | | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 140 |
| | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | 10 | | | | | | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 140 |
| Vacation Time, Sick Leave, etc. | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | | 50 |
| DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/4/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th and correct, and the functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR

10/15/19

DATE

# ANGELES COUNTY DISTRICT ATTORNEY

## DAILY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**EMPLOYEE INFORMATION**

[redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR OCTOBER 2019

INSTRUCTIONS ON BACK OF FORM

**DAILY TIME STUDY**

| ACTIVITIES (by Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [illegible] - 3133 | 10 | 10 | 10 | 10 | S | S | R | 10 | V | V | V | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 160 |
| [illegible] & 3408(d) | | | | | A | U | D | | A | A | A | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | |
| [illegible] & 3421(c) | | | | | T | N | O | | C | C | C | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | |
| [illegible]7, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| **SUBTOTAL** | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 160 |
| [illegible]/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [illegible] — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | 10 | 10 | 10 | 10 | | | | 10 | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 160 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | | | | 30 |
| **DAILY GRAND TOTAL** | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 10-30-19 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted] SIGNATURE OF SUPERVISOR — 11/5/19 DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EMPLO [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 10/2019

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | 8 | 8 | 8 | 8 | S | S | S | S | S | S | S | S | S | H | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | 32 |
| 3408(c) & 3408(d) | | | | | A | U | 1 | 1 | 1 | 1 | 1 | A | U | O | 1 | 1 | 1 | 1 | A | U | 1 | 1 | 1 | 1 | 1 | A | U | 1 | 1 | 1 | 1 | |
| 3421(b) & 3421(c) | | | | | T | N | C | C | C | C | C | T | N | L | C | C | C | C | T | N | C | C | C | C | C | T | N | C | C | C | C | |
| 277, 278 & 278.5 | | | | | | | K | K | K | K | K | | | I | K | K | K | K | | | K | K | K | K | K | | | K | K | K | K | 0 |
| | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 8 | 8 | 8 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | A | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 32 |
| | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [illegible] — NON-CLAIMABLE (Must Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 8 | 8 | 8 | 8 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 32 |
| Vacation Time, Sick Leave, etc. | | | | | | | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 152 |
| DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/5/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th cord is true and correct, and the functions were performe wn above.*

[redacted]

SIGNATURE OF SUPERVISOR

11/5/19

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

DAILY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

| [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR OCT /2019 |
|---|---|---|---|

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3132 - 3133 | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | H | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 190 |
| 3408(c) & 3408(d) | | | | | A | U | D | | | | | A | U | O | | | | | A | U | D | | | | | A | U | D | | | | |
| 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | L | | | | | T | N | O | | | | | T | N | O | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | A | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |
| | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3411 — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/31/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

11/5/19
DATE

GELES COUNTY DISTRICT ATTORNEY

Y OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EMP [redacted] | 3. ITEM 2890 | 4. MONTH/YEAR 10/19

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| - 3133 | 8 | | 8 | | | | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | | | | | | 6 | | 8 | 62 |
| & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277, 276 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| SUBTOTAL | 8 | | 8 | | | | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | | | | | | 6 | | 8 | 62 |
| 278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | 7 | | | | | | | | 7 |
| NON-CLAIMABLE (Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 8 | | 8 | | | | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | 7 | | | | | 6 | | 8 | 69 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| DAILY GRAND TOTAL | 8 | | 8 | | | | | 8 | | | | | | | 8 | | 8 | | | | | 8 | | 7 | | | | | 6 | | 8 | 69 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/31/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

11/5/19
DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. EMPLOYEE NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | OCTOBER 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | | 8 | 8 | 8 | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | 174 |
| 3402(c) & 3408(d) | | | | | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | D | A | U | | | | | |
| 3411(a) & 3421(c) | | | | | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | 8 | 8 | 8 | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 174 |
| | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 8 | 8 | 8 | 8 | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 182 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | | | 10 |
| DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 174 |

192

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/30/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time report is true and correct, and the functions were performe*

[redacted] 11/5/19

SIGNATURE OF SUPERVISOR — DATE

LES COUNTY DISTRICT ATTORNEY

Y OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted]

2. EMPLOYEE NO. [redacted]

3. ITEM 2214A

4. MONTH/YEAR October 2019

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3133 | 8 | S | 8 | 8 | S | S | S | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | V | 8 | 8 | 8 | 8 | 8 | 8 | 160 |
| 3408(c) & 3408(d) | | 1 | | | A | H | | | | | | A | H | 1 | | | | | A | H | | | | | A | A | U | | | | | |
| 3421(a) & 3421(c) | | C | | | T | N | | | | | | T | N | C | | | | | T | N | | | | | C | T | N | | | | | |
| 277, 278 & 278.5 | | IC | | | | | | | | | | | | K | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 160 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-CLAIMABLE (Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 160 |
| Vacation Time, Sick Leave, etc. | | 8 | | | | | | | | | | | | 8 | | | | | | | | | | | 8 | | | | | | | 24 |
| DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

10/31/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR

11/5/19

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR November 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | 1 | 1 | | | | | | | | | | | | 1 | | 1 | | | | | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 9 | | | 4 | | 4 | 5 | 8 | | | | 3 | 4 | 4 | 5 | | | | 4 | 8 | 3 | 4 | | | 2 | | 3 | | | | | 69 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | 4 | | 4 | 5 | 8 | | | | 4 | 5 | 4 | 5 | | | | 4 | 8 | 3 | 4 | | | 3 | | 4 | | | | | 73 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 2 | | 4 | | | | | | 2 | 1 | | 2 | | | | 4 | | 3 | 4 | | | | 8 | | | | | | 38 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | 2 | 8 | | 3 | | | | | 2 | 2 | 4 | 1 | | | | | | 2 | | | | 5 | | 4 | | | | | 33 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | 8 | 8 | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | ~~144~~ 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/16/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 12/16/19

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR 11/2019

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | | 3 | | | | | | | 3 | | 112 |
| 3 | 3411(a) & 3421(c) | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | | | | | | 4 | | |
| 4 | 277, 278 & 278.5 | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | | | | | | 4 | 3 | | | | 3 | 3 | 4 | | |
| 5 | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | | | 4 | 4 | | | | 4 | 4 | 4 | | 0 |
| 6 | SUBTOTAL | | 0 | 4 | 8 | 8 | 8 | 8 | 8 | 0 | 4 | Holiday | 8 | 8 | 8 | 8 | 0 | 4 | 8 | 8 | 8 | 8 | 8 | 0 | 4 | | | | 4 | 4 | 4 | | |
| 7 | | N | F | 2 | | | | | | F | 2 | | | | | | F | 2 | | | | | | F | 2 | N | N | N | 1 | 1 | 0 | | 112 |
| 8 | 277/278/278.5 Non-Claimable | N | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | N | N | N | 0 | 0 | 4 | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | S | S | | | | | | S | S | | | | | | S | S | | | | | | S | S | 0 | 0 | 0 | H | H | S | | 0 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | 8 | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 112 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 3 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/2/2019
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th t, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

12/16/19
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR November 2019

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | SATURDAY | | | | | | | SATURDAY | | HOLIDAY | | | | | SATURDAY | | | | | | SATURDAY | | | | | | | | | | 0 |
| 6 | SUBTOTAL | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HOLIDAY | | | | 144 |
| 8 | 277/278/278.5 Non-Claimable | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | SATURDAY | | | | | | | | | | | | | | | | | | | | | SATURDAY | | | | | OFF | | | | 0 |
| 10 | | | SUNDAY | | | | | | | | | | | | | | | | | | | | | SUNDAY | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | 8 | 8 | | | 144 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/27/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

12/6/19
DATE

DA-1581-C—76C874—Rev. 2/94

[redacted] DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | 11-2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3150 - 3133 | 2 | | | 1 | 8 | 1 | 0 | 0 | | | | 6 | 0 | 0 | 6 | | | 1 | 2 | 0 | 0 | 0 | | | | 0 | | | | | | 15 |
| 2 | 3108(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | | 2 | 0 | 0 | 2 | 2 | | | | 1 | 2 | 3 | 2 | | | 2 | 1 | 2 | 3 | 3 | | | | 3 | | | | | | 29 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | | | 3 | 2 | 1 | 2 | 2 | | | | 7 | 2 | 3 | 2 | | | 3 | 3 | 2 | 3 | 3 | | | | 3 | | | | | | 44 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | | | 5 | 7 | 8 | 7 | 7 | | | | 2 | 7 | 6 | 7 | | | 5 | 6 | 7 | 6 | 6 | | | | 6 | | | | | | 98 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | | | | | 142 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 27 |
| 13 | DAILY GRAND TOTAL | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | | | | | 160 |

½ G-TRANS DAY

OFF THANKSGIVING THANKSGIVING DAY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12-1-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th ct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

12/16/19
DATE

DA-1581-C—76C874—Rev. 2/94

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | November 201[illegible] |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 3300 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 3403(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 277, 278 & 278.5 | | | | | | | 1 | | | | | | | | 1 | | | | | | | | | | | | | | | | | 1 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | 1 | | | | | | | | 1 | | | | | | | | | | | | | | | | | 2 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 277/278/278.5 Non-Claimable | 9 | | | | 9 | 9 | 8 | OFF | | | HOLIDAY | 9 | 9 | 9 | 8 | | | | 9 | 9 | 9 | 9 | | | OFF | OFF | | Thanksgiving | HOLIDAY | | | HE 1[illegible] |
| 9 OTHER — NON CLAIMABLE (Briefly Explain Below) | | | | RDO | | | | | | | | | | | | | | RDO | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 9 | | | | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | | | | | | | |
| 12 Vacation Time, Sick Leave, etc. | | | | | | | 9 | | | | 8 | | | | | | | | | | | | | | 8 | 9 | 9 | 9 | 9 | | | |
| 13 DAILY GRAND TOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 16[illegible] |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

12/5/19

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR

12/16/19

DATE

TA-1(rev)-C—7/Oct74—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2889 A | 4. MONTH/YEAR NOVEMBER 2019

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | H | 10 | ~~10~~ | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | H | H | S | S | 140 |
| 2 | 3408(c) & 3408(d) | | A | U | D | | | | | A | U | O | | | | | A | U | D | | | | | A | U | D | | | D | D | Δ | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | L | | | | | + | N | O | | | | | + | N | O | | | L | L | + | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | I | | | | | | | | | | | | | | | | | I | I | | | 0 |
| 5 | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | D | D | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | A | 10 | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | Δ | Δ | | | 140 |
| 7 | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | Y | Y | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | 10 | 10 | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/6/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/16/19
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR NOV 2019

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | H | R | S | ✓ | 140 |
| 2408(c) & 2408(d) | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | D | A | U | | | | 6 | D | A | | |
| 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | L | O | T | | |
| 277, 278 & 278.5 | | | | | | | | | | | I | | | | | | | | | | | | | | | | | I | | | | 0 |
| | | | | | | | | | | | D | | | | | | | | | | | | | | | | | O | | | | |
| SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | A | | | ✓ | 140 |
| | | | | | | | | | | | Y | | | | | | | | · | | | | | | | | | Y | | | | · |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | ✓ | 140 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | | 10 | | | | 20 |
| DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ✓ | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/2/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

[redacted] 12/3/19

SIGNATURE OF SUPERVISOR — DATE

...NGELES COUNTY DISTRICT ATTORNEY

...DY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR NOVEMBER 2019

...STRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ...3133 | 10 | S | S | R | 10 | V | V | V | S | S | R | V | V | V | V | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | H | H | S | - | 80 |
| ...(c) & 3408(d) | | A | U | D | | A | A | A | A | U | D | A | A | A | A | A | U | D | | | | | A | U | D | | | O | O | A | - | |
| ...1(a) & 3421(c) | | T | N | O | | C | C | C | T | N | O | C | C | C | C | T | N | O | | | | | T | N | O | | | L | L | T | - | |
| ...278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | | | | 10 | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | 50 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ...278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | | | | 10 | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | 80 |
| Vacation Time, Sick Leave, etc. | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | 10 | 10 | | | 90 |
| DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ~~80~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 12-4-19 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above*

[redacted] SIGNATURE OF SUPERVISOR — 12/6/19 DATE

...TODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890 (AJ | 4. MONTH/YEAR NOV 2019 |
|---|---|---|---|

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ...3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| ...3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ...3421(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| ...277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| ...277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ...NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Vacation Time, Sick Leave, etc. | S | SAT | SUN | S | S | S | S | S | SAT | SUN | S | S | S | S | S | SAT | SUN | S | S | S | S | S | SAT | SUN | S | S | H | H | SAT | SUN | S | |
| DAILY GRAND TOTAL | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 8 | 152 |

EMPLOYEE NOT AVAILABLE FOR SIGNATURE

[redacted] 12/10/19 DATE

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE _____ DATE _____

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 12/10/2019 DATE

...Y OF **MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**EMPLOYEE INFORMATION**

| [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 | 4. MONTH/YEAR NOV 2019 |
|---|---|---|---|

INSTRUCTIONS ON BACK OF FORM

**DAILY TIME STUDY**

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3120 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | V | S | S | R | | | | | | | | | | | | | | 80 |
| 3408(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | A | A | U | D | | | | | | | | | | | | | | |
| 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | C | T | N | O | | | | | | | | | | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | A | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | T | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | I | | | | | | | | | | | | | | | | | 80 |
| | | | | | | | | | | | | | | | O | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | N | | | | | | | | | | | | | | | | | |
| OTHER -- NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | | | | | | | | | | | | | | 80 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | | 10 |
| **DAILY GRAND TOTAL** | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | | | | | | 90 |

TRANSFERRED

**EMPLOYEE NOT AVAILABLE FOR SIGNATURE**

[redacted]

DATE

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have beer examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performec*

[redacted]

SIGNATURE OF SUPERVISOR

12/10/19

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890/FR-SR | 4. MONTH/YEAR NOV 2019

PART II -- INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | R | | R | | R | S | S | R | | R | | R | S | S | R | B | R | B | R | S | S | R | 8 | R | H | H | S | S | 24 |
| 2 | 3408(c) & 3408(d) | D | A | U | D | | D | | D | A | U | D | | D | | D | A | U | D | | D | | D | A | U | D | | D | O | O | A | U | |
| 3 | 3411(a) & 3421(c) | O | + | N | O | | O | | O | + | N | O | | O | | O | + | N | O | | O | | O | T | N | O | | O | L | L | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | I | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | D | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | B | | B | | | | | 8 | | A | A | | | 24 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | 7 | | 7 | | | | | 7 | | 7 | | | | | | | | | | | | | | | | | | | 28 |
| 9 | OTHER -- NON-CLAIMABLE (Must Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 7 | | 7 | | | | | 7 | | 7 | | | | | 8 | | 8 | | | | | 8 | | | | | | 52 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | 7 | | 7 | | | | | 7 | | 7 | | | | | 8 | | 8 | | | | | 8 | | | | | | 52 |

EMPLOYEE NOT AVAILABLE FOR SIGNATURE

[redacted] 12/10/19 DATE

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE _____ DATE _____

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe above.*

[redacted] SIGNATURE OF SUPERVISOR 12/10/19 DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR NOVEMBER / 2019 |

— INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3133 | R | S | S | 10 | 10 | 12 | V | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | V | R | S | S | 10 | 10 | 10 | H | H | S | S | 122 |
| 3408(c) & 3408(d) | D | A | U | | | | A | D | A | U | O | | | | D | A | U | | | | A | D | A | U | | | | O | O | A | U | |
| 3421(a) & 3421(c) | O | T | N | | | | C | O | T | N | L | | | | O | T | N | | | | C | O | T | N | | | | L | L | T | N | |
| 277, 278 & 278.5 | | | | | | | A | | | | I | | | | | | | | | | A | | | | | | | I | I | | | 0 |
| | | | | | | | T | | | | D | | | | | | | | | | T | | | | | | | D | D | | | |
| SUBTOTAL | | | | 10 | 10 | 12 | J | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | I | | | | 10 | 10 | 10 | A | A | | | 122 |
| | | | | ~~10~~ | ~~10~~ | 12 | O | | | | Y | ~~10~~ | ~~10~~ | ~~10~~ | | | | ~~10~~ | ~~10~~ | ~~10~~ | O | | | | ~~10~~ | ~~10~~ | ~~10~~ | Y | Y | | | ~~122~~ |
| 277/278/278.5 Non-Claimable | | | | | | | NO | | | | | | | | | | | | | | N | | | | | | | | | | | |
| NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | 10 | 10 | 12 | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | | 122 |
| Vacation Time, Sick Leave, etc. | | | | | | | 10 | | | | 10 | | | | | | | | | | 10 | | | | | | | 10 | | | | 40 |
| DAILY GRAND TOTAL | | | | 10 | 10 | 12 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 122 |

162

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/27/19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/6/19
DATE

NGELES COUNTY DISTRICT ATTORNEY

DY OF **MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**EMPLOYEE INFORMATION**

| [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR November 2019 |
|---|---|---|---|

INSTRUCTIONS ON BACK OF FORM

**DAILY TIME STUDY**

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3320 - 3133 | 8 | S | S | | 8 | 8 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | S | | | 8 | 8 | 8 | S | S | | | 8 | | | S | S | 104 |
| 3408(c) & 3408(d) | | H | H | | | | | | H | H | O | | | | | H | H | | | | | | H | H | | | | | | H | H | |
| 3421(a) & 3421(c) | | T | N | | | | | | T | N | L | | | | | T | N | | | | | | T | N | | | | | | T | N | |
| 277, 278 & 278.5 | | | | | | | | | | | I | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | 8 | | | | 8 | 8 | 8 | 8 | | | H | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 8 | | | | | 8 | | | | | 104 |
| | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3417.8 — NON-CLAIMABLE (Must Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | 8 | | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 8 | | | | | 8 | | | | | 104 |
| Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | 8 | | | | | | | 8 | 8 | | | | | | 8 | 8 | | 8 | 8 | | | 64 |
| **DAILY GRAND TOTAL** | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/9/19

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted] 12/10/19

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 9274 | December 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | 1 | | | | 1 | | | | | 2 | | | | | | | | | | | | | | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 8 | 7 | | 4 | 8 | 7 | 1 | 3 | 3 | 4 | 3 | 4 | | | | | 4 | 8 | 4 | | | | | | | | | | | | 50 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | SUNDAY | 8 | 7 | | 4 | 8 | SATURDAY | SUNDAY | 4 | 3 | 4 | 3 | 5 | SATURDAY | SUNDAY | | | 6 | 8 | 4 | SATURDAY | SUNDAY | | | HOLIDAY | | | SUNDAY | | | | 62 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | OFF | 4 | | | | | 4 | 5 | 4 | 3 | 3 | | | 8 | 6 | 2 | | | | | OFF | OFF | | | | | | | | 39 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 2 | 1 | | | | | | | | | 2 | | | | | 2 | 8 | | 4 | | | | | | | | | | | | 11 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | 112 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 8 | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 36 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 168 |

170

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

1/16/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

1/16/20

DATE

DA-1581-C—76C874—Rev 2/94

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR December 2019 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | SATURDAY | | | | | | | | | | | | | | | | | | | | | SATURDAY | | | | 0 |
| 5 | | SUNDAY | | | | | | | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | HALIDAY | | | | SUNDAY | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | OFF | OFF | OFF | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 8 | 0 | 0 | 0 | | | 0 | 0 | | | | | | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 8 | | | | | | | | 8 | 8 | 8 | | | | | 32 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/31/2019
SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th , and the functions were performe*

[redacted] 1/16/20
SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2/94

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR Dec 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 0 | 6 | 0 | 0 | 1 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | | | | | | | | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 2 | 0 | 1 | 3 | 1 | | | | 2 | 3 | 1 | 3 | | | 2 | 2 | 1 | 2 | 3 | | | 2 | 2 | | | | | | | | 30 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 2 | 6 | 1 | 3 | 2 | | | | 2 | 3 | 1 | 3 | | | 2 | 2 | 1 | 2 | 3 | | | 2 | 2 | | | | | | | | 37 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 6 | 3 | 8 | 6 | 3 | | | | 7 | 6 | 8 | 6 | | | 7 | 8 | 7 | 6 | | | | 7 | | | | | | | | | 104 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | | | | | | | | 141 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 44 |
| 13 | DAILY GRAND TOTAL | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | | | | | | | | 185 |

* WORKED MY RDO

*SW DUTY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1-2-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true, correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

1/16/20
DATE

DA 1581-C—78C874—Rev. 2/94

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR | DEC. 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | 1 SU | 2 M | 3 T | 4 W | 5 TH | 6 F | 7 SA | 8 SU | 9 M | 10 T | 11 W | 12 TH | 13 F | 14 SA | 15 SU | 16 M | 17 T | 18 W | 19 TH | 20 F | 21 SA | 22 SU | 23 M | 24 T | 25 W | 26 TH | 27 F | 28 SA | 29 SU | 30 M | 31 T | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 2 | / | / | 1 | | | | | | | | | | 1 | 1 | 2 | / | | | | | | | | | | | | | 7 |
| 5 | | HOLIDAY | | | | | | SATURDAY | | | | | | | | | | | | | | SATURDAY | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 2 | 0 | 0 | 1 | | SUNDAY | | | | | | | SUNDAY | 1 | 1 | 2 | 0 | | | | | | | | | | SUNDAY | | | | 7 |
| 7 | | | RDO | | | | | | | OFF | OFF | OFF | OFF | OFF | | RDO | | | | | | HOLIDAY | | OFF | OFF | OFF | OFF | | | RDO | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 7 | 9 | 9 | 8 | | | | | | | | | | 8 | 8 | 7 | 9 | | | | | | | | | | | | | 65 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 9 | 9 | 9 | 9 | | | | | | | | | | 9 | 9 | 9 | 9 | | | | | | | | | | | | | 72 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 8 | 9 | 9 | 9 | 9 | | | | | | | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 88 |
| 13 | DAILY GRAND TOTAL | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 160 |

10

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/10/2020
SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t the functions were perform*

[redacted] 1/16/20
SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C674—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM ~~2826~~ 2891 | 4. MONTH/YEAR DEC 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | V | L | V | V | S | S | R | 10 | 130 |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | A | O | A | A | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | C | L | C | C | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | A | I | A | A | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | T | D | T | T | | | | | |
| 6 | SUBTOTAL | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | I | A | I | I | / | / | / | 10 | 130 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | O | T | O | O | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | N | | N | N | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | 10 | 130 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | | 40 |
| 13 | DAILY GRAND TOTAL | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | | | | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 1/9/2020

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 1/13/2020

DA-1781-C—76C874—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPL [redacted] | 3. ITEM 2890 (a) | 4. MONTH/YEAR DECEMBER 2019 |

PART II -- INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | H | 10 | R | S | S | 10 | 10 | 170 |
| 2 | 3408(c) & 3408(d) | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | O | | D | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | L | | D | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | A | 10 | | | | 10 | 10 | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 10 | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/7/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe vn above.*

[redacted] 1/7/2020

SIGNATURE OF SUPERVISOR — DATE

DA 1981 C 76C874—Rev 2/94

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE ID [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR DEC. 2019 |

PART II -- INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3150 - 3133 | S | R | V | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | H | 10 | 10 | S | S | R | 10 | 150 |
| 2 | 3408(c) & 3408(d) | U | D | A | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | O | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | C | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | L | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 10 | 10 | | | | 10 | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 10 | 10 | | | | 10 | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | 10 | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 20 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12-27-19
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

1/6/2020
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(a) | DEC 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 ✓ | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | | | | | | S | S | | | | | | | | | | | | | | | | | H | | | S | S | | | 0 |
| 2 | 3408(c) & 3408(d) | U | | | | | | A | U | | | | | | | | | | | | | | | | | O | | | A | C | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | | T | N | | | | | | | | | | | | | | | | | L | | | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | A | | | | | | | 0 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 12 | Vacation Time, Sick Leave, etc. | | S | S | S | S | S | / | / | S | S | S | S | S | / | / | S | S | S | S | S | / | / | S | S | / | S | S | / | / | S | S | 167 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

EMPLOYEE NOT AVAILABLE FOR SIGNATURE

SIGNATURE OF EMPLOYEE [redacted]

1/7/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

1/7/2020
DATE

DA-1501-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890A | DECEMBER / 2019 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 5 | P | 10 | 5 | R | S | S | 10 | 5 | 5 | P | R | S | S | 10 | 5 | 6 | 7 | R | S | S | 10 | 10 | H | 10 | R | S | S | R | R | 93 |
| 2 | 3408(c) & 3408(d) | D | | S | | | D | A | U | | | | E | D | A | U | | I | | | D | A | U | | | O | | D | A | U | E | E | |
| 3 | 3411(a) & 3421(c) | O | | I | | | O | T | N | | | | R | O | T | N | | C | | | O | T | N | | | L | | O | T | N | T | T | |
| 4 | 277, 278 & 278.5 | | | C | | | | | | | | | S | | | | | K | | | | | | | | I | | | | | I | J | 0 |
| 5 | | | | K | | | | | | | | | O | | | | | | | | | | | | | D | | | | | R | R | |
| 6 | SUBTOTAL | | 5 | | 10 | 5 | | | | 10 | 5 | 5 | N | | | | 10 | | 6 | 7 | | | | 10 | 10 | A | 10 | | | | E | E | 93 |
| 7 | | | | | | | | | | | | | A | | | | | | | | | | | | | Y | | | | | D | D | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | L | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | S | | | | | | | | | | | | | | | | | | 10 | 10 | 20 |
| 10 | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 5 | | 10 | 5 | | | | 10 | 5 | 5 | C | | | | 10 | | 6 | 7 | | | | 10 | 10 | | 10 | | | | 10 | 10 | 113 |
| 12 | Vacation Time, Sick Leave, etc. | | 5 | 10 | | 5 | | | | | 5 | 5 | ~~10~~ | | | | | 10 | 4 | 3 | | | | | | 10 | | | | | | | 67 |
| 13 | DAILY GRAND TOTAL | | ~~10~~ | 10 | 10 | ~~10~~ | | | | 10 | ~~10~~ | ~~10~~ | 10 | | | | 10 | 10 | ~~10~~ | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~93~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE: 12/23/19

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR — DATE: 12/23/19

DA 1581 C 76C974 Rev 2/04

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. [redacted] | 3. ITEM 22/44 | 4. MONTH/YEAR December 2019

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | S | S | S | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | H | 8 | 8 | S | S | 8 | 8 | 168 |
| 2 | 3405(c) & 3408(d) | H | | | | | | A | H | | | | | | A | H | | | | | | A | H | | | O | | | A | H | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | L | | | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | A | 8 | 8 | | | 8 | 8 | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/6/20

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted] 1/13/20

SIGNATURE OF SUPERVISOR — DATE

PA 1551-F 76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| 1. EMPLOYEE INFORMATION [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 (a) | 4. MONTH/YEAR DECEMBER 2019 |
|---|---|---|---|

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | ~~10~~ | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | H | 10 | 10 | S | S | ~~10~~ | 10 | 150 |
| (b)(c) & 3408(d) | V | D | | | | | ATTHEDAY | SUNDAY | D | | | | | ATTHEDAY | UNDAY | D | | | | | ATTHEDAY | V | V | | 0 | | | SATUPDAY | V | | | |
| & 3421(c) | N | D | | | | | | | D | | | | | | | D | | | | | | N | D | | L | | | | N | | | |
| 277, 278 & 278.5 | D | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | 0 |
| | Y | | | | | | | | | | | | | | | | | | | | | A | | | D | | | | A | | | |
| SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 4 | | 10 | D Y | 10 | 10 | | Y | ~~10~~ | 10 | 150 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | ~~10~~ | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 10 | 10 | | | ~~10~~ | 10 | ~~150~~ |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | 10 | | | | | | | | | | | | | | | 10 | | | | | | | 20 |
| DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

0/07/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

01/13/20
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | | 3. ITEM 9274 | 4. MONTH/YEAR January 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | 1 | | 2 | | 1 | | | | 1 | | | | | | | 1 | | | 2 | | | 1 | | | | 9 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | SATURDAY | SUNDAY | 4 | 3 | 2 | 6 | | | | | 3 | 5 | | 2 | | | | 2 | | 4 | 2 | | | 3 | | | 4 | | 40 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | 5 | 3 | 4 | 6 | 1 | | | | 4 | 5 | | 2 | | | | 3 | | 4 | 4 | | | 4 | | | 4 | | 49 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | 3 | 1 | 2 | | 4 | | | | | | | 4 | | | | 2 | 3 | | | | | 4 | 4 | | 4 | 8 | 39 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | 4 | 2 | 2 | 3 | | | | 4 | 3 | | 2 | | | | 3 | 5 | 4 | 4 | | | | 4 | 8 | 8 | | 72 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 152 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | 8 | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | 32 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 168 |

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/20/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

3/11/20
DATE

DA-1581-C—76C874—Rev. 2-94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR January 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | HOLIDAY | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | HOLIDAY | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/31/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have beer examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

2/25/20
DATE

DA 1581 C—76C874—Rev 2-94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | Jan 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 2 | 3 | | | | | 3 | | 5 | | | 4 | 4 | 4 | 2 | 1 | | | 1 | 3 | 1 | 1 | 4 | | | 1 | 1 | 9 | 9 | 3 | 60 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 1 | 2 | | | | | 3 | | 1 | | | 0 | 0 | 0 | 2 | 2 | | | | 3 | 1 | 2 | 0 | | | 1 | 1 | | | 3 | 26 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 3 | 5 | | | | 4 | 6 | | 6 | | | 4 | 4 | 4 | 4 | 3 | | | | 6 | 2 | 3 | 4 | | | 2 | 2 | 9 | 9 | 6 | 86 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 6 | 4 | | | | 5 | 3 | | 3 | | | 4 | 5 | 5 | 5 | 6 | | | | 3 | 7 | 6 | 5 | | | 6 | 7 | 0 | 0 | 3 | 83 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | | | | 9 | 9 | | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | | 9 | 9 | | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | 179 |

5 hours SW Diary

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [redacted] performed as shown above.*

[redacted] 2-3 2020
SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct and the functions were perform*

[redacted] 2/25/20
SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# USTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | Jan. 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | 3 | | | | | | | | | | | 4 |
| 2 | 3403(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | 1 | | | | | | 1 | 1 | | | | | 2 | 1 | | | | | | | | | | | | | | | | | 6 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 6 | SUBTOTAL | HOLIDAY | 1 | 0 | | | 0 | 0 | 1 | 1 | OFF | | | | 2 | 1 | 0 | 0 | | | HOLIDAY | 3 | | | | | | | | | | | 10 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 9 | 9 | SAT | SUN | 9 | 9 | 9 | 9 | | | | RDO | 7 | 9 | 9 | 9 | SAT | SUN | | 6 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | 169 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | SAT | SUN | | | | | | | | | | | | | SAT | SUN | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | | | 9 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | 17 |
| 12 | Vacation Time, Sick Leave, etc. | 9 | | | | | | | | | 9 | | | | | | | | | | 8 | | | | | | | | | | | | 26 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | 17 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 19 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 1/31/2020

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t d the functions were perform*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 2/25/20

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 (a) | 4. MONTH/YEAR JANUARY 2020 |
|---|---|---|---|

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | / | R | S | S | / | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | / | / | / | R | S | S | / | 10 | 10 | 10 | R | 100 |
| 2 | 3408(c) & 3408(d) | O | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | O | |
| 3 | 3411(a) & 3421(c) | L | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | |
| 5 | | D | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | | | | | | | | 10 | 10 | 10 | | 100 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | | | 10 | 10 | 10 | | 100 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | 10 | | | | 10 | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | | | | | 60 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/4/2020

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted] 2/4/20

SIGNATURE OF SUPERVISOR DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891 | JANUARY 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | H | V | 10 | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | 160 |
| 3408(c) & 3408(d) | O | A | | A | V | | | | | D | A | V | | | | | D | A | V | O | | | | D | A | V | | | | | O | |
| 3411(a) & 3421(c) | L | C | | T | N | | | | | O | T | N | | | | | O | + | N | L | | | | O | T | N | | | | | O | |
| 277, 278 & 278.5 | L | B | | | | | | | | | | | | | | | | | | L | | | | | | | | | | | | |
| | I | T | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | |
| SUBTOTAL | D | I | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | D | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 160 |
| | A | O | | | | | | | | | | | | | | | | | | A | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | Y | N | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 160 |
| Vacation Time, Sick Leave, etc. | V | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 |
| DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/4/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

02/04/2020
DATE

PERSA — Rev. 2/94

ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF **MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| 1. EMPLOYEE INFORMATION | 2. EMPLOYEE NO | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890-A | JANUARY 2020 |

INSTRUCTIONS ON BACK OF FORM

**DAILY TIME STUDY**

| ACTIVITIES (by Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3090 - 3133 | H | H | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | 170 |
| 3408(c) & 3408(d) | O | O | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | |
| 3411(a) & 3421(c) | L | L | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | |
| 277, 278 & 278.5 | I | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | A | A | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 170 |
| | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Must Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 170 |
| Vacation Time, Sick Leave, etc. | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 |
| **DAILY GRAND TOTAL** | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | ~~170~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 2-5-2020 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted] SIGNATURE OF SUPERVISOR — 2/4/20 DATE

ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF **MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**EMPLOYEE INFORMATION**

| 1. EMPLOYEE NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 (a) | JANUARY 2020 |

— INSTRUCTIONS ON BACK OF FORM

**DAILY TIME STUDY**

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3150 - 3133 | | 10 | 10 | SATURDAY | SUNDAY | KO | 10 | 10 | 10 | 10 | SATURDAY | SUNDAY | RDO | 10 | 10 | 10 | 10 | SATURDAY | SUNDAY | RDO | 10 | 10 | 10 | 10 | SATURDAY | SUNDAY | RDO | 10 | 10 | 10 | 10 | 180 |
| 3406(a) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | HOLIDAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 180 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 180 |
| Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| **DAILY GRAND TOTAL** | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

02-06-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

2/4/20
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

DAILY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

1. EMPLOYEE INFORMATION [redacted] 2. [redacted] 3. ITEM 2901 A 4. MONTH/YEAR 01/2020

INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | | | | | | | | | | | | | | 8 | | 7 | | | | | 7 | | 7 | | | ~~8~~ | | | | 8 | | 45 |
| [illegible] & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [illegible]11(c) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| SUBTOTAL | | | | | | | | | | | | | | 8 | | 7 | | | | | 7 | | 7 | | | ~~8~~ | | | | 8 | | 45 |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | | | | | | | | | | | 8 | | 7 | | | | | 7 | | 7 | | | ~~8~~ | | | | 8 | | 37 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 45 |
| DAILY GRAND TOTAL | | | | | | | | | | | | | | 8 | | 7 | | | | | 7 | | 7 | | | ~~8~~ | | | | 8 | | 45 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/18/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

2/19/20
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

EMPLOYEE INFORMATION

[redacted] | 2. Em [redacted] | 3. ITEM 22147 | 4. MONTH/YEAR January 2020

— INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 3130 - 3133 | H | | | S | S | | | S | S | S | S | S | | | | 8 | 8 | S | S | H | 8 | | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | 180 |
| 8 | 3408(c) & 3408(d) | O | | | A | Y | | | | | | A | Y | | | | | | A | Y | O | | | | | A | Y | | | | | |
| 9 | 3411(a) & 3421(c) | L | | | T | N | | | | | | T | N | | | | | | T | N | L | | | | | T | N | | | | | |
| 10 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | 0 |
| 11 | | D | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | |
| 12 | SUBTOTAL | A | | | | | | | | | | | | | | | 8 | 8 | | | A | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 80 |
| 13 | | Y | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | |
| 14 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 8 | 8 | | | 8 | 8 | | | | | | 8 | | | | | | | | | | | | | | | | | | | 50 |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | | | 8 | 8 | O | O | O | | | 8 | O | O | 8 | 8 | | | | 8 | O | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | 8 | 8 | 8 | | | | 8 | 8 | | | | | 8 | | 8 | | | | | | | | | | 64 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 1/29/20 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — 2/4/20 DATE

Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR February 2020. |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | 1 | | | | | X | | 2 | | | | | | 2 | | | 1 | | | 2 | | | | 1 | | | | 9 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 4 | 2 | 3 | 6 | 8 | | | X | 5 | | 2 | 2 | | | | 2 | 4 | 5 | 3 | | | 2 | 5 | 4 | | 4 | | | | 59 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 4 | 2 | 4 | 6 | 8 | | | X | 5 | 2 | 2 | 2 | | | | 4 | 4 | 5 | 4 | | | 4 | 5 | 4 | | 5 | | | | 68 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 1 | 4 | 2 | | | | X | | 2 | 5 | 2 | | | | | 2 | 3 | 3 | | | 2 | 2 | 2 | 2 | 3 | | | | 37 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 4 | 5 | | | | | | X | 3 | 4 | 1 | | | | | 2 | 2 | | 1 | | | 2 | 1 | 2 | 2 | | | | | 29 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | X | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 8 | 8 | 1 | | 8 | | | 8 | 6 | 6 | 6 | 6 | | | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 1 | 8 | 8 | | | 8 | 6 | 6 | 6 | 6 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

3/12/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct and the functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR

3/12/20

DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | February 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 15 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | 8 | 8 | 8 | 8 | 8 | | SUNDAY | HOLIDAY | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | | | 15 |
| 7 | | SUNDAY | | | | | | | | | | | | | | SUNDAY | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | SATURDAY | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | SUNDAY | | | | | | SATURDAY | SUNDAY | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 15 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 16 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/28/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perfor*

[redacted] 2/26/20

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 9273A | FEB 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 2 | 1 | 1 | 2 | | | 4 | 3 | 2 | 3 | 3 | | | | 2 | 3 | 2 | 4 | | | 2 | 2 | 3 | 2 | 1 | 2 | | | 47 |
| 2 | 3408(c) & 3408(d) | | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | | |
| 4 | 277, 278 & 278.5 | | | | 6 | 6 | 5 | 5 | | SUNDAY | 4 | 6 | 6 | 5 | 5 | | SUNDAY | | 6 | 5 | 6 | 5 | | | 5 | 5 | 4 | 5 | 5 | 2 | | | 90 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | **SUBTOTAL** | SATURDAY | SUNDAY | RDO | 8 | 7 | 6 | 7 | | | 8 | 9 | 8 | 8 | 8 | | | RDO | 8 | 8 | 8 | 9 | | | 7 | 7 | 7 | 7 | 6 | | | | 130 |
| 7 | | | | | | | | | SAT | SUN | | | | | | SAT | SUN | | | | | | SAT | SUN | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 1 | 2 | 3 | 2 | | | 0 | 0 | 1 | 1 | 1 | | | | 1 | 1 | 1 | 0 | | | 2 | 2 | 2 | 2 | 3 | | | | 24 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | **SUBTOTAL** | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | **DAILY GRAND TOTAL** | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] and the functions performed as shown above.*

[redacted] 3-1-2020

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b[illegible] examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perform[illegible]*

[redacted] 3/12/2

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | February 2020 |

PART II -- INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | [redacted] | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | 7 | | | | | | 8 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | | | 2 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | 7 | | 2 | | | | 10 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 8 | | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 8 | | | | 2 | 9 | 7 | 9 | | | 124 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 134 |
| 12 | Vacation Time, Sick Leave, etc. | | | | 9 | | | | | | | | | | 9 | | | 8 | | | | | | | | | | | | | | 26 |
| 13 | DAILY GRAND TOTAL | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 160 |

SATURDAY SUNDAY 8 OFF 9 9 9 SATURDAY SUNDAY RDO 9 9 9 OFF SATURDAY SUNDAY HOLIDAY 9 9 9 8 SATURDAY SUNDAY RDO 2 9 7 9 SATURDAY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2/29/2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted]

SIGNATURE OF SUPERVISOR

2/26/2

DATE

DA-1181 C—7GC874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891 | FEB/2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | 10 | 10 | 12.5 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | / | / | 152. |
| 2 | 3408(c) & 3408(d) | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | D | A | | | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | O | T | N | | | | | D | T | N | L | | | | O | T | N | | | | | O | T | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 12.5 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 0 | | | | 10 | 10 | 10 | 10 | | | | | 152. |
| 7 | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 12.5 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 152. |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | S | S | 10 | 10 | 10 | 12.5 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | / | / | 160. |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above*

[redacted]

SIGNATURE OF EMPLOYEE — DATE: 3/4/2020

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform as shown above.*

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

[redacted] | 2. EMPL [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR FEB 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | X | 10 | 10 | ✓ | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | | | 130 |
| 2 | 3408(c) & 3408(d) | A | U | | | | | D | A | U | | | | | D | A | U | O | | | | D | A | U | | | | | D | A | | | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | D | T | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | X | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 130 |
| 7 | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | X | 10 | 10 | | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | - | 10 | 10 | 10 | 10 | | | | | 130 |
| 12 | Vacation Time, Sick Leave, etc. | | | 10 | | | 10 | | | | | | | | | | | 10 | | | | | | | | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/5/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t me record is true and correct, and the functions were perform as shown above.*

[redacted] 3/9/202

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| EMPLOYEE INFORMATION [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR FEBRUARY 2020 |
|---|---|---|---|

PART II — INSTRUCTIONS ON BACK OF FORM

| PART III DAILY TIME STUDY — ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | – | – | 160 |
| 3406(c) & 3408(d) | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | | | |
| 3421(a) & 3421(c) | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2-28-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were perform as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/4/2020
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE N [redacted] | 3. ITEM 2890 (A) | 4. MONTH/YEAR FEBRUARY 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS/ 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | | | 160 |
| 2 | 3408(c) & 3408(d) | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | H | V | D | | | | | A | | | |
| 3 | 3411(a) & 3421(c) | T | V | D | | | | | T | V | D | | | | | T | V | D | | | | | T | V | D | | | | | T | | | |
| 4 | 277, 278 & 278.5 | V | D | | | | | | V | | | | | | | V | D | | | | | | V | D | | | | | | V | | | |
| 5 | | R | R | | | | | | R | R | | | | | | R | R | | | | | | R | R | | | | | | R | | | |
| 6 | SUBTOTAL | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | V | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | R | | | 160 |
| 7 | | A | | | | | | | A | | | | | | | R | | | | | | | A | | | | | | | P | | | |
| 8 | 277/278/278.5 Non-Claimable | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 03-03-2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were perform*

[redacted] 3/9/2020

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

[redacted]

3. ITEM 2890A

4. MONTH/YEAR 02/2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 62 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SUBTOTAL | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 62 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | OTHER — NON-CLAIMABLE (Please Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SUBTOTAL | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 62 |
| 9 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 10 | DAILY GRAND TOTAL | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 8 | | 7 | | | | | 8 | | 8 | | | | | 62 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2/27/2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were perform*

[redacted]

SIGNATURE OF SUPERVISOR

3/4/2020

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

STATEMENT OF **MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| EMPLOYEE INFORMATION | 2. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR February 2020 |
|---|---|---|---|

INSTRUCTIONS ON BACK OF FORM

**DAILY TIME STUDY**

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | S | S | 8 | 8 | 8 | 8 | 8 | 9 | 5 | 8 | 8 | 8 | 8 | 8 | S | S | | 8 | 8 | 8 | | S | S | | 8 | 8 | 8 | 8 | | | | 136 |
| 3408(c) & 3408(d) | A | 4 | | | | | | 4 | 4 | | | | | | A | 4 | | | | | | A | 4 | | | | | | | | |
| 3411(a) & 3421(c) | T | N | | | | | | T | N | | | | | | T | N | | | | | | T | N | | | | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | | | 136 |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBTOTAL** | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | 8 | | | | 136 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 8 | | | | 8 | | | 8 | | | | | | | | 24 |
| **DAILY GRAND TOTAL** | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/6/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/9/2020
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR March 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 1 | | | | 2 | | | | 1 | | | | | | | 1 | | | | | | 1 | | 2 | 3 | 3 | | | | | 15 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 3 | 2 | 4 | 5 | 2 | | | X | 2 | 8 | 3 | 4 | | | | 2 | 3 | 5 | 2 | | | 5 | 2 | | 2 | | | | | 2 | 56 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | Sunday | 4 | 2 | 4 | 5 | 4 | Saturday | Sunday | X | 3 | 8 | 3 | 4 | Saturday | Sunday | Valentine's | 3 | 3 | 5 | 2 | | Saturday | 6 | 2 | 2 | 5 | 4 | Saturday | Sunday | 2 | | 71 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 4 | 2 | 4 | 3 | 4 | | | X | 5 | | 2 | | | | | 3 | | | | | | 1 | 2 | 3 | 2 | | | | | | 35 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 4 | | | | | | X | | | 3 | 4 | | | | 2 | 5 | 3 | 6 | | | 1 | 4 | 3 | 1 | 4 | | | 6 | | 46 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | 2 | | | | | | | | | | | | | | 3 | | 16 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 2 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 3 | 8 | 160 |

16

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

7/5/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR

7/7/20

DATE

DA 1581 C—76C874—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | March 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 16 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | Holiday | 8 | 16 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | E |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 16 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | 8 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 16 |

17

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/27/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perfor*

[redacted] 4/2/20.

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR MARCH 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 4 | 4 | 4 | 4 | 4 | | | 2 | 6 | 2 | 2 | 3 | | | | 4 | 5 | 6 | 8 | | | 8 | 6 | 5 | 6 | 2 | | | | 6 | 91 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | SW | 4 | 4 | 4 | 4 | 4 | | | 2 | 6 | 2 | 2 | 3 | | | 0 | 4 | 5 | 6 | 8 | | | 8 | 6 | 5 | 6 | 2 | | | 0 | 6 | 91 |
| 7 | | SW | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 5 | 5 | 5 | 5 | 5 | SW | SW | 6 | 3 | 7 | 7 | 6 | SW | SW | 2 | 5 | 4 | 3 | 1 | | | 0 | 3 | 4 | 3 | 7 | SW | SW | 0 | 3 | 85 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 |
| 11 | SUBTOTAL | | 9 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | | 8 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 7 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [redacted] as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5-31-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted]
SIGNATURE OF SUPERVISOR

7/2/20
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR March 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 1 | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | 2 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | 1 | | | | | | | 1 | | | | | | | 1 | | | | | | 1 | | 1 | | | | | | 5 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | SUNDAY | 1 | 0 | 1 | 0 | OFF | SATURDAY | SUNDAY | RDO | 1 | 1 | 0 | 0 | SATURDAY | SUNDAY | 0 | 0 | 1 | 0 | 0 | SATURDAY | SUNDAY | RDO | 1 | 0 | 1 | 0 | SATURDAY | SUNDAY | HOLIDAY | 0 | 7 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 9 | 8 | 9 | | | | | 8 | 8 | 9 | 9 | | | | 8 | 9 | 8 | 9 | 9 | | | | 8 | 9 | 8 | 9 | | | | 9 | 154 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16 |
| 11 | SUBTOTAL | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | | | 8 | 9 | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 |
| 13 | DAILY GRAND TOTAL | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | | | 8 | 9 | 17 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/1/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted]

SIGNATURE OF SUPERVISOR

4/2/20
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. LAST NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 379 | 4. MONTH/YEAR MARCH

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 160 |
| 2 | 3408(c) & 3408(d) | V | | | | | D | A | V | | | | | D | A | V | | | | | D | A | V | | | | | D | A | V | D | | 17 |
| 3 | 3411(a) & 3421(c) | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | L | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A | --- | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | 17 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 17 |
| 12 | Vacation Time, Sick Leave, etc. | / | | | | | / | / | / | | | | | / | / | / | | | | | / | / | / | | | | | / | / | / | / | 10 | 150 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/30/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were perform as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

09/20/2020

DATE

[illegible]-3(0)74—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 370 | 4. MONTH/YEAR MARCH |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | A | R | L | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 166 |
| 2 | 3408(c) & 3408(d) | V | | | | [illegible] | D | A | V | | | | | D | A | V | | | 11 | | D | A | V | | 11 | | | D | A | V | J | | 176 |
| 3 | 3411(d) & 3421(c) | U | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | L | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | 176 |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A | | 166 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Must Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 176 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 166 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 176 |
| 13 | DAILY GRAND TOTAL | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | / | 10 | 166 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

9/30/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were perform*

[redacted]

SIGNATURE OF SUPERVISOR

9/30/20

DATE

[illegible] C-MC074—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. EMPLOYEE NAME [redacted]

2. EMPLOYEE NO. [redacted]

3. ITEM 2890 A

4. MONTH/YEAR MARCH 2020

PART II -- INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3150 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 170 |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER - NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 120 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6-10-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/10/20
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| EMPLOYEE INFORMATION | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(a) | MARCH 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | S | L | 10 | 10 | 10 | 10 | S | S | L | 10 | 10 | 10 | 10 | S | S | L | 10 | 10 | 10 | 10 | S | S | L | 10 | 10 | 10 | 10 | S | S | L | 10 | 17 |
| 3406(c) & 3408(d) | U | D | | | | | A | U | U | | | | | A | U | D | | | | | P | U | D | | | | | A | U | D | | |
| 3411(a) & 3421(c) | N | D | | | | | T | N | D | | | | | T | N | D | | | | | T | N | D | | | | | T | N | D | | |
| 277, 278 & 278.5 | D | | | | | | U | D | | | | | | U | D | | | | | | U | D | | | | | | U | D | | | |
| | | | | | | | L | A | | | | | | L | A | | | | | | L | A | | | | | | L | A | | | |
| SUBTOTAL | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 170 |
| | | | | | | | P | | | | | | | A | | | | | | | A | | | | | | | P | | | | |
| 277/278/278.5 Non-Claimable | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 170 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 17 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

04-10-20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform above.*

[redacted]

SIGNATURE OF SUPERVISOR

04/15/20

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 3/2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | | 8 | | | | | 8 | | 6 | | | | | 7 | | 7 | | | | | 5 | | | | | | | | 49 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 8 | | 8 | | | | | 8 | | 6 | | | | | 7 | | 7 | | | | | 5 | | | | | | | | 49 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | | 8 | | | | | 8 | | 6 | | | | | 7 | | 7 | | | | | 5 | | | | | | | | 49 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 0 | 0 | 8 | 0 | 8 | 0 | 0 | 0 | 0 | 8 | 0 | 6 | 0 | 0 | 0 | 0 | 7 | 0 | 7 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/2/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

5/6/20
DATE

ANGELES COUNTY DISTRICT ATTORNEY

STUDY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR March 2020

NOTE: INSTRUCTIONS ON BACK OF FORM

PART II DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | X | 8 | 176 |
| 2 | 3406(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 108 |
| 12 | Vacation Time, Sick Leave, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | 8 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | X | 8 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/31/20

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform as shown above.*

SIGNATURE OF SUPERVISOR — DATE

ICT ATTORNEY

DY (Chapter 1399, Statutes of 1976)

| [redacted] | 2. EMP [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR March 2020 |
|---|---|---|---|

VI

DAYS

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 176 |
| | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

3/31/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed [redacted] above.*

[redacted]

SIGNATURE OF SUPERVISOR

9/23/20

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR April | 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 3 | | 4 | | | | | | 1 | 2 | | | | | | | | | | 1 | | 1 | | 1 | | | 2 | | | 1 | X | 16 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | |
| 4 | 277, 278 & 278.5 | | 4 | | | | | 1 | 2 | 3 | 6 | | | 4 | 2 | 5 | 2 | 2 | | | 5 | 2 | 5 | 4 | 3 | | | 2 | 4 | 4 | 3 | X | 62 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | 4 | 4 | SATURDAY | SUNDAY | | 1 | 2 | 4 | 8 | SATURDAY | SUNDAY | 4 | 2 | 5 | 2 | 2 | SATURDAY | SUNDAY | 6 | 2 | 6 | 4 | 4 | SATURDAY | SUNDAY | 4 | 4 | 4 | 4 | X | A |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | |
| 8 | 277/278/278.5 Non-Claimable | 2 | 4 | | | | 3 | 1 | 1 | 2 | | | | 2 | 2 | | 4 | 2 | | | | 2 | 2 | 4 | 2 | | | | 4 | 4 | 2 | X | 44 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 3 | | 4 | | | 4 | 6 | 5 | 2 | | | | 2 | 4 | 3 | 2 | 4 | | | 2 | 4 | | | 2 | | | 4 | | | 2 | X | 53 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | X | 18 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | X | 18 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/5/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted]

SIGNATURE OF SUPERVISOR

4/7/20

DATE

DA-1581-C—76C874—Rev 2/94

REDACTED

(Time Sheet)

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE N [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR April 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 174 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | C |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | | 17 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | | 0 |
| 9 | OTHER — NON CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 174 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 174 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/30/2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform as shown above.*

SIGNATURE OF SUPERVISOR

DATE

LAC-76CII74—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9773A | 4. MONTH/YEAR APRIL 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Gr To |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 3 | 6 | 5 | | | 5 | 4 | 5 | 5 | 4 | | | | 3 | 6 | 4 | 4 | | | | 5 | 6 | 5 | 2 | 1 | | | | 4 | 4 | 5 | | 8 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 3 | 6 | 5 | | | 5 | 4 | 5 | 5 | 4 | | | | 3 | 6 | 4 | 4 | | | | 5 | 6 | 5 | 2 | 1 | | | | 4 | 4 | 5 | | 8 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 6 | 3 | 4 | | | 3 | 5 | 4 | 4 | 5 | | | | 6 | 3 | 5 | 5 | | | | 3 | 4 | 7 | 8 | | | | | 5 | 5 | 4 | | 9 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | 17 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | | 17 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5-31-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have examined and that, to the best of my knowledge and belief time record is true and correct, and the functions were perfo*

[redacted]
SIGNATURE OF SUPERVISOR

7/2/2
DATE

DA-1501-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | April 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | W 1 | Th 2 | F 3 | Sa 4 | Su 5 | M 6 | T 7 | W 8 | Th 9 | F 10 | Sa 11 | Su 12 | M 13 | T 14 | W 15 | Th 16 | F 17 | Sa 18 | Su 19 | M 20 | T 21 | W 22 | Th 23 | F 24 | Sa 25 | Su 26 | M 27 | T 28 | W 29 | Th 30 | F 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | 1 | | 3 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | | SATURDAY | | | 1 | | | | SATURDAY | | | | | | | SATURDAY | | RDO | | | | 1 | SATURDAY | | 2 | 1 | | | | 6 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 1 | 0 | 0 | | SUNDAY | | 1 | 0 | 0 | 0 | | SUNDAY | 0 | 0 | 0 | 0 | 0 | | SUNDAY | | 0 | 0 | 1 | | | SUNDAY | 2 | 2 | 1 | 1 | | 6 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 9 | 9 | | | RDO | 8 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 8 | OFF | | | 6 | 7 | 8 | 8 | | 16 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | | 13 | 9 | 9 | 9 | | 17 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | 9 | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 13 | 9 | 9 | 9 | | 17 |

↳ Search warrant duty

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] as shown above.*

[redacted] 4/30/2020
SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have examined and that, to the best of my knowledge and belief time record is true and correct, and the functions were perfo*

[redacted] 5/2/2
SIGNATURE OF SUPERVISOR — DATE

LA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2891 | APRIL 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | — | 18 |
| 2 | 3406(c) & 3408(d) | | | D | A | V | | | | | D | A | V | | | | | D | A | V | | | | | D | A | V | | | | | | |
| 3 | 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | C |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 18 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 18 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | 18 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5/6/2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perfor as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

05/06/202

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| EMPLOYEE INFORMATION | 2. EMPLOYEE NO | 3. ITEM 2890 | 4. MONTH/YEAR APRIL 2020 |
|---|---|---|---|
| [redacted] | [redacted] | | |

NOTE — INSTRUCTIONS ON BACK OF FORM

DAILY TIME STUDY

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3130 - 3133 | 10 | NC | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | 1 | 181 |
| 3408(c) & 3408(d) | | | D | A | V | | | | | D | A | V | | | | | D | A | V | | | | | D | A | V | | | | | | |
| 3411(a) & 3421(c) | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | | |
| 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | 1 | 181 |
| 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |
| Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAILY GRAND TOTAL | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | 181 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [redacted] as shown above.*

[redacted] 5/6/2020
SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perform as shown above.*

[redacted] 5/6/202
SIGNATURE OF SUPERVISOR DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 A | APRIL 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Gra Tot |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | — | 18 |
| 2 | 3408(c) & 3408(d) | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | 18 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | 18 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | 18 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4-29-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perform as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

5/6/2020
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR APRIL 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | S | S | F | 10 | 10 | 10 | 10 | S | A | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | | 180 |
| 2 | 3408(c) & 3408(d) | | | | A | V | D | | | | | A | J | D | | | | | A | V | D | | | | | A | V | D | | | | | |
| 3 | 3411(a) & 3421(c) | | | | T | N | J | | | | | T | N | J | | | | | T | N | J | | | | | T | N | J | | | | | |
| 4 | 277, 278 & 278.5 | | | | V | D | | | | | | V | D | | | | | | V | D | | | | | | V | D | | | | | | |
| 5 | | | | | R | R | | | | | | R | R | | | | | | R | R | | | | | | R | R | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | R | Y | | 10 | 10 | 10 | | 180 |
| 7 | | | | | A | | | | | | | A | | | | | | | A | | | | | | | P | | | | | | | |
| 8 | 277//278/278.5 Non-Claimable | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | T | | | | | | | |
| 9 | OTHER -- NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 05-04-2020

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform as shown above.*

[redacted] 5/6/20

SIGNATURE OF SUPERVISOR DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMP [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR 4/2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 7 | | | | | | | 6 | | | | | | | 6 | | | | 6 | | | 6 | | | | 6 | | | 6 | | 43 |
| 2 | 3406(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 7 | | | | | | | 6 | | | | | | | 6 | | | | 6 | | | 6 | | | | 6 | | | 6 | | 43 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 7 | | | | | | | 6 | | | | | | | 6 | | | | 6 | | | 6 | | | | 4 | | | 6 | | 41 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 7 | | | | | | | 6 | | | | | | | 6 | | | | 6 | | | 6 | | | | 6 | | | 6 | | 43 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4-4-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perfor as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

3/6/2020
DATE

LOS ANGELES — NCR/TA — Rev. 7/04

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

[redacted] | 2. EMPL [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR April 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3150 - 3133 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 17 |
| 2 | 3406(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 17 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 17 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 17 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/30/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have b examined and that, to the best of my knowledge and belief, time record is true and correct, and the functions were perfor*

[redacted]
SIGNATURE OF SUPERVISOR

5/6/2020
DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME | [redacted] | 2. EMPLOYEE NO. | [redacted] | 3. ITEM | 9274 |

4. MONTH/YEAR: May 2020.

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | | | | | | 1 | | | | | 1 | | | 2 | | | 3 | 2 | | | | | | | 1 | 3 | | | | | 15 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 2 | | | 4 | 1 | 2 | 3 | X | | | 8 | 5 | 4 | 4 | 2 | | | 2 | 3 | | | 5 | | | | 2 | 1 | 4 | 2 | | | 54 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | | | 4 | 1 | 2 | 4 | X | | | 8 | 6 | 4 | 4 | 4 | | | 5 | 5 | | | 5 | | | | 3 | 4 | 4 | 2 | | | 69 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | | | 4 | 1 | 2 | 2 | | | | 2 | 4 | 4 | | | | | 3 | | | 4 | 3 | | | | 3 | | 4 | 2 | | | 40 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | 6 | 4 | 2 | X | | | | | | | 4 | | | | 3 | 8 | 4 | | | | | 2 | 4 | | 4 | | | 41 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 6 | | | 4 | 6 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 6 | 4 | 6 | 8 | 6 | | | 8 | 6 | 6 | 8 | 8 | | | 8 | 8 | 8 | 6 | 6 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

7/9/20

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

7/9/20

DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | Paralegal | MAY 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | SATURDAY | | | SATURDAY | | | | SATURDAY | | |
| 6 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |
| 7 | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | SUNDAY | | | SUNDAY | | | | SUNDAY | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | HOLIDAY | 0 | 0 | 0 | 0 | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | SATURDAY | | | | | | | SATURDAY | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/8/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted] 7/2/20.

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 4273A | 4. MONTH/YEAR MAY 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 4 | 6 | 3 | 6 | 6 | | | | 2 | 6 | 3 | 6 | | | 3 | 2 | 3 | 3 | 2 | | | | 6 | 5 | 5 | 4 | | | | 75 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 4 | 3 | 6 | 3 | 3 | | | | 7 | 3 | 6 | 3 | | | 5 | 7 | 6 | 6 | 7 | | | | 3 | 4 | 4 | 5 | | | | 85 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5-31-2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted]

SIGNATURE OF SUPERVISOR

6/2/20

DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR May 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | 1 | | | | | 1 | | | | | | | | | 1 | 1 | | | | | 3 | 1 | 1 | 1 | | | 10 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | 1 | 2 | | | | | | 1 | 2 | | | | | | | | | 2 | | | | 1 | 2 | | 1 | | | 12 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | SATURDAY | SUNDAY | | 1 | 3 | 8 | 8 | SATURDAY | SUNDAY | 1 | 1 | 2 | 0 | | | SATURDAY | SUNDAY | RDO | | 1 | 1 | 0 | 2 | SATURDAY | SUNDAY | MONDAY | 4 | 3 | 1 | 2 | SATURDAY | SUNDAY | 22 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 9 | | | RDO | 8 | 6 | 9 | 9 | | | 7 | 8 | 7 | 9 | OFF | | | | | 6 | 8 | 9 | 7 | | | | MONDAY | 5 | 6 | 8 | 7 | | | 130 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 1 | | | | | 9 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | 152 9 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 9 | | | | | | | | | | | 8 | | | | | | | |
| 13 | DAILY GRAND TOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 161 16 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [illegible] and the function performed as shown above.*

[redacted] 5/31/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted] 7/2/20

SIGNATURE OF SUPERVISOR — DATE

DA-1561-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE N | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890 | MAY 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | X | 10 | 10 | 10 | R | S | S | 150 |
| 2 | 3408(c) & 3408(d) | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | |
| 3 | 3411(a) & 3421(c) | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | X | 10 | 10 | 10 | / | / | / | 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/10/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

06/10/20
DATE

PA 1501 (C) NCR74—Rev 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 370 | 4. MONTH/YEAR MAY

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 160 |
| 2 | 3408(c) & 3408(d) | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | H | | | | D | A | U | 150 |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | O | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | L | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 6 | SUBTOTAL | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | D | — | — | — | — | — | — | 160 150 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | A | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Daily Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150 160 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 160 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE

9/30/20 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe*

[redacted] SIGNATURE OF SUPERVISOR

9/30/2020 DATE

[redacted]—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

1. NAME [redacted]

2. EMPLOYEE N [redacted]

3. ITEM 2890 A

4. MONTH/YEAR MAY 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 170 |
| 2 | 3406(c) & 3408(d) | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6-10-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/10/20
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 3390(a) | 4. MONTH/YEAR MAY 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 170 |
| 2 | 3408(a) & 3408(d) | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | |
| 3 | 3411(a) & 3421(c) | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | |
| 4 | 277, 278 & 278.5 | | U | D | | | | | | U | D | | | | | | U | D | | | | | | U | D | | | | | | U | D | 0 |
| 5 | | | R | A | | | | | | R | D | | | | | | R | P | | | | | | R | A | | | | | | R | A | |
| 6 | SUBTOTAL | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | 170 |
| 7 | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | |
| 8 | 277/278/278.5 Non-Claimable | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

06-08-2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe above.*

[redacted]

SIGNATURE OF SUPERVISOR

6/8/20

DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] 2. EMP [redacted] 3. ITEM 2870.A 4. MONTH/YEAR 5/2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3131 - 3133 | | | | 6 | | | 6 | | | | 6 | | 6 | | | | | | | | | | | | | | | | | | | 24 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 6 | | | 6 | | | | 6 | | 6 | | | | | | | | | | | | | | | | | | | 24 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 6 | | | 6 | | | | 6 | | 6 | | | | | | | | | | | | | | | | | | | 24 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 6 | | | 6 | | | | 6 | | 6 | | | | | | | | | | | | | | | | | | | 24 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/13/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]
SIGNATURE OF SUPERVISOR

6/10/2020
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMP [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR May 2020

NOTE — INSTRUCTIONS ON BACK OF FORM

PART II DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3150 - 3133 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE 5/30/20

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 6/10/20

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR June 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 3 | 4 | | | 1 | | | | 1 | | | | | | 1 | | | | 1 | | | 2 | 1 | | | | | | | | | 14 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | 4 | 8 | 3 | | | 4 | 3 | 2 | 4 | 4 | | | 5 | 4 | 4 | | 3 | | | 2 | 1 | 4 | 8 | | | | | | | 64 |
| 5 | | | | | | | | Sunday | | | | | | | | | | | | | | | | | | | | Saturday | | | | | |
| 6 | SUBTOTAL | 4 | 4 | 4 | 8 | 4 | | | 4 | 4 | 2 | 4 | 4 | | | 6 | 4 | 4 | | 4 | | Sunday | 4 | 2 | 4 | 8 | | | | | | | 78 |
| 7 | | | | | | | | | | | | | | Sunday | Sunday | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 2 | 4 | 3 | | 4 | | Sunday | 4 | | 6 | 4 | 4 | | | 2 | 2 | | 4 | 2 | | Saturday | Sunday | 4 | 4 | 4 | | 4 | Saturday | | | | 57 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 2 | | 1 | | | | | | 4 | | | | Sunday | Sunday | | 2 | 4 | 4 | 2 | | | | 2 | | | 4 | | Sunday | | | | 25 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 161 |
| 12 | Vacation Time, Sick Leave, etc. | | 8 | 8 | | 8 | | | | 8 | | | | | | | | | | | | | | | | | | | 8 | 8 | | 16 |
| 13 | DAILY GRAND TOTAL | 6 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 6 | 8 | 8 | 6 | 8 | | | 8 | 8 | | 177 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/24/20

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, ti time record is true and correct, and the functions were perform*

[redacted] 7/24/20

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR June 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/30/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were perform*

[redacted]
SIGNATURE OF SUPERVISOR

7/24/20
DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 9273 A | JUNE 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 5 | 4 | 5 | 5 | 4 | | | | 4 | 5 | 4 | 5 | | | 5 | 4 | 4 | 3 | 5 | | | | 4 | 3 | 2 | 5 | | | 5 | 4 | | 85 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 5 | 4 | 5 | 5 | 4 | | | | 4 | 5 | 4 | 5 | | | 5 | 4 | 4 | 3 | 5 | | | | 4 | 3 | 2 | 5 | | | 5 | 4 | | 85 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 3 | 5 | 4 | 4 | 5 | | | | 5 | 4 | 5 | 4 | | | 3 | 5 | 5 | 6 | 4 | | | | 5 | 6 | 7 | 4 | | | 3 | 5 | | 92 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 6 | 9 | | 179 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 6 | 9 | | 179 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 7/24/20

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted] 7/24/20

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—75C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 9273A | June 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | [redacted] | | 2 | | | [redacted] | | | 1 | 1 | | [redacted] | | | | 1 | | | | [redacted] | | | | 1 | | 1 | [redacted] | 4.5 | | 11.5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 1 | | | | | | | | 1 | | | | | | 1 | | | | | | | | 1 | | | 1 | | | 5 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 0 | 3 | 0 | 0 | | | 0 | 1 | 1 | 1 | | | | | 1 | 1 | 0 | 0 | | | 0 | 0 | 1 | 1 | 1 | | 5.5 | 0 | | 16.5 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 9 | 6 | 9 | 9 | | | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 9 | 9 | | | 8 | 9 | 8 | 8 | 8 | | 3.5 | 9 | | 152.5 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | 9 | 9 | | 169 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | 9 | | | | | | | 9 | | | | | | | | | | | | 9 |
| 13 | DAILY GRAND TOTAL | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | 9 | 9 | | 178 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [redacted] shown above.*

[redacted] 6/30/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have be examined and that, to the best of my knowledge and belief, t time record is true and correct, and the functions were perform*

[redacted] 7/24/20

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891 | 4. MONTH/YEAR JUNE/2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | X | S | S | 8 | 8 | 8 | 8 | X | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | / | 164 |
| 2 | 3408(c) & 3408(d) | | | | | | A | V | | | | | | A | V | | | | | D | A | V | | | | | D | A | V | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | T | N | | | | | | T | N | | | | | O | T | N | | | | | O | T | N | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 164 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 164 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | / | / | / | 8 | 8 | 8 | 8 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | 10 | 10 | / | / | / | 10 | 10 | / | 164 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/11/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

[redacted] 07/11/2020

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 | 4. MONTH/YEAR JUNE |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | X | ~~180~~ |
| 2 | 3408(c) & 3408(d) | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | 164 |
| 3 | 3411(a) & 3421(c) | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 164 |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ~~180~~ |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | 10 | 10 | — | — | — | 10 | 10 | X | ~~180~~ 164 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/15/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

[redacted] 7/15/2020

SIGNATURE OF SUPERVISOR — DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR JUNE 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART II DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | — | 160 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | ~~160~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 7-9-2020 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe*

[redacted] SIGNATURE OF SUPERVISOR — 7/15/2020 DATE

[illegible] 3674—Rev. 2/84

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I — EMPLOYEE INFORMATION

[redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR JUNE / 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | 8 | 8 | S | S | L | 10 | 10 | 10 | 10 | S | S | L | 10 | 10 | 10 | 10 | S | S | L | 10 | | 170 |
| 2 | 3408(c) & 3408(d) | | | | | | A | V | | | | | | A | V | D | | | | | A | V | D | | | | | A | V | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | T | N | | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | U | D | | | | | | V | D | | | | | | U | D | | | | | | V | D | | | | 0 |
| 5 | | | | | | | L | A | | | | | | L | A | | | | | | R | A | | | | | | R | A | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | D | Y | 8 | 8 | 8 | 8 | 8 | D | Y | | 10 | 10 | 10 | 10 | A | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | | 17 |
| 7 | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

07-15-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, th time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

7/15/2020
DATE

LOS ANGELES COUNTY DISTRICT ATTORNEY

CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

PART I EMPLOYEE INFORMATION

1. NAME [redacted] | 2. EMPL [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR June 2020

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | | 168 |
| 2 | 3403(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7/15/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time record is true and correct, and the functions were performe as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

7/16/2020
DATE

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

REDACTED

(Time Sheet)

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR October 2020. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 2 | | | | | | | | | | | | 1 | | | | | | 1 | | | | | | 2 | | | | | | 8 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 2 | 3 | | | 6 | 7 | | 5 | VACATION | | | | 8 | 6 | 4 | 3 | | | 5 | 4 | | 8 | 4 | | | 2 | 3 | 8 | | | | 78 |
| 5 | | | | Saturday | Sunday | | | | | | Saturday | Sunday | Holiday | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | 5 | | | 6 | 7 | | 5 | | | | | 8 | 7 | 4 | 3 | | | 5 | 5 | | 8 | 4 | | | 2 | 3 | 8 | | | | 86 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | 3 | | | | | 5 | 2 | | | | | | 1 | | | | | 3 | 3 | 6 | | 4 | | | 5 | 3 | | 4 | | | 43 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | 2 | 1 | 3 | 1 | | | | | | | 9 | 5 | | | | | 2 | | 4 | | | 1 | 2 | | 4 | | | 30 |
| 10 | | | | | | | | | | | | | | | | (Appellate duty) | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | | 8 | 8 | 13 | 4 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | 157 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | | | | 8 | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 13 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 173 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/15/20

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 12/15/20.

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal. | 4. MONTH/YEAR October 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | Sa | | | | | | | Sa | | | | | | | Sa | | | | | | | Sa | | | | | | | Sa | |
| 5 | | | | turday | Su | | | | | | turday | Su | Ho | | | | | turday | Su | | | | | | turday | Su | | | | | | turday | |
| 6 | SUBTOTAL | 8 | 8 | | nday | 8 | 8 | 8 | 8 | 8 | | nday | liday | 8 | 8 | 8 | 8 | | nday | 8 | 8 | 8 | 8 | 8 | | nday | 8 | 8 | 8 | 8 | 8 | | 168 |
| 7 | | | | Su | | | | | | | Su | | | | | | | Su | | | | | | | Su | | | | | | | Su | |
| 8 | 277/278/278.5 Non-Claimable | | | nday | | | | | | | nday | | | | | | | nday | | | | | | | nday | | | | | | | nday | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | Sa | Su | | | | | | Sa | Su | | | | | | Sa | Su | | | | | | Sa | Su | | | | | | Sa | |
| 10 | | | | turday | nday | | | | | | turday | nday | | | | | | turday | nday | | | | | | turday | nday | | | | | | turday | |
| 11 | SUBTOTAL | 8 | 8 | S | | 8 | 8 | 8 | 8 | 8 | S | | H | 8 | 8 | 8 | 8 | S | | 8 | 8 | 8 | 8 | 8 | S | | 8 | 8 | 8 | 8 | 8 | S | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/30/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/15/20
DATE

DA-1581-C—75C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR October 2020 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ✓ | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | ✓ | ✓ | | | | | | ✓ | |
| 5 | | | | SATURDAY | | | | | | | SATURDAY | SUNDAY | HOLIDAY | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | |
| 6 | SUBTOTAL | 8 | 8 | | 8 | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

10/30/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

12/15/20
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | | 3. ITEM 9273A | 4. MONTH/YEAR OCTOBER 2020 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 HAGUE | 0 | 0 | | | 8 | | | | | | | | 1 | | | | | | 7 | | | | | | | | | | | | | 15 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 REJECTS | 0 | 0 | | | | 2 | 3 | 3 | 4 | | | | | | | 3 | | | | 2 | 1 | 3 | 2 | | | | 1 | | 3 | 1 | | 28 |
| 5 | | | | | | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 0 | 0 | SATURDAY | SUNDAY | 8 | 2 | 3 | 3 | 4 | SATURDAY | SUNDAY | R.D. | 0 | 0 | 0 | 3 | SATURDAY | SUNDAY | 7 | 2 | 1 | 3 | 2 | SATURDAY | SUNDAY | | 1 | F | 3 | 1 | SATURDAY | 43 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | O | | | | |
| 8 | 277/278/278.5 Non-Claimable | 9 | 9 | | | 0 | 7 | 6 | 6 | 5 | | | | 9 | 9 | 9 | 6 | | | 1 | 7 | 8 | 6 | 7 | | | | 8 | 0 | 6 | 8 | | 126 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | R.D. | | | | | | | | | | | | | | | | F | | | | |
| 10 | | | | | | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | |
| 11 | SUBTOTAL | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | 9 | 9 | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | 8 | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 0 | 9 | 9 | | 178 |

* LIVER HEARING

*LIVER HEARINGS

SW DUTY

*WORKED MY RDO

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10-31-20

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 1/25/21

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2.94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR | OCT. 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | / | | | | 3 | 1 | / | / | / | | | | / | / | 4 | / | | | | / | 1 | 5 | | | | | 2 | / | / | / | | 16 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | | | 1 | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | 3 |
| 5 | | | | | | | | | | | | | HOLIDAY | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 1 | OFF | | | 4 | 1 | / | / | / | | | | / | 1 | 4 | / | | | | / | 1 | 5 | | | | | 2 | / | / | / | | 19 |
| 7 | | | | | | | | | | | | | | | | | | | | RDO | | | | OFF | | | OFF | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | | | | 5 | 8 | 9 | 9 | 9 | | | | 9 | 8 | 5 | 9 | | | | 9 | 8 | 4 | | | | | 7 | 9 | 9 | 9 | | 134 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | | | 9 | 9 | 9 | 9 | | 153 |
| 12 | Vacation Time, Sick Leave, etc. | | 9 | | | | | | | | | | | | | | | | | | | | | | | | 9 | | | | | | 27 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | 9 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/1/2020

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 12/5/20

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2891 | 4. MONTH/YEAR OCTOBER 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | ~~10~~ | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | ~~110~~ |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | 160 |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ~~170~~ |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ~~170~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 11/23/2020 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — Nov 23, 2020 DATE

DA-15R1-C—76CR74—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR OCTOBER 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | 160 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | 4 | | | D | A | U | b | | | | b | A | U | | | 4 | | D | A | U | | | | | D | A | 148 |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | | O | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 4 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 4 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 7 | | | | | | | 4 | | | | | | 4 | | | | | | | | | 4 | | | | | | | | | | 148 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 12 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | 6 | | | | | | | | | | | | | | | 6 | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/2/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

10/23/20
DATE

DA-1581-C—76C874—Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR OCTOBER 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | ~~10~~ 6 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | ~~10~~ 6 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | ~~180~~ 176 |
| 2 | 3408(c) & 3408(d) | | | A | U | D | 4 | | | | A | U | D | | | | | A | U | D | | 6 | | | A | U | D | | | | | A | 176 |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | 6 | | | | | | | | | | | | | | | 4 | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11-12-
SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 11/23/20
SIGNATURE OF SUPERVISOR DATE

DA-15B1-C—7BC874—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 (a) | 4. MONTH/YEAR OCTOBER, 2020 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | ~~S~~ | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | ~~12~~ | ~~5~~ | S | ~~150~~ |
| 2 | 3408(c) & 3408(d) | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | 150 |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | |
| 4 | 277, 278 & 278.5 | | | V | D | | | | | | V | D | | | | | | V | D | | | | | | V | D | | | | | | V | |
| 5 | | | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | |
| 6 | SUBTOTAL | 10 | 10 | Y | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | ~~10~~ | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | ~~12~~ | ~~5~~ | D | ~~150~~ |
| 7 | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | 150 |
| 8 | 277/278/278.5 Non-Claimable | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~10~~ | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~12~~ | ~~5~~ | | ~~150~~ |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~10~~ | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~12~~ | ~~5~~ | | ~~150~~ |

150

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

11/23/2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

11/23/20

DATE

DA 1581 C 760874 Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EM [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR Oct 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/13/20

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 11/23/20

SIGNATURE OF SUPERVISOR — DATE

DA-1581.C—78C874—Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR November 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 1 | | | | | | 2 | | | | | | | | | | | 2 | | | | | | | | | | | | 5 |
| 2 | 3408(c) & 3408(d) | 1 | | | | | | 1 | | | | | | | | | | | | | | 1 | 1 | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | 1 | | | | | | | | | | | | | | | 1 | | | | | | |
| 4 | 277, 278 & 278.5 | | | 4 | 4 | 8 | 2 | | 1 | 5 | 4 | | 3 | 6 | | | 7 | 3 | 8 | 3 | 6 | | | 4 | 5 | | | 1 | | 1 | 1 | | | 72 |
| 5 | | SUNDAY | | | | | | SATURDAY | SUNDAY | | | HOLIDAY | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | HOLIDAY | HOLIDAY | SATURDAY | SUNDAY | | | | |
| 6 | SUBTOTAL | | | 5 | 4 | 8 | 2 | | | 7 | 4 | | 3 | 6 | | | 7 | 3 | 8 | 3 | 8 | | | 4 | 5 | | | | | | | | | 77 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 1 | 4 | | 3 | | | 1 | 4 | | | 2 | | | 1 | 5 | | 2 | | | | 4 | | | | | | | | | 27 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 8 | 2 | 8 | | 3 | | | | | | 5 | | | | | | | 3 | | | | | 3 | 8 | | | | | | | 40 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 1 | 8 | 8 | 8 | 8 | 8 | 1 | 1 | 8 | 8 | 1 | 8 | 8 | 1 | 1 | 8 | 8 | 8 | 8 | 8 | 1 | 1 | 8 | 8 | 8 | 1 | 1 | 1 | 1 | | | 136 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | | | 136 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/15/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/15/20
DATE

DA-1561-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR November 2020. |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | Saturday | | | | Holiday | | | Saturday | | | | | | | Saturday | | | | | Holiday | Holiday | Saturday | | | | |
| 5 | | Sunday | | | | | | | Sunday | | | | | | | Sunday | | | | | | | Sunday | | | | | | | | Sunday | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/30/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

12/20/20
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR November 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | SUNDAY | | | | | | SATURDAY | SUNDAY | | | HOLIDAY | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | HOLIDAY | HOLIDAY | SATURDAY | SUNDAY | | | |
| 6 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 2 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | | | | 2 | 0 | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | | 144 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11/30/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

12/20/20
DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR 11/2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | SUNDAY | – | – | – | – | – | SATURDAY | SUNDAY | 1 | | VETERANS DAY | | | SATURDAY | SUNDAY | 1 | | 1 | | | SATURDAY | SUNDAY | | 1 | | | THANKSGIVING | THANKSGIVING | SATURDAY | SUNDAY | | | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | 2 | 2 | 2 | 3 | 2 | | | 2 | 3 | | | | | | | 2 | | 2 | 3 | | | | 0 | 3 | | | | | 2 | | 28 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 2 | 3 | 2 | 3 | 2 | | | 3 | 3 | | | | | | 1 | 2 | 1 | 2 | 3 | | | | 1 | 3 | | | | | 2 | | 32 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 6 | 6 | 7 | 6 | 7 | | | 6 | 6 | | | | | | 7 | 7 | 8 | 7 | 6 | | | | 8 | 6 | | | | | 7 | | 100 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 0 | 0 | | | | 6 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | 9 | | 158 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | 8 | 9 | | | | | | | | | | | | | | | | | | | | 17 |
| 13 | DAILY GRAND TOTAL | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 8 | 9 | | | | 6 | 9 | 9 | 9 | 9 | | | | 9 | 9 | | | | | 9 | | 150 |

Worked on my 1100

Took my 1100 Vacation

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12-2-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

12/15/20
DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR November 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | [redacted] | 1 | 3 | / | / | / | [redacted] | | 2 | / | [redacted] | | | [redacted] | | | / | / | / | / | [redacted] | | [redacted] | | | [redacted] | | [redacted] | [redacted] | 1 | 6 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | / | / | / | / | | | / | / | | / | / | | | | / | / | / | 2 | | | | | | | | | / | 2 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 3 | / | / | / | | | 2 | / | | / | / | | | | / | / | / | 2 | | | | | | | | | 1 | 8 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 6 | 9 | 9 | 9 | | | 6 | 9 | | 9 | 9 | | | RDO | 9 | 9 | 9 | 9 | | | | | | | | | 8 | 110 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) search | | RDO | | | | | | | | | | | | | | | | | | 5 | | | | | | | 8 | | | 13 |
| 10 | warrant duty | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 9 | 9 | 9 | 9 | | | 8 | 9 | | 9 | 9 | | | | 9 | 9 | 9 | 16 | | | | | | | | 8 | 9 | 131 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | 8 | 9 | 9 | | | 8 | | | 26 |
| 13 | DAILY GRAND TOTAL | [redacted] | 8 | 9 | 9 | 9 | 9 | [redacted] | [redacted] | 8 | 9 | [redacted] | 9 | 9 | [redacted] | [redacted] | [redacted] | 9 | 9 | 9 | 16 | [redacted] | [redacted] | 8 | 9 | 9 | [redacted] | [redacted] | 8 | 9 | [redacted] | 157 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/2/2020

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 12/10/20

SIGNATURE OF SUPERVISOR — DATE

DA-1561-C—79C574—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 370 | 4. MONTH/YEAR NOV 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | L | S | S | 10 | 10 | H | 10 | L | S | S | 10 | 10 | 10 | 10 | L | S | S | 10 | 10 | 10 | H | L | S | S | 10 | 10 | 160 |
| 2 | 3408(c) & 3408(d) | U | | | | | D | A | U | | | O | | D | A | U | | | | | D | A | U | | | | O | D | A | U | | | |
| 3 | 3411(a) & 3421(c) | N | | | | | O | T | N | | | L | | O | T | N | | | | | O | T | N | | | | L | O | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | I | | | | | | | | | | | | | | | I | | | | | | |
| 5 | | | | | | | | | | | | D | | | | | | | | | | | | | | | D | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | A | | | | | | | | | | | | | | | A | | | | | | 160 |
| 7 | | | | | | | | | | | | Y | | | | | | | | | | | | | | | Y | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | H | | | | | | | | | | | | | | | H | | | | | | 160 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/10/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/10/2020
DATE

DA-1581-C—76C874—Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | [redacted] | 3. ITEM 2890(CA) | 4. MONTH/YEAR NOVEMBER 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | 10 | 10 | 10 | 10 | R | S | S | 10 | ~~10~~ | H | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | / | H | R | S | S | / | | ~~120~~ |
| 2 | 3408(c) & 3408(d) | 4 | | | | | D | A | 4 | | 4 | 0 | | D | A | 4 | | | | | D | A | 4 | | | | 0 | D | A | 4 | | | 124 |
| 3 | 3411(a) & 3421(c) | N | | | | | D | T | N | | | L | | D | T | N | | | | | D | T | N | | | | L | D | T | N | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | I | | | | | | | | | | | | | | | I | | | | | | |
| 5 | | | | | | | | | | | | D | | | | | | | | | | | | | | | D | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ | A | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | / | A | | | | / | | ~~120~~ |
| 7 | | | | | | | | | | | 4 | Y | | | | | | | | | | | | | | | T | | | | | | 124 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | 6 | | | | | | | | | | | | | | | | | | | | | | 6 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 130 |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | / | | | | | / | | ~~120~~ |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | 10 | | 20 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | | ~~140~~ 150 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/3/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/16/2020
DATE

DA-1581-D—78CR74—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR NOV. 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | ~~10~~ | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | H | H | S | S | R | — | ~~140~~ |
| 2 | 3408(c) & 3408(d) | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | O | O | A | U | D | | 130 |
| 3 | 3411(a) & 3421(c) | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | L | L | T | N | O | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | I | I | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | D | D | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | A | A | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | Y | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | | ~~140~~ 130 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

11-25-2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

12/4/20
DATE

DA-1581-C—75CR74—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2840(a) | 4. MONTH/YEAR NOVEMBER 2020. |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | ~~10~~ | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | H | H | S | S | 10 | / | ~~140~~ |
| 2 | 3408(c) & 3408(d) | V | D | | | | | A | V | D | | | | | A | V | D | | | | | P | V | D | | | D | D | P | V | D | | 130 |
| 3 | 3411(a) & 3421(c) | N | D | | | | | T | N | D | | | | | T | N | D | | | | | T | P | D | | | V | V | T | M | D | | |
| 4 | 277, 278 & 278.5 | D | | | | | | V | D | | | | | | V | P | | | | | | V | P | | | | I | I | V | A | | | |
| 5 | | A | | | | | | P | P | | | | | | P | A | | | | | | P | P | | | | D | D | S | P | | | |
| 6 | SUBTOTAL | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | ~~10~~ | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | A | A | P | Y | | | ~~140~~ |
| 7 | | | | | | | | H | | | | | | | A | | | | | | | P | | | | | Y | Y | H | | | | 130 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | H | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | | ~~140~~ |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | ~~10~~ | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | | ~~140~~ |

130

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

12/01/2020

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

12/4/20

DATE

DA 1581 C 760874 Rev 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 22144 | Nov 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | H | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | H | H | | | 8 | | 112 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | O | | | | | | | | | | | | | | | O | O | | | | | 112 |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | L | | | | | | | | | | | | | | | L | L | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | I | | | | | | | | | | | | | | | I | I | | | | | |
| 5 | | | | | | | | | | | | D | | | | | | | | | | | | | | | D | D | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | A | | | | | | | | | | | | | | | A | A | | | | | |
| 7 | | | | | | | | | | | | Y | | | | | | | | | | | | | | | Y | Y | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | H | | | | | V | V | V | V | | | | | | | H | H | | | | | 56 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/4/20

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 12/10/2020

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78CR74—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH December 2020. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 | | 4 | | | | | | | | | | | 1 | 2 | | | 1 | | | | | | | | | | | | | | 11 |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 46 |
| 4 | · | 4 | | | | | 8 | 1 | 2 | | 1 | | | 3 | 6 | 4 | 4 | 5 | | | | 2 | | | | | | | | | | 42 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 57 |
| 6 | 3 | 4 | 4 | | SUNDAY | | 8 | 1 | 2 | | 1 | SUNDAY | | 4 | 8 | 4 | 4 | 6 | SUNDAY | | | 2 | VACATION | | HOLIDAY | | SUNDAY | | VACATION | | VACATION | 53 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 2 | 4 | 4 | 4 | SUNDAY | | | 1 | 1 | 5 | 1 | SUNDAY | | 4 | | 4 | 4 | 2 | SUNDAY | SUNDAY | 4 | 6 | VACATION | | HOLIDAY | | SUNDAY | | VACATION | | VACATION | 76 |
| 9 | 3 | · | | 4 | | | | 6 | 5 | 3 | | | | | | | | | | | 4 | | | | | | | | | | | 21 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 25 |
| 11 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | | | | | | 128 |
| 12 | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 88 |
| 13 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |

0 • C
4 • 00 +
8 • 00 ·
1 • 00 +
2 • 00 ·
7 • 0 ·
3 • 00 +
· 00 ·
4 • 00 ·
· 0 ·
5 • 00 ·
2 • 0 ·
011
· 0 ·

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/5/21
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

1/5/21
DATE

DA-1581-C—75C874—Rev. 2/94

L OS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal. | 4. MONTH/YEAR December 2020. |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | Saturday | | | | | | | Saturday | | | | | | | Saturday | | | | | | Holiday | | | | | | | |
| 5 | | | | | | Sunday | | | | | | | | Sunday | | | | | | | Sunday | | | | | | | Sunday | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | Holiday | Saturday | Sunday | 8 | 8 | 8 | 8 | 176 |
| 7 | | | | | | Sunday | | | | | | | Saturday | Sunday | | | | | | Sunday | | | | | | Holiday | Saturday | Sunday | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | Sunday | | | | | | Holiday | Saturday | Sunday | | | | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | Sunday | | | | | | Holiday | Saturday | Sunday | | | | | |
| 10 | | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | Sunday | | | | | | Holiday | Saturday | Sunday | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | 8 | 8 | 8 | 8 | 8 | 8 | | 8 | 8 | 8 | 8 | 8 | 8 | | 8 | 8 | 8 | 8 | | 8 | | 8 | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/31/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/13/21
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR December 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | HOLIDAY | SATURDAY | SUNDAY | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | ~~176~~ 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/31/2020
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/11/21
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR DEC 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 Hagive | | 6 | | | | | | | | | | | | | | 6 | | | | | | | | 4 | | | | | | | 4 | 20 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 Alimy/reyes | 2 | | 3 | 3 | | | | 4 | 2 | 3 | 2 | | | 1 | 2 | 0 | 1 | 2 | | | | 2 | 1 | 2 | | | | 3 | 2 | 4 | 1 | 60 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | 2 | 6 | 3 | 3 | | | | 4 | 2 | 3 | 2 | | | 1 | 2 | 6 | 1 | 2 | | | | 2 | 1 | 6 | | | | 3 | 2 | 4 | 5 | 60 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/ | 7 | 3 | 6 | 6 | | | | 5 | 7 | 6 | 7 | | | 7 | 7 | 3 | 8 | 7 | | | | 7 | 8 | 3 | | | | 6 | 7 | 5 | 4 | 118 |
| 9 | OTHE (Briefl | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 178 |
| 11 | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | ~~187~~ |
| 12 | Vac | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | | | | 9 178 |
| 13 | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | ~~189~~ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | SW | | | | 187 |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 • 00 + | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SATURDAY SUNDAY 2-10-0 SATURDAY SUNDAY SATURDAY SUNDAY 2-10-0 CHRISTMAS SATURDAY SUNDAY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/31/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/11/21
DATE

DA-1581-C—

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR December |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | [redacted] | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 8 | 8 | 8 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 8 | 8 | 9 | | | | | | | | | | | | | | 110 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) Search warrant duty | | | | | | | | | | 5 | | | | | | | | | | | | | | | | | | | | | | 5 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 116 |
| 11 | SUBTOTAL | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 14 | 9 | | | | 9 | 9 | 9 | 9 | | | | | | | | | | | | | | 121 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 8 | | | | | | | 8 | 9 | 9 | 9 | 9 | | 9 | 9 | 9 | 9 | 71 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 14 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | 9 | 9 | 9 | 9 | 192 |

187

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [redacted] shown above.*

[redacted] 12/18/2020
SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 1/11/21
SIGNATURE OF SUPERVISOR DATE

DA-1551-C—78C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890 (a) | 4. MONTH/YEAR DECEMBER 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | / | / | 10 | R | S | S | 10 | 10 | 10 | D | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | / | R | S | S | 10 | 10 | 10 | 10 | 160 |
| 2 | 3408(c) & 3408(d) | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | | | | | |
| 3 | 3411(a) & 3421(c) | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 10 | | | - | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | - | 10 | 10 | 10 | | | | - | 10 | 10 | 10 | 10 | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/4/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/13/21

SIGNATURE OF SUPERVISOR — DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR DECEMBER 2020 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | H | S | S | R | 10 | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | O | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | L | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | A | | | | 10 | 10 | 10 | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12-1-21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 04/06/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76/C874—Rev 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME | [redacted] | 2. EMPLOYEE NO. | [redacted] | 3. ITEM | 2574 (A) |
| 4. MONTH/YEAR | December 2020 | | | | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | S | S | P | 10 | 10 | | | S | S | P | | | | | S | S | P | | | | H | S | S | P | | | | 60 |
| 2 | 3408(c) & 3408(d) | | | | | A | A | D | | | | | A | A | D | | | | | A | A | D | | | | O | A | A | D | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | L | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | U | B | | | | | | U | B | | | | | | U | B | | | | | I | U | B | | | | | 0 |
| 5 | | | | | | P | P | | | | | | P | P | | | | | | P | P | | | | | D | P | P | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | S | Y | | 10 | 10 | | | S | Y | | | | | | S | Y | | | | | A | S | Y | | | | | 60 |
| 7 | | | | | | P | | | | | | | P | | | | | | | P | | | | | | Y | P | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | 60 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 130 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

01-07-2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

1/13/21
DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I — EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMP [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR December 2020 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | ~~8~~ | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | H | | | 8 | 8 | 8 | 8 | 168 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | O | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | L | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | A | | | 8 | 8 | 8 | 8 | 168 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | ~~8~~ | | | | | | | | | | | | | | | | | | 8 | | | | | | | 8/4 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 176 |

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

12/28/20
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

04/21/21
DATE

DA-1581-C—78C874—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO [redacted] | 3. ITEM | 4. MONTH/YEAR January 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 3 | | | 1 | | | | 2 | | | 1 | | | | | | | | | | | 1 | | | | | | | 8 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | 4 | 4 | 1 | 8 | | | 6 | 4 | 3 | 2 | 4 | | | | 2 | 2 | 5 | 4 | | | 3 | 4 | 4 | 7 | 2 | | | 41 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | | | | | 3 | 4 | 4 | 1 | 8 | | | 8 | 4 | 3 | 3 | 4 | | | | 2 | 2 | 5 | 4 | | | 4 | 4 | 4 | 7 | 2 | | | 70 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 5 | 4 | 4 | 7 | | | | | 4 | 2 | 5 | 4 | | | | 2 | 4 | | 2 | | | 4 | 4 | 4 | | 2 | | | 56 |
| | | | | | 1 | | | | | | | | | 3 | | | | | | 4 | 2 | 3 | 2 | | | | | | 1 | 4 | | | 20 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AL | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| c. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16 |
| AL | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

4·00 + 4·00 + 1·00 + 8·00 + 6·00 + 4·00 + 3·00 + 2·00 + 4·00 + 2·00 + 2·00 + 5·00 + 4·00 + 3·00 + 4·00 + 4·00 + 7·00 + 2·00 =

018

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/13/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 5/13/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR January 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 144 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 144 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 144 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | 8 | | | | | | | | | | | 8 | | | | | | | | | | | | | | 24 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | ~~152~~ 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1/29/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

2/11/21
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE N [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR January 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 168 |

HOLIDAY SATURDAY SUNDAY SATURDAY SUNDAY SATURDAY SUNDAY HOLIDAY SATURDAY SUNDAY SATURDAY SUNDAY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/29/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 5/13/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—75C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR January 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 HAGUE | HOLIDAY | SUNDAY | SUNDAY | P.D. | 2 | | | 7 | SUNDAY | SUNDAY | 7 | 2 | 3 | 7 | 3 | SUNDAY | SUNDAY | P.D. | | | | | SUNDAY | | | | 7 | 4 | | | | 43 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) REVIEW FILING HAGUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 HAGUE | | | | P.D. | 1 | 4 | 1 | | | | 1 | | | 1 | | | | | 4 | 2 | 3 | 3 | | | 2 | 3 | | | 7 | | | 32 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | 3 | 4 | 1 | 7 | | | 8 | 2 | 3 | 8 | 3 | | | | 4 | 2 | 3 | 3 | | | 2 | 3 | 7 | 4 | 7 | | | 74 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | 6 | 5 | 8 | 2 | | | 8 | 7 | 6 | 1 | 6 | | | | 5 | 7 | 6 | 6 | | | 6 | 6 | 2 | 5 | 2 | | | 86 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 |
| 13 | DAILY GRAND TOTAL | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 169 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

1-31-2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/11/21
DATE

DA-1581-C—76C874—Rev. 2-94

LOS ANGELES COUNTY DISTRICT ATTORNEY

# CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR Jan. 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | [redacted] | | | | | 1 | | 2 | | | | | | | 1 | | | | | | | 1 | | | | | | | | | | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | / |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | / |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | 2 | 1 | / | | | 5 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | HOLIDAY | | | 0 | 0 | 1 | 0 | 2 | | | 1 | 0 | 0 | 0 | 1 | | | HOLIDAY | 0 | 0 | 0 | 1 | | | RDO | 2 | 2 | 0 | 0 | | | 10 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | 0 | 9 | 0 | 9 | 7 | | | RDO | 9 | 9 | 9 | 8 | | | | 9 | 9 | 9 | 8 | | | | 7 | 7 | 0 | 9 | | | 142 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Search warrant after | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 08 |
| 11 | Hrs Duty SUBTOTAL | | | | 0 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | ~~160~~ |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 152 |
| 13 | DAILY GRAND TOTAL | | | | 0 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 1/31/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 5/11/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR JAN 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 150 |
| 2 | 3408(c) & 3408(d) | D | A | 4 | | | | | D | A | 4 | | | | | D | A | 4 | O | | | | D | A | 4 | | | | | D | A | 4 | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | D | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | b | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |
| 7 | | | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~160~~ 150 |

160

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/2/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed above.*

[redacted] 03/05/21

SIGNATURE OF SUPERVISOR — DATE

DA 1581 C—78C874—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE N [redacted] | 3. ITEM 2890 A | 4. MONTH/YEAR JANUARY 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 160 |
| 2 | 3408(c) & 3408(d) | O | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | L | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] SIGNATURE OF EMPLOYEE — 4-1-21 DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] SIGNATURE OF SUPERVISOR — 4/06/21 DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 (a) | 4. MONTH/YEAR JANUARY, 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 160 |
| 2 | 3408(c) & 3408(d) | O | A | V | D | | | | | H | V | O | | | | | H | V | O | | | | | A | V | D | | | | | A | V | |
| 3 | 3411(a) & 3421(c) | L | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | |
| 4 | 277, 278 & 278.5 | I | V | D | | | | | | U | D | | | | | | U | D | | | | | | U | D | | | | | | V | D | 0 |
| 5 | | D | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | |
| 6 | SUBTOTAL | A | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | 160 |
| 7 | | Y | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | |
| 8 | 277/278/278.5 Non-Claimable | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ~~160~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 04-05-2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 4/06/21

SIGNATURE OF SUPERVISOR — DATE

DA 1681 C 75C874 Rev 3/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. E [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR January 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | H | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 2 | 3408(c) & 3408(d) | O | | | | | | | | | | | | | | | | | O | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | |
| 5 | | D | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | D | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 6 | SUBTOTAL | A | | | | | | | | | | | | | | | | | A | | | | | | | | | | | | | |
| 7 | | Y | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | ~~152~~ 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE _____ DATE _____

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR _____ DATE _____

DA-1581-C—75C874—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 92374 | 4. MONTH/YEAR February 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 2 | 2 | | | | | | | | | | | | | | | 1 | | | | | | | 2 | | | | | | | | 7 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 2 | 4 | | | | | | 8 | 5 | 6 | | 8 | | | | 6 | 6 | 3 | 4 | | | 8 | 4 | 2 | 3 | 8 | | | | | | 96 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | 6 | | | | | | 8 | 5 | 6 | | 8 | | | | 6 | 7 | 3 | 4 | | | 8 | 4 | 4 | 3 | 8 | | | | | 8 | 96 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 4 | 2 | | | 8 | | | | 2 | 2 | 4 | 8 | | | | | | | | | | | 4 | 4 | 3 | | | | | | | 41 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 8 | 8 | | | | | 1 | | 4 | | | | | 2 | 1 | 5 | 4 | | | | 4 | | 2 | | | | | | | 35 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | 1 | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/11/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 6/11/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal. | 4. MONTH/YEAR February 2021. | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | — | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | | | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | — | — | | | | | | — | — | — | | | | | — | — | | | | | | — | — | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | — | — | | | | | | — | — | — | | | | | — | — | | | | | | — | — | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | day | — | | | | | | day | — | day | | | | | day | — | | | | | | day | — | | | | |
| 5 | | | | | | | | day | | | | | | | day | | | | | | day | | | | | | | | day. | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | 8 | 8 | day | day | Holiday | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | 8 | 8 | day | day | | | | 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | Saturday | Sunday | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | — | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | — | — | | | | | | — | — | 8 | | | | | — | — | | | | | | — | — | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | | | | ~~152~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

2/26/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

3/11/21
DATE

DA-1561-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR February 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | SATURDAY | | | | | | | | | | | | | | SATURDAY | | | | | | | | | | | | 0 |
| 5 | | | | | | | SUNDAY | | | | | | | | | | | | | | SUNDAY | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 152 |
| 7 | | | | | | | | | | | | | | SATURDAY | | | | | | | | | | | | | | SATURDAY | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | SUNDAY | | | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | | | SUNDAY |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | HOLIDAY | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | ~~152~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/26/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 6/11/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—7DC874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR FEB 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 HAGUE PA | | 2 | | | 1 | | | | 9 | | 1 | | | | | | 3 | | 8 | | | 8 | | 5 | | 5 | | | | | | 42 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 reports are going | | | | 2 | | | | | | 2 | | | | | | | | 2 | | | | | 1 | | 1 | | | | | | | 8 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 0 | 2 | 0 | 2 | 1 | | | 0 | 9 | 2 | 1 | 0 | | | | 0 | 3 | 2 | 8 | | | 8 | 1 | 5 | 1 | 5 | | | | | | 58 |
| 7 | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 7 | 9 | 7 | 8 | | | 8 | X | 7 | 8 | 9 | | | | 9 | 6 | 9 | 1 | | | 0 | 8 | 4 | 8 | 4 | | | | | | 110 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | | | 160 |

SATURDAY SUNDAY Holidays Time Study

+ 5 Saturday

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR — DATE 6/1/21

DA-1581-C—76C874—Rev. 2-84

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | Feb 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | 3 | 2 | | | | | | | | | | | | | | | | | | 5 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 0 | 0 | 0 | 0 | 0 | | | | 0 | 3 | 2 | 0 | | | | 0 | 0 | 0 | 0 | | | | 0 | 0 | 0 | 0 | | | 5 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 9 | 9 | 9 | 9 | | | RDO | 9 | 6 | 7 | 9 | | | HOLIDAY | 9 | 9 | 9 | 9 | | | RDO | 9 | 9 | 9 | 9 | | | 197 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 99 | | | | | | | 3½ | | | | | | | 3½ | | | | | | | ½ | | | | | |
| 10 | Search Warrant Duty | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | | 5 |
| 11 | SUBTOTAL | 0 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 14 | | | 157 |
| 12 | Vacation Time, Sick Leave, etc. | | | 4½ | | | | | | | 3½ | | | | | 8 | | 3½ | | | | | | | 4½ | | | | | 0 |
| 13 | DAILY GRAND TOTAL | 0 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 14 | | | 157 |

165

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] — SIGNATURE OF EMPLOYEE

2/27/21 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] — SIGNATURE OF SUPERVISOR

3/1/21 — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | 2890(A) | FEB 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | E | S | S | / | / | / | 150 |
| 2 | 3408(c) & 3408(d) | | | | | D | A | 4 | | | | | D | A | 4 | D | | | | D | A | 4 | | | | | D | A | 4 | | | | |
| 3 | 3411(a) & 3421(c) | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | | | | | O | T | N | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | I | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | / | / | / | 150 |
| 7 | | | | | | | | | | | | | | | | 4 | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | / | / | / | 150 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | / | / | / | ~~150~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/2/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

03/08/21
DATE

DA-1581-C—78C874—Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR FEBRUARY 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | – | – | 160 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | D | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4-1-21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 04/06/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890 (a) | 4. MONTH/YEAR FEBRUARY 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | / | / | / | 160 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | | | | |
| 3 | 3411(a) & 3421(c) | D | | | | | T | N | D | | | | | T | N | D | | | | | T | N | D | | | | | T | N | | | | |
| 4 | 277, 278 & 278.5 | | | | | | U | D | | | | | | U | D | | | | | | U | D | | | | | | U | P | | | | 0 |
| 5 | | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | / | | | 160 |
| 7 | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | / | / | / | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | / | / | / | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

04/06/21
DATE

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. [redacted] | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | [redacted] | | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 160 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 168 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

3/1/21

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

03/1/21

DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

# ORIGINAL

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. [redacted] | 3. ITEM 5.2 111 A) | 4. MONTH/YEAR February 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and [redacted] shown above.*

[redacted] 3/1/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 03/1/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76CR74—Rev 2/84

# LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EM [redacted] | 3. ITEM 2891A | 4. MONTH/YEAR FEB 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | — | | | | | | | | | | | | | | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 100 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 100 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 100 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 100 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 03/08/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

10/21/2021

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78CR74—Rev. 2/84

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. [redacted] | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| [redacted] | | 2894A | FEB 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 13 | 10 | 105 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | D | | | | | A | U | D | | | | | A | U | D | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 100 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 100 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 100 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

2/28/21

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have bee examined and that, to the best of my knowledge and belief, thi time report is true and correct, and the functions were performe*

[redacted]

SIGNATURE OF SUPERVISOR

10/21/2021

DATE

DA-1391-C—7/87374—Rev 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9214 | 4. MONTH/YEAR March 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

DAILY TIME STUDY

| | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1 | 2 | | | | | | | | 1 | | | 2 | | | | | | | 1 | | | | | | 2 | | | | | 1 | | 9 |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 3 | 4 | 8 | 6 | | | | 4 | 3 | 1 | 2 | 6 | | | 4 | 2 | 5 | | 5 | | | 8 | 4 | 4 | 2 | 2 | | | | 2 | | 78 75 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 5 | 4 | 8 | 6 | | | | 4 | 4 | 1 | 2 | 8 | | | 4 | 2 | 5 | | 6 | | | 8 | 4 | 4 | 4 | 2 | | | | 3 | | 84 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | 4 | | | 8 | | | | 2 | 1 | 1 | | | | 4 | 4 | | 6 | 2 | | | | 4 | 4 | | 6 | | | | 1 | | 47 |
| 9 | 3 | | | 2 | | | | 4 | 2 | 6 | 5 | | | | | 2 | 3 | 2 | | | | | | | 4 | | | | | 2 8 | | 43 |
| 10 | | | | | | | | | | | | | | | | | | | | | | 5 | | | | | | | | | | 5 |
| 11 L | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 |
| 13 L | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 184 |

18

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/31/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 4/30/21

SIGNATURE OF SUPERVISOR — DATE

OA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE # [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR March 2021. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | Saturday | | | | | | | Saturday | | | | | | | Saturday | | | | | | | | Saturday | | | | | 0 |
| 5 | | | | | | | Sunday | | | | | | | Sunday | | | | | | | Sunday | | | | | | | | Sunday | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 170 |

184

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

3/31/2021.
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

5/4/21
DATE

DA-1581-C—76C874—Rev. 2.94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMP [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR March 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | |
| 5 | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | HOLIDAY | 8 | 8 | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | 0 | 0 | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/31/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 6/11/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2.94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 92730 | 4. MONTH/YEAR MARCH 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 HHSD | | | | | | | | | | | | | | | | 3 | 9 | | | | | 7+ | 1 | | 1 | 1 | | | | | 21 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 crim proc | | 2 | 1 | 2 | 2 | | | 2 | 2 | 1 | 2 | 2 | | | | | - | 1 | 1 | | | | 2 | 2 | | 1 | | | | | | 23 |
| 5 | | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 2 | 1 | 2 | 2 | | | 2 | 2 | 1 | 2 | 2 | | | | 3 | 9 | 1 | 1 | | | 7 | 3 | 2 | 1 | 2 | | | | 0 | 0 | 44 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 7 | 8 | 7 | 7 | | | 7 | 7 | 8 | 7 | 7 | | | | 6 | 8 | 8 | 8 | | | 6 | 6 | 7 | 8 | 7 | | | | 9 | 9 | 133 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 178 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 178 |

Saturday Sunday Saturday Sunday Saturday Sunday

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR March 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | ✓ | ✓ | ✓ | ✓ | ✓ | [redacted] | | | 1 | ✓ | ✓ | ✓ | [redacted] | | 2 | ✓ | ✓ | ✓ | ✓ | [redacted] | | | ✓ | 2.5 | ✓ | ✓ | [redacted] | | | ✓ | ✓ | 5.5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | ✓ | 3 | 1 | ✓ | 3 | | | | 1 | 1 | ✓ | ✓ | | | ✓ | 1 | ✓ | ✓ | 2 | | | | ✓ | 1 | ✓ | ✓ | | | | ✓ | ✓ | 13 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | ✓ | 3 | 1 | ✓ | 3 | | | | 2 | 1 | ✓ | ✓ | | | 2 | 1 | ✓ | ✓ | 2 | | | | ✓ | 3.5 | ✓ | ✓ | | | | ✓ | ✓ | 18.5 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | 6 | 8 | 9 | 6 | | | | 7 | 8 | 9 | 9 | | | 7 | 8 | 9 | 9 | 7 | | | | 9 | 5.5 | 9 | 9 | | | | 9 | 9 | 160.5 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Search Warrant Duty | ✓ | ✓ | ✓ | ✓ | 5 | | | | ✓ | ✓ | ✓ | ✓ | | | 8 | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | 13 |
| 11 | SUBTOTAL | 8 | 9 | 9 | 9 | 14 | | | | 9 | 9 | 9 | 9 | | | 17 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 192 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 9 | 9 | 9 | 14 | | | | 9 | 9 | 9 | 9 | | | 17 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 192 |

9 6 173

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/31/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 5/11/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78C874—Rev. 2-94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM 2871A | 4. MONTH/YEAR March 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | R | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | V | D | 10 | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | 10 | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | ~~10~~ | | | | | | | | | | | | | | | | | | | | 10 | | | 10 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

04/08/21
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

10/18/2021
DATE

DA 1581 C 16CR74 — Rev. 2/04

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR MARCH 2021 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | | | |
| 3 | 3411(a) & 3421(c) | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | b | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | T | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

3/30/21

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

04/06/21

DATE

DA-1581-C—76CR74—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890A | 4. MONTH/YEAR MARCH 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | N | 10 | 10 | 190 180 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | H | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | O | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | I | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 | 180 |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | X | 10 | 10 | 90 180 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4-1-21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 4/06/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581 Form 760874—Rev. 7/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a). | 4. MONTH/YEAR March 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 12 | 10 | 10 | 10 | 10 | S | S | P | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 170 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | J | D | | | | | A | U | D | | | | | A | U | D | | | | | D | U | D | | | |
| 3 | 3411(a) & 3421(c) | D | | | | | T | N | D | | | | | T | N | D | | | | | T | N | D | | | | | T | N | D | | | |
| 4 | 277, 278 & 278.5 | | | | | | U | I | | | | | | J | D | | | | | | U | I | | | | | | U | D | | | | 0 |
| 5 | | | | | | | P | A | | | | | | R | A | | | | | | P | A | | | | | | N | A | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | 0 | 7 | | 10 | 10 | 10 | 10 | D | 7 | | 10 | 10 | 10 | 10 | U | 7 | | 10 | 10 | 10 | 10 | 0 | 7 | | 10 | 10 | 180 |
| 7 | | | | | | | A | | | | | | | R | | | | | | | A | | | | | | | A | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | T | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

04-05-2021

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

04/06/21

DATE

DA 1581-C 76C874 - Rev 2/04

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR March 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | | | | | | | | | | | | | | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 184 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE _____ DATE _____

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR _____ DATE _____

DA-1581-C—76C874—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOY [redacted] | 3. ITEM 92574 | 4. MONTH/YEAR April 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | 1 | | | | | | | 2 | | | | 1 | | 2 | | | | | 1 | | 1 | | | 8 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | 8 | 3 | | | 5 | 4 | 6 | | 6 | | | 2 | 3 | 4 | 6 | 3 | | | 5 | 4 | | 7 | 4 | | 70 |
| 5 | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | |
| 6 | SUBTOTAL | | | | SUNDAY | | | | 8 | 4 | | SUNDAY | 5 | 4 | 10 | | 8 | | | 2 | 4 | 4 | 8 | 3 | | | 5 | 5 | | 8 | 4 | | 78 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | | | | | | | | | | | 3 | 4 | 2 | 5 | | | | 4 | 4 | 4 | | | | | 3 | | 4 | | 4 | | 95 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 8 | | | 8 | 8 | 8 | | 4 | | | | | | 3 | | 8 | | 2 | | | | 5 | | | | 3 | 4 | | | 53 | 95 |
| 10 | *After Hours Duty | | | | | | | | | | | | | | | | | | | | 15 | | | | | | | | | | | | 5 |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 6 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 178 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 178 |

170

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4/30/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 7/23/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C674—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR April 2021 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | Saturday | | | | | | | Saturday | | | | | | | Saturday | | | | | | | Saturday | | | | | | | | 0 |
| 5 | | | | Sunday | | | | | | | Sunday | | | | | | | Sunday | | | | | | | Sunday | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4-30-2021

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

5/11/21

DATE

DA-1561-C—78C074—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR April 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | SATURDAY | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SUNDAY | | 8 | 8 | 8 | 8 | 8 | SUNDAY | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4-30-2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 5/11/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPL [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR APRIL 2021 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 1 | 2 | | | 2 | 1 | 2 | 1 | 1 | | | | | | 2 | 1 | | | 3 | 2 | | | | | | | | 2 | 3 | 2 | | 25 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 1 | | | | | | | | | | | 5 | 5 | 5 | | 5 | | | | | 2 | | 6 | | | | 6 | | | 1 | | 36 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 2 | | | 2 | 1 | 2 | 1 | 1 | | | 5 | 5 | 5 | 2 | 6 | | | 3 | 2 | 2 | 0 | 6 | | | | 6 | 2 | 3 | 3 | | 61 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 125 |
| 8 | 277/278/278.5 Non-Claimable | 7 | 7 | | | 7 | 8 | 7 | 8 | 8 | | | 3 | 4 | 4 | 7 | 3 | | | 5 | 7 | 7 | 9 | 2 | | | | 3 | 7 | 6 | 6 | | 186 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | | | | 5 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | 9 | | | | | | | | | | 180 |
| 11 | SUBTOTAL | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | 187 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 14 | 9 | 9 | 9 | | 186 |

* WORKED MY RDO

5 hours SW DUTY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

4/30/21

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

7/2/21

DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR April 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | [redacted] | | | | | | | | | 1.5 | | | | | | | | | | | | | | 2 | | 1 | 1 | | 5.5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | 1 | | | | | | | | | 1 | | | | | | | 1 | | 3 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8.5 |
| 6 | SUBTOTAL | | | | | | | | | | | | 1.5 | 1 | | | | | | 1 | | | 1 | | | | 2 | | 1 | 1 | 1 | 8.5 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | 9 | 9 | 9 | 9 | | | 6.5 | 8 | 9 | 9 | 9 | | | 2 | 9 | 9 | 8 | 9 | | | 6 | 9 | 8 | 8 | 6 | 161.5 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 9 | 9 | | | | 9 | | | | | | | | | | | | | | | | | | | | | | | | | 18 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 4/30/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employss's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 5/11/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—78C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. E [redacted] | 3. ITEM A2890 | 4. MONTH/YEAR APRIL 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | ~~X~~ | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | ~~10~~ | ~~X~~ | 10 | 10 | R | S | ~~170~~ |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | -2- | | D | A | U | | | | | D | A | U | -2- | -2- | | | D | A | 140 |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | ~~X~~ | 10 | | | | 10 | 10 | 10 | 10 | | | | ~~X~~ | ~~X~~ | 10 | 10 | | | ~~170~~ |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 140 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 10 | | | | 10 | 10 | 10 | 10 | | | | | | 10 | 10 | | | 140 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 10 | | | | | | | | | | | | 10 | 10 | | | | | 30 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

06/22/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/22/2021
DATE

DA-1581-C—76CR74—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. [redacted] | | 2. EMPLOYEE [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR APRIL / 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | 170 |
| 2 | 3408(c) & 3408(d) | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | |
| 3 | 3411(a) & 3421(c) | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | E | | | | | O | T | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

5/3/2021

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

SIGNATURE OF SUPERVISOR

05/06/2021

DATE

DA-1581-C—76C874—Rev 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME | [redacted] | 2. EMPLOYEE NO. | [redacted] | 3. ITEM | 2990(a) | 4. MONTH/YEAR | APRIL / 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | H | 10 | 10 | 10 | 10 | / | 180 |
| 2 | 3408(c) & 3408(d) | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | | |
| 4 | 277, 278 & 278.5 | | | V | D | | | | | | V | D | | | | | | V | D | | | | | | V | D | | | | | | | |
| 5 | | | | K | A | | | | | | K | A | | | | | | K | A | | | | | | K | A | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | | 160 |
| 7 | | | | P | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | Y | | | | | | | Y | | | | | | | | | | | | | | Y | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | / | 80 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | / | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

05/25/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this [illegible] and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

DATE

DA 1581-C 76C974 Rev 2/04

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. E [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR April 2021 | |

PART II — INSTRUCTIONS ON BACK OF FORM

| PART III | DAILY TIME STUDY | DAYS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ACTIVITIES (By Section Number) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | — |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

4/16/21
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examinad and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—78CR74—Rev. 2/84

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR May 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | 1 | | | | 2 | | | | | 1 | | | | | 1 | | | | | | | | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 4 | 6 | 5 | 8 | | | 3 | | 5 | 2 | 6 | | | 4 | 4 | 3 | 4 | | | | 4 | 2 | 3 | 8 | | | | | 71 |
| 5 | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | | SATURDAY | SUNDAY | | | | | SATURDAY | SUNDAY | | |
| 6 | SUBTOTAL | | | | 4 | 6 | 5 | 8 | | | 4 | | 5 | 2 | 8 | | | 4 | 4 | 4 | 4 | | | | 5 | 2 | 3 | 8 | | | | | 76 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | 3 | | | | 4 | 4 | 3 | 4 | | | | 4 | | 1 | 2 | 6 | | | | 6 | 3 | | | | | | 40 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 8 | 4 | 2 | | | | | | 4 | | 2 | | 5 | | | 4 | 3 | 2 | 2.5 | 5 | | 3 | | 2 | | 8 | | 4 | 46 |
| 10 | *After Hours Duty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 9 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 168 |
| 12 | Vacation Time, Sick Leave, etc. | | | 8 | 8 | 8 | 8 | 8 | | | 6 | 8 | 8 | 8 | 6 | | | 8 | 4 | 6 | 6 | 6 | | | 8 | 8 | 4 | 8 | 6 | | | 8 | 168 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/30/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 7/23/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | | 3. ITEM Paralegal. | 4. MONTH/YEAR May 2021. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | — | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | day | | | | | | | day | | | | | | | day | | | | | | | day | | | | | | day | | | 0 |
| 5 | | day | | | | | | | day | | | | | | | day | | | | | | | day | | | | | | day | | | |
| 6 | SUBTOTAL | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | 8 | 8 | 8 | 8 | 8 | Saturday | Sunday | Holiday | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | Holiday | 160 |
| 12 | Vacation Time, Sick Leave, etc. | — | — | | | | | | — | — | | | | | | — | — | | | | | | — | — | | | | | | — | — | 8 | 8 |
| 13 | DAILY GRAND TOTAL | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 160 |

168

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

5/28/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

7/23/21
DATE

DA-1581-C—76C874—Rev. 2.94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR May 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | |
| 5 | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | | | |
| 6 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HOLIDAY | | |
| 8 | 277/278/278.5 Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 8 |
| 13 | DAILY GRAND TOTAL | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/28/2021

SIGNATURE OF EMPLOYEE DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 7/23/21

SIGNATURE OF SUPERVISOR DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273A | 4. MONTH/YEAR MAY. MAY 2021 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | 2 | 1 | 2 | 2 | 3 | | | | 2 | 1 | 1 | 2 | | | 3 | 2 | 1 | 1 | 2 | | | | 2 | 2 | 3 | 2 | | | | 34 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | 2 | 1 | 2 | 2 | 3 | | | | 2 | 1 | 1 | 2 | | | 3 | 2 | 1 | 1 | 2 | | | | 2 | 2 | 3 | 2 | | | | 34 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 6 | 8 | 7 | 7 | 6 | | | | 7 | 8 | 8 | 7 | | | 5 | 7 | 8 | 8 | 7 | | | | 7 | 7 | 6 | 7 | | | | 136 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | 5 | | | | | | | | | | | | | | | | | | | | | 5 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | 1 | | | | | | | | | | | | | | | | | | 1 | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | | | 8 | 9 | 9 | 9 | 10 | | | | 14 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 8 | 9 | 9 | 9 | | | 8 | 165 |

SATURDAY SUNDAY SATURDAY SUNDAY EDD SATURDAY SUNDAY SATURDAY SUNDAY MEMORIAL DAY

168

SCREEN WARRANT DUTY

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] June 1 2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/18/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR May 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | 1 | | | | | | | | 3 | | | | | | | | | | 4 | | | | | | | | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | 3 | 1 | 1 | | | | | | | | 3 | | | | | 1 | | | | | 1 | 1 | | | | | | 1 | 11 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 3 | 1 | 2 | | | | | | | | 6 | | | | | 1 | | | | | 2 | 1 | | | | | | | 16 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | 22 | 6 | 8 | 7 | 9 | | | 8 | 9 | 9 | 9 | 3 | | | 22 | 9 | 9 | 9 | 9 | | | 6 | 8 | 9 | 9 | 9 | | | HOLIDAY | 144 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | 22 | | | | | | | | | | | | | | 22 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my [redacted] shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6·1·21
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

7/23/21
DATE

DA-1581-C—76C874—Rev. 2/94

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM A2591 | 4. MONTH/YEAR MAY 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 100 |
| 2 | 3408(c) & 3408(d) | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | O | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | O |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | T | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~160~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

06/22/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/22/2021
DATE

DA-1581-C—75CR74—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR MAY / 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 160 |
| 2 | 3408(c) & 3408(d) | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | P | A | U | D | |
| 3 | 3411(a) & 3421(c) | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | | | | | D | T | N | L | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | |
| 6 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | A | 160 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 10 |
| 13 | DAILY GRAND TOTAL | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | ~~160~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/2/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 06/07/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76CR74—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR MAY / 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | H | 160 |
| 2 | 3408(c) & 3408(d) | A | V | D | | | | | A | V | D | | | | | A | V | D | | | | | D | V | D | | | | | A | V | O | |
| 3 | 3411(a) & 3421(c) | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | L | |
| 4 | 277, 278 & 278.5 | V | D | | | | | | V | D | | | | | | V | D | | | | | | V | D | | | | | | V | D | I | O |
| 5 | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | D | |
| 6 | SUBTOTAL | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | A | 160 |
| 7 | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | Y | |
| 8 | 277/278/278.5 Non-Claimable | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 06/08/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this [illegible] is true and correct, and the functions were performed above.*

[redacted] 06/08/2021

SIGNATURE OF SUPERVISOR — DATE

DA 1591 C 78/87A Rev 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR May 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | H | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | OT | | | | | | | | | | | | | | | | | | O | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I | D |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D | |
| 6 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | A | 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | O | | | | | | | | | 8 | | | | | | | | | | | | | | | | | | 8 | 8 |
| 13 | DAILY GRAND TOTAL | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5/29/21

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 06/16/21

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76CR74—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9274 | 4. MONTH/YEAR June 2021 | |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | 1 | | | | | | | | | | 1 | | | | | | | | | | | 2 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 4 | 8 | 4 | 1 | | | 3 | 8 | 4 | 6 | 3 | | | | | | | | | | 4 | 5 | 8 | 8 | | | | | | | | 66 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 4 | 8 | 4 | 1 | SATURDAY | SUNDAY | 3 | 8 | 4 | 6 | 4 | SATURDAY | SUNDAY | | | OFF | OFF | OFF | SATURDAY | SUNDAY | 5 | 5 | 8 | 8 | | | SATURDAY | SUNDAY | OFF | OFF | OFF | 68 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 3 | | 1 | | | | | | 4 | 2 | 4 | | | | | | | | | | 3 | 2 | | | 4 | | | | | | | 19 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | 1 | | 3 | 7 | | | 5 | | 4 | 5 | | | | 8 | 8 | | | | | | | 8 | | | 4 | | | | | | | 46 |
| 10 | *After Hours Duty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | 3 |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | | | | | 8 | 8 | 8 | 8 | 8 | | | | | | | 128 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | 8 | 8 | 8 | | | | | | | | | | 8 | 8 | 8 | | 48 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | ~~173~~ 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/30/21
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/30/21
DATE

DA-1581-C—78C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR June 2021. |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | day | | | | | | | day | | | | | | | day | | | | | | | day | | | | | | 0 |
| 5 | | | | | | day | | | | | | | day | | | | | | | day | | | | | | | day | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | | 176 |
| 7 | | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | Sa | | 8 | 8 | 8 | 8 | 8 | Sa | | 8 | 8 | 8 | 8 | 8 | Sa | | 8 | 8 | 8 | 8 | 8 | Sa | | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/30/2021.
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/28/21
DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM Paralegal | 4. MONTH/YEAR June 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | | SATURDAY | SUNDAY | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

6/30/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/29/21
DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 9273 A | 4. MONTH/YEAR JUNE 2020 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 4 | | 5 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | 2 | 2 | 3 | 1 | STATE HOLIDAY | | SUNDAY | 1 | 2 | 2 | 2 | | | 2 | | BEREAVEMENT | 1 | 3 | SATURDAY | SUNDAY | | 2 | 1 | 1 | 2 | | | 2 | 1 | | | 30 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 2 | 2 | 3 | 1 | 2 | | | 1 | 2 | 2 | 2 | | | 2 | | | 1 | 3 | | | | 2 | 1 | 1 | 2 | | | 2 | 2 | 4 | | 35 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 7 | 7 | 6 | 8 | | | | 8 | 7 | 7 | 7 | | | 6 | | | 8 | 6 | | | | 7 | 8 | 8 | 7 | | | 6 | 7 | 5 | | 125 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 8 | 8 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 9 | 9 | | | | | | | | | | | | | | | | 18 |
| 13 | DAILY GRAND TOTAL | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | | 178 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

7.1.2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]
SIGNATURE OF SUPERVISOR

9/30/21
DATE

DA-1581-C—76C874—Rev. 2/94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLOYEE NO. [redacted] | 3. ITEM | 4. MONTH/YEAR June 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | 1 T | 2 W | 3 Th | 4 F | 5 Sa | 6 Su | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | | | | | | | | 1 | | | | | | | 1 | | | | | | 1 | 1 | 4 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | 2 | | | | | | | | | 3 | | | 2 | 1 | | | | | | | 1 | | 9 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | 2 | | | | | | | 1 | | 3 | | | 2 | 1 | 1 | | | | | | 2 | 1 | 13 |
| 6 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 105 |
| 7 | | 9 | 9 | 9 | 9 | | | 8 | 9 | 7 | 9 | 9 | | | 9 | 8 | 9 | 6 | 41 | | | 8 | 8 | 8 | 9 | 9 | | | 2 | 7 | 8 | 174 |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) Search Warrant Duty | | | 3.4 | | | | | | 4.2 | | | | | | 5.6 | | | | | | | | 9.0 | | | | | | 5 | | 178 |
| 10 | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 192 |
| 11 | SUBTOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Vacation Time, Sick Leave, etc. | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 192 |
| 13 | DAILY GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 178 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

SIGNATURE OF EMPLOYEE

7/1/21

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted]

SIGNATURE OF SUPERVISOR

9/28/21

DATE

DA-1581-C—76C874—Rev. 2-94

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME [redacted] | | 2. EMPLO [redacted] | 3. ITEM A29691 | 4. MONTH/YEAR JUNE 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | / | 180 |
| 2 | 3408(c) & 3408(d) | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | D | A | U | | | | | |
| 3 | 3411(a) & 3421(c) | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]
SIGNATURE OF EMPLOYEE

06/22/2021
DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]
SIGNATURE OF SUPERVISOR

6/22/2021
DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. E [redacted] | 3. ITEM 2890(A) | 4. MONTH/YEAR JUNE 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | / | 180 |
| 2 | 3408(c) & 3408(d) | | | | D | A | H | | | | | D | A | H | | | | | D | A | H | | | | | D | A | H | | | | | |
| 3 | 3411(a) & 3421(c) | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | / | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | / | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | / | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/1/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed*

[redacted] 07/01/2021

SIGNATURE OF SUPERVISOR — DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. EMPLOYEE NO. [redacted] | 3. ITEM 2890(a) | 4. MONTH/YEAR JUNE 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | T | S | R | 10 | 10 | 10 | 10 | S | S | L | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | / | 180 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | U | D | | | | | | U | D | | | | | | U | D | | | | | | U | D | | | | | |
| 5 | | | | | | L | A | | | | | | L | A | | | | | | L | A | | | | | | L | A | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | | 180 |
| 7 | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 180 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 07/26/2021

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 07/06/21

SIGNATURE OF SUPERVISOR — DATE

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I EMPLOYEE INFORMATION | | | |
|---|---|---|---|
| 1. NAME [redacted] | 2. [redacted] | 3. ITEM 221479 | 4. MONTH/YEAR June 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | X | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/15/20

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 8/23/21

SIGNATURE OF SUPERVISOR — DATE

DECLARATION OF JENNIFER MARTIN

I, JENNIFER MARTIN, hereby declare:

1. I am currently a Sergeant of the Criminal Division, Torrance Branch, of the Los Angeles District Attorney's Office's Bureau of Investigation. For ten years prior to that time, I was a member of the District Attorney's Office's Bureau of Investigation Child Abduction Unit. During that time, I worked as a Senior Investigator for eight years, and then, from April 2022 through October 2024, as the Supervisor (Sergeant) of that unit, with supervisorial responsibility over the unit's investigators and staff.

2. I have personal knowledge of the matters set forth herein and, if called to testify, could and would testify competently thereto.

3. The District Attorney's Office's Bureau of Investigation Child Abduction Unit receives all Family Code §§ 3130-3134.5 orders submitted to the District Attorney's office by private citizens seeking enforcement of their orders. The Unit investigates those matters and conducts child recoveries both in and out of state. When needed, the Unit consults with the Child Abduction Section for assistance with Family Code §3130 matters and submits all out-of-state recovery documents to the Assistant Head Deputy of the Target Crime Division for review and signature. Not all Family Code § 3130 mattes are prosecuted criminally but, when there is a concurrent criminal investigation pending, the Child Abduction Unit will coordinate with the handling law enforcement agency. On rare occasions, the Child Abduction Unit will serve as the investigation agency for criminal purposes and submit the case for criminal filing by the Child Abduction Section.

4. During the audit by the State Controller's Office, the County submitted additional documentation specifically on its investigators' activities. County representatives explained to the

auditor that their investigators' time was almost exclusively devoted to claimable activities, *i.e.*, enforcing custody orders. In support of this fact, the Controller's Office was provided with a list of the cases the investigators handled during the audit period. The Controller's Office was also provided with the case files of representative cases so that the Controller's Office could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there was a place for that to be indicated on the time record so that it was not included in the claim.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed this _14th__ day of April, 2025, at Los Angeles__, California.

Jennifer Martin

DECLARATION OF LAM TRAN

I, Lam Quoc Tran, hereby declare:

1. I am currently a Fiscal Officer in the Budget & Fiscal Services Division of the Los Angeles County District Attorney's Office and have held that position since March 2023. In that position, I am responsible for the Finance Division, including Account Payable, Cost Accounting, General Accounting, and Reconciliation sections.

2. I have personal knowledge of the matters set forth herein and, if called to testify, could and would testify competently thereto.

3. Attached as Exhibit 1 are redacted timesheets completed by the Child Abduction Section and Child Abduction Unit employee in Fiscal Year 2023-2024.

4. Attached as Exhibit 2 is a chart setting forth the number of employees assigned to these units in Fiscal Years 2020-2021 through 2023-2024.

5. The time sheets for Fiscal Year 2023-2024 reflect 7,794.67 hours devoted to reimbursable program activities at a cost of $1,567,429.62.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed this 7th day of August, 2025, at Los Angeles, California.

*Lam Tran*

Lam Quoc Tran

# EXHIBIT 1

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 07/01/2023-07/15/2023 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0

13.30

11.85

25.150

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | HOLIDAY | | | | WK | WK | | | | | | WK | 0 |
| 23STHC00002 | Varga, Zoltan Josef vs Varga, Tassa | 2 | d | | | 0.5 | | | | | | | | | | | | | 0.5 |
| 20AVR001527 | Travenia - (obtain court documents) | 3 | e | | | | | 0.75 | | | | | | | | | | | 0.75 |
| 19AVPB00403 | Travenia - (obtain court documents) | 3 | e | | | | | 0.75 | 0.7 | | | | | | | | | | 1.45 |
| SA093639 | People v. Jack Zeichick | ~~5~~ | | | | | | ~~0.6~~ | | | | | | | | | | | ~~0.6~~ |
| BA516104 | People v. Gasca, Jack | ~~5~~ | | | | | | ~~1~~ | | | | | | | | | | | ~~1~~ |
| AGI-22-44-LA2022401970 | Plazas v. Pena | 2 | c | | | | | | | | | | 0.6 | | | | | | 0.6 |
| AGI-22-44-LA2022401970 | Plazas v. Pena | 2 | b | | | | | | | 0.5 | | | 0.5 | | | | | | 1 |
| NF009231 | Burton v. Rudy | 3 | e | | | | | | 0.75 | | | | | | | | | | 0.75 |
| 22CCJP01322C | (Juvenile records) | 1 | g | | | | | | | | | | | 0.8 | | | | | 0.8 |
| 19AVPB00403 | Travenia (Letters of Guardianship) | 3 | e | | | | | | 0.75 | | | | | | | | | | 0.75 |
| 22WHR001594 | Alvarado v. Gasca | 1 | c | | | | | | | | | | 0.8 | | | | | | 0.8 |
| Monthly Stats for June 2023 Hague cases | | 5 | | | | | | | ~~0.2~~ | | | | | | | | | | 0.2 |
| AGI-22-44-LA2022401970 | Plazas v. Pena | 2 | b | | | | | | | 0.5 | | | | 0.5 | | | | | 1 |
| 23STHC00007 | Cabrera v. Chavez | 2 | g | | | | | | | | | | | | 1 | 0.9 | | | 1.9 |
| AGI-23-34 | Kirdain v. Martin | 2 | a | | | | | | | | | | | | 0.1 | 0.9 | | | 1 |
| 20STEX02557 | Yuliza Vargas v. Tyrell Byrd | 2 | e | | | | | | | | | | | | | | 1 | | 1 |
| 23STHC00007 | Cabrera v. Chavez | 2 | b | | | ✓ | | 1.5 ✓ | 2.2 ✓ | 0.5 ✓ | | | ✓ | ✓ | ✓ | ✓ | 0.5 ✓ | | 1 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0.5 | 0 | 3.1 | 2.4 | 1.5 | 0 | 0 | 1.9 | 1.3 | 1.1 | 1.8 | 1.5 | 0 | ~~14.5~~ 13.30 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 7.5 | 0 | 4.9 | 5.6 | 6.5 | 0 | 0 | 6.1 | 6.7 | 6.9 | 6.2 | 6.5 | 0 | 57.5 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 0 | 8 | 0 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | 72 |

✓ WH

| | |
|---|---|
| (01) Compliance with Court Orders | 1.6 |
| (02) Court Costs for Out of Jurisdiction Cases | 8 |
| (03) Secure Appearance of Offender | 3.7 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 1.2 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 14.5 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 07/16/2023 - 07/31/2023 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

6 Minutes = .1 hour | 12 Minutes = .2 hour | 15 Minutes = .25 hour | 18 Minutes = .3 hour | 24 Minutes = .4 hour | 30 Minutes = .5 hour | 36 Minutes = .6 hour | 42 Minutes = .7 hour | 45 Minutes = .75 hour | 48 Minutes = .8 hour | 54 Minutes = .9 hour | 60 Minutes = 1 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | VAC | VAC | VAC | VAC | VAC | WK | WK | | | | | | WK | WK | | |
| 23STHC00008 | Escalante Santillian v. Solis Vasquez | 2 | b | | | | | | | | | 0.25 | | | | | | | | 0.25 |
| AGI-23-19 | Sandoval v. Montes | 2 | b | | | | | | | | | 0.2 | | | | | | | | 0.2 |
| AGI-23-30 | Golub v. Golub | 2 | b | | | | | | | | | 0.25 | | | | | | | | 0.25 |
| AGI-23-34 | Kirdain v. Martin | 2 | b | | | | | | | | | 0.25 | | | | 0.2 | | | | 0.45 |
| 23STHC00004 | Melendez v. Castellanos | 2 | b | | | | | | | | | 0.3 | | | 0.1 | | | | | 0.4 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduno | 2 | b | | | | | | | | | | 0.25 | | | 0.2 | | | | 0.45 |
| 23STHC00003 | Pina v. Hernandez | 2 | b | | | | | | | | | | 0.25 | | | | | | | 0.25 |
| 2019/006 (outgoing Hague to Mexico) | Lopez, Gregoria v. Lopez, Arcenio | 2 | g | | | | | | | | | | 0.75 | | | | | | | 0.75 |
| 23STHC00007 | Chavez v. Cabrera | 2 | c | | | | | | | | | | | 0.3 | | | | | | 0.3 |
| 23STHC00004 | Melendez v. Castellanos | 2 | c | | | | | | | | | | | 0.3 | 0.25 | | | | | 0.55 |
| 23STHC00008 | Escalante Santillian v. Solis Vasquez | 2 | f | | | | | | | | | | | 2 | | | | | | 2 |
| 23STHC00008 | Escalante Santillian v. Solis Vasquez | 2 | b | | | | | | | | | | | | 0.5 | 0.5 | | | | 1 |
| BA418216 | Zamora, Efrain Sr. (Deft. #2) | 3 | e | | | | | | | | | | | | 0.7 | 0.9 | | | | 1.6 |
| AGI-23-34 | Kirdain v. Martin | 2 | c | | | | | | | | | | | | 0.8 | | | | | 0.8 |
| 17STPT00609 | Hernandez, Cesar v. Serrano, Silvia | 1 | g | | | | | | | | | | | | | 0.9 | | | | 0.9 |
| BA418216 | Zamora, Efrain Sr. (Deft. #2) | 3 | e | | | | | | | | | | | | | | | | 0.5 | 0.5 |
| BA511816 | Leaks, Nathan -Filed for Organized Cr. | ~~3~~ | e | | | | | | | | | | | | | | | | ~~0.25~~ | 0.25 |
| 17STPT00609 | Hernandez, Cesar v. Serrano, Silvia | 1 | g | | | | | | | | | | | | | | | | 0.6 | 0.6 |
| 19TRFL01149 | Massiel Caceres v. Rolfy Caceres | 1 | g | | | | | | | | | | | | | | | | 0.3 | 0.3 |
| 23STHC00008 | Escalante Santillian v. Solis Vasquez | 2 | f | | | | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | 0.3 | 0.5 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.25 | 1.25 | 2.6 | 2.35 | 2.7 | 0 | 0 | ~~1.95~~ 1.70 | 12.1 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 6.75 | 6.75 | 5.4 | 5.65 | 5.3 | 0 | 0 | 6.05 | 75.9 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | ~~78~~ |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

11.85 WH

1.
0.45
0.8
2.25

| | |
|---|---|
| (01) Compliance with Court Orders | 1.8 |
| (02) Court Costs for Out of Jurisdiction Cases | 8.15 |
| (03) Secure Appearance of Offender | 2.1 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 0.25 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 12.3 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| July 1-15, 2023 | [redacted] | [redacted] | DDA IV | Sepc Pros | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

10 • 95
7 • 40 +
18 • 35 G

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 6 | | WK | WK | | Holiday | | | | WK | WK | VAC | VAC | VAC | VAC | RDO | WK | 0 |
| DA # 43592353 | Leslie Franco | 1 | a/b/c | | | 0.75 | | | | | | | | | | | | | |
| DA # 42332845 | Detaun Nichols | 1 | d | | | 0.5 | | | | | | | | | | | | | |
| DA # 43085286 | Oracio Guzman | 1 | b | | | 0.6 | | | | | | | | | | | | | |
| DA # 23-006 | Hague Felipe Quiroz | 1 | b/d | | | 1 | | | | | | | | | | | | | |
| DA Case #43631053 | Regina Greer | 1 | b | | | 0.7 | | | | | | | | | | | | | |
| DA # 43570919 | Emma Hudson | 1 | b | | | 0.75 | | 0.25 | | | | | | | | | | | |
| DA # 43085286 | Oracio Guman | 1 | a/d | | | | | 1 | | | | | | | | | | | |
| DA # 43861891 | Tadhana Hamilton | 1 | b | | | | | | 1.2 | | | | | | | | | | |
| DA # 43861891 | Tadhana Hamilton | 1 | d | | | | | | 1.7 | | | | | | | | | | |
| DA # 43882633 | Stacy Seymore | 1 | b | | | | | | | 1 | | | | | | | | | |
| DA # 43882633 | Stacy Seymore | 1 | d | | | | | | | 0.5 | | | | | | | | | |
| DA # 43592353 | Leslie Franco | 1 | b | | | | | | | 0.5 | | | | | | | | | |
| DA # 43592353 | Leslie Franco | 1 | d | | | | | | | 0.5 | | | | | | | | | |
| No Case # | LAPD Inquiry | | | | | | | 0.25 | | 0.2 | | | | | | | | | |
| No Case # | Gradena PD inquiry | | | | | | | | | 0.2 | | | | | | | | | |
| | | | | | | ✓ | | 1.25 ✓ | | 2.5 ✓ | | | | | | | | | |
| **Subtotal** | **Claimable** | | | **0** | **0** | **4.3** | **0** | **1.5** | **2.9** | **2.9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **11.6** |
| | | 6 | | | | | | 7.5 | 4.1 | 2.1 | | | | | | | | | 13.7 |
| | | 5 | | | | 4.7 | | | 2 | 3 | | | | | | | | | 9.7 |
| | Vacation | | | | | | | | | | | | 9 | 9 | 9 | 9 | | | 36 |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **4.7** | **0** | **7.5** | **6.1** | **5.1** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **59.4** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **9** | **0** | **9** | **9** | **8** | | | **9** | **9** | **9** | **9** | **0** | **0** | **71** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **71** |

10.95
✓ WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 9.7 |
| (06) Other - Non Claimable | 13.7 |
| Claimable + Non-Claimable Total | 23.4 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.* [redacted] 8/7/23

Employee Signature

Su[redacted]d and that, to the best of my knowledge and belief, this time record is true and correct, and the

8/10/23

Supervisor Signature [redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| July 16- 31, 2023 | [redacted] | [redacted] | DDA IV | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | | | | WK | WK | | VAC | VAC | VAC | RDO | WK | WK | VAC | |
| No Case # | Private citizen inquiry Rick Baez | 1 | a | | 0.2 | | | | | | | | | | | | | | | |
| No Case # | Private attorney inquiry Marc Ying | 1 | a | | 0.2 | | | | | | | | | | | | | | | |
| No Case # | LASD Palmdale Inquiry | 1 | a | | 0.25 | | | | | | | | | | | | | | | |
| DA Case # 43598538 | Jasmine Rojas | 1 | a | | | 0.2 | | | | | | | | | | | | | | |
| No Case # | Officer Barnett LAPD | 1 | a | | | 0.2 | | | | | | | | | | | | | | |
| Court Case # 19PDFL00621 | 3130 Smat Avetayan | 1 | a | | | 0.25 | | | | | | | | | | | | | | |
| DA Case # 43598538 | Jasmine Rojas | 1 | a | | | 0.2 | | | | | | | | | | | | | | |
| DA Case # 43446732 | Fabiola Galindo | 1 | b | | | | 0.6 | | | | | | | | | | | | | |
| DA Case #43631053 | Regina Greeer | 1 | a | | | | 0.2 | | | | | | | | | | | | | |
| DA Case # 43660041 | Alondra Mazo | 1 | a | | | | 0.7 | | | | | | | | | | | | | |
| BA473204 | Shilpa Sahi | 1 | a | | | | 0.2 | | | | | | | | | | | | | |
| DA Case # 43446732 | Fabiola Galindo | 1 | b/d | | | | | 1 | | | | | | | | | | | | |
| No Case # | LASD Palmdale | 1 | a | | | | | 0.2 | | | | | | | | | | | | |
| DA Case# 43631053 | Regina Greer | 1 | d | | | | | | 1.25 | | | | | | | | | | | |
| DA # 43570919 | Emma Hudson | 1 | a | | | | | | 0.75 | | | | | | | | | | | |
| CA Case # 43598538 | Gonzalez and Rojas | 1 | c | | | | | | 1 | | | | | | | | | | | |
| DA Case # 42701850 | Oxley and Bartolo | 1 | b/d | | | | | | | | | 1 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | leave | | | | | | | | |
| | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | 1 | | | | | | | | 7.4 ✓WH |
| **Subtotal** | **Claimable** | | | | **0.65** | **0.85** | **1.7** | **1.2** | **3** | | | | | | | | | | | **8.4** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | | 3 | 3 | 2 | | | | | | | | | | | | 8 |
| After Hours Duty | | | | | | | | | | | | | | | | | | | | |
| Vacation | | | | | | | | | | | | | 9 | 9 | 9 | | | | 9 | 36 |
| (06) Other - Non Claimable | | | | | 8.35 | 5.15 | 4.3 | 5.8 | 5 | | | 8 | | | | | | | | 36.6 |
| **Subtotal** | **Non-Claimable** | | | | **8.35** | **8.15** | **7.3** | **7.8** | **5** | | | **8** | **9** | **9** | **9** | | | | **9** | **80.6** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | **9** | **9** | **9** | **9** | **8** | | | **9** | **9** | **9** | **9** | | | | **9** | **89** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **89** |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 0 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 0 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *tion performed as shown above.* 8/7/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 8/10/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau |
|---|---|---|---|---|
| 7/1/23 - 7/15/2023 | [redacted] | [redacted] | Paralegal | |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5 Post Filing -Non Claimable**

**(06) Other - Non Claimable**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
14 • 45 +
15 • 15 +
29 • 60 G +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | HOLIDAY | | | | WK | WK | | | | | | WK | |
| 23STHC00008 ✓ | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | 0.4 | | | | | | | | | | | | | |
| 23-004 | Outgoing Khacheryan | 2 | b | | | 0.25 | | | | | | | | | | | | | |
| 23STHC00007 | CHAVEZ ESTRADA, NUBIA LIZBETH VS CABRERA | 2 | d | | | 1 | | | | | | | | | | | | | |
| 23STHC00008 ✓ | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | d | | | 1 | | | | | | | | | | | | | |
| 20AVRO01527 | TRAVENIA, KELLY VS HAMILTON, TADHANA | 1 | g | | | 1.25 | | | | | | | | | | | | | |
| 19AVPB00403 | TRAVENIA, EVIANI ADELL LAVONE - GUARDIANS | 1 | g | | | 0.75 | | | | | | | | | | | | | |
| no case number | Possible Hague | 2 | b | | | 0.9 | | | | | | | | | | | | | |
| AGI-23-23 | Vazquez v. Arias | 2 | b | | | | | 0.5 | | | | | | | | | | | |
| 23-004 | Outgoing Khacheryan | 2 | b | | | | | 0.25 | | | | | | | | | | | |
| AGI-23-06 | CABRERA v. CHAVEZ | 2 | b | | | | | 0.3 | | | | | | | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS C | 2 | b | | | | | 0.4 | | | | | | | | | | | |
| no case number | Possible Hague | 2 | b | | | | | 0.6 | | | | | | | | | | | |
| AGI-23-23 | Vazquez v. Arias | 2 | d | | | | | 2 | | | | | | | | | | | |
| 23STHC00002 | VARGA, ZOLTAN JOSEF VS VARGA, TASSA | 2 | f | | | | | 1.75 | | | | | | | | | | | |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | e | | | | | | | | | | 0.9 | | | | | | |
| 23-003 | Outgoing Trevino | 2 | b | | | | | | | | | | 0.5 | | | | | | |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | | | | | 0.5 | | | | | | |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | d | | | | | | | | | | 0.4 | | | | | | |
| AGI-23-23 | Vazquez v. Arias | 2 | b | | | | | | | | | | 0.2 | | | | | | |
| 23-004 | Outgoing Khacheryan | 2 | b | | | ✓ | | ✓ | | | | | 0.6 ✓ | | | | | | |
| **Subtotal** | **Claimable** | | | 0 | 0 | 5.55 | | 5.8 | 0 | 0 | 0 | 0 | 3.1 | 0 | 0 | 0 | 0 | 0 | 14.45 WH ✓ |
| | PC 278, 278.5 Post Filing -Non Claimable | 5 | | | | 0.95 | | 0.7 | | | | | 3.4 | | | | | | |
| | Other - Non Claimable | 6 | | | | 1.5 | 8 | 1.5 | 8 | 8 | | | 1.5 | 8 | 8 | 8 | 8 | | |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 2.45 | 8 | 2.2 | 8 | 8 | 0 | 0 | 4.9 | 8 | 8 | 8 | 8 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | |

| | |
|---|---|
| **Pay Period Total** | **80** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **0** |
| **(06) Other - Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **0** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/24/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 7/24/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/16/2023-7/31/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | | | | WK | WK | | | | | | WK | WK | | |
| AGI-23-35 | GYUNASHYAN | 2 | b | | | | | | | | | 0.2 | | | | | | | | |
| AGI-23-14 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | | | | 0.2 | | | | | | | | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | | | | | | | 0.4 | | | | | | | | |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | d | | | | | | | | | 0.25 | | | | | | | | |
| 23STHC00007 | CHAVEZ ESTRADA, NUBIA LIZBETH VS CABRERA | 2 | d | | | | | | | | | 0.25 | | | | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | d | | | | | | | | | 0.75 | | | | | | | | |
| AGI-23-19 | SANDOVAL v. MONTES | 2 | b | | | | | | | | | 0.25 | | | | | | | | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | | | | | | | | 0.1 | | | | | | | |
| AGI-23-24 | LOPEZ v. HABOUD | 2 | b | | | | | | | | | | 0.25 | | | | | | | |
| AGI-22-23 | Vazquez v. Arias | 2 | b | | | | | | | | | | 0.4 | | | | | | | |
| AGI-23-35 | GYUNASHYAN | 2 | a | | | | | | | | | | 1 | | | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | b | | | | | | | | | | 0.2 | | | | | | | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | f | | | | | | | | | | | 4.5 | | | | | | |
| AGI-22-23 | Vazquez v. Arias | 2 | b | | | | | | | | | | | 0.1 | | | | | | |
| AGI-23-19 | SANDOVAL v. MONTES | 2 | b | | | | | | | | | | | 0.5 | | | | | | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | | | | | | | | | | 0.5 | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | b | | | | | | | | | | | | 0.5 | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | c | | | | | | | | | | | | 1.5 | | | | | |
| 28STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | d | | | | | | | | | | | | | | | | 0.2 | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | | | | | | | | | | | | | | 0.4 | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | b | | | | | | | | | | | | | | | | 0.7 | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | c | | | | | | | | | | | | | | | | 1.5 | |
| 19TRFL01149 | CACERES, ROLFY D. VS CACERES, MASSIEL | 1 | g | | | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | 0.5 ✓ | |
| **Subtotal** | **Claimable** | | | | | | | | | | | **2.3** | **1.95** | **5.1** | **2.5** | **0** | | | **3.3** | 15.15 WH ✓ |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | | | | | | | | 4.2 | 4.55 | 1.4 | 4 | 6.5 | | | 3.2 | |
| (06) Other - Non Claimable | | 6 | | | 8 | 8 | 8 | 8 | 8 | | | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | | | 1.5 | |
| **Subtotal** | **Non-Claimable** | | | | **8** | **8** | **8** | **8** | **8** | | | **5.7** | **6.05** | **2.9** | **5.5** | **8** | | | **4.7** | |

| Daily Grand Total | | | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | Pay Period Total | 88 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 0 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 0 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 8/8/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above*

[redacted] 8/8/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| July 1-15. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

9 • 00 +
11 • 75 +
20 • 75G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | VAC | VAC | VAC | VAC | | WK | 0 |
| 23 STHC 0002 | Varga v Varga | 2 | c | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| 23 STHC 0008 | Santillan v Vasquez | 2 | f | | | | | 9 | | | | | | | | | | | 9 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Dep. Pines, LASD, Missing child 278.5 Alana Hamilton | | 1 | a | | | 1 | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **1** | **0** | **9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **10** |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | 5 | | 0 | 0 | 7 | 0 | 0 | 9 | 9 | 0 | 0 | | | | | 9 | 0 | |
| Search Warratn | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | **5** | | **0** | **0** | **7** | **9** | **0** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **78** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **88** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

9 ✓
wH

| | |
|---|---|
| (01) Compliance with Court Orders | 1 |
| (02) Court Costs for Out of Jurisdiction Cases | 9 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 70 |
| (06) Other - Non Claimable | 9 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] and the function performed as shown above

7/17/2023

Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.

[redacted]

Supervisor Signature

7/20/23

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| July 16-31. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h. assistance no case#

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | | | | WK | WK | | | | | | WK | WK | RDO | 0 |
| [redacted] | | | | | | | | | | | | | | | | | | | | 0 |
| 23 STHC 00003 | Aguirre | 2 | f | | | | 4 | | | | | | | | | | | | | 4 |
| 23 STHC 00004 | Melendez | 2 | b | | | | | | | | | 0.5 | 0.25 | | | | | | | 0.75 |
| 23 STHC 00004 | Melendez | 2 | b | | | | | | | | | 0.5 | 0.25 | | | | | | | 0.75 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| 23 STHC 00005 | Herrera | 2 | b | | | | | 1 | 0.25 | | | | | | | | | | | 1.25 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| 23 STHC 00007 | Chavez-Estrada | 2 | b | | | 2 | | | | | | | | | | | | | | 2 |
| 23 STHC 00007 | Chavez-Estrada | 2 | f | | | 2 | | | | | | | | | | | | | | 2 |
| San Gabriel PD. Det. Zavala | | 1 | h | | | | | | | | | | 1 | | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 4 | 4 | 1 | 0.25 | 0 | 0 | 1 | 1.5 | 0 | 0 | 0 | 0 | 0 | 0 | ~~1.75~~ 11.75 |
| | | | | | | | | | | | | | | | | | | | | |
| | | 5 | | 0 | 13 | 5 | 5 | 8 | 8.75 | 0 | 0 | 7 | 7.5 | 9 | 9 | 9 | 0 | 0 | 0 | ~~82.25~~ WH |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | **5** | | 0 | 13 | 5 | 5 | 8 | 8.75 | 0 | 0 | 8 | 7.5 | 9 | 9 | 9 | 0 | 0 | 0 | ~~82.25~~ ✓ |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 13 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 94 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | | 94 |

| | |
|---|---|
| (01) Compliance with Court Orders | 1 |
| (02) Court Costs for Out of Jurisdiction Cases | 14.75 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 73.25 |
| Claimable + Non-Claimable Total | 94 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] formed as shown above. 8-1-2023

Employee Signature

[redacted] hat, to the best of my knowledge and belief, this time record is true and correct, and the functions were

8/1/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Co |
|---|---|---|---|---|---|---|
| July/01/2023 - July/15/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDI |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable
- (06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | WK | WK | | HOLIDAY | | | | WK | WK | | | | | | WK | 0 |
| [redacted] | [redacted] | 2 | C | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 8 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | 88 |
| OFF | | 6 | | | | | | | | | | | | | | | | | 0 |
| Search Warrant duty | | 6 | | | | | 5 | | | | | | | | | | | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 8 | 14 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 93 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 0 | 0 | 8 | 14 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | 93 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 88 |
| (06) Other - Non Claimable | 5 |
| Claimable + Non-Claimable Total | 93 |

Note: Please enter WK for week end and RDO for your day off.

*Employee: I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 7/14/2023

Employee Signature

*Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 7/19/23

Supervisor Signature

0•C

0•00 +
2•00 +
2•00G

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| July/16/2023 - July/31/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 Sunday | 17 Monday | 18 Tuesday | 19 Wednesday | 20 Thursday | 21 Friday | 22 Saturday | 23 Sunday | 24 Monday | 25 Tuesday | 26 Wednesday | 27 Thursday | 28 Friday | 29 Saturday | 30 Sunday | 31 Monday | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | OFF | | | OFF | WK | WK | RDO | OFF | OFF | OFF | OFF | WK | WK | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | c/e/g | | | | | | | | | | | | | | | | 2 | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | ✓ | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **2** | **2** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 8 | | 9 | 9 | | | | | | | | | | | 6 | 32 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| (06) Other - Non Claimable | OFF | 6 | | | | 9 | | | 9 | | | | 9 | 9 | 9 | 9 | | | | 54 |
| **Subtotal** | **Non-Claimable** | | | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **6** | **86** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

2 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 2 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 32 |
| (06) Other - Non Claimable | 54 |
| Claimable + Non-Claimable Total | 88 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *formed as shown above.* 8/1/23

Employee Signature

Supervisor *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted] 8/4/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/1/2023 - 7/15/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
66 • 00
61 • 00
127 • 00 G

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-A-1524 | Hernandez, Mario | 1 | c,k,u | SAT | SUN | 5 | HOLIDAY | 2 | | RDO | SAT | SUN | 3.5 | 5 | 2 | 4 | RDO | SAT | 21.5 |
| 2021-A-1478 | Mingistu, Emnet | 2 | u | | | | | 2 | | | | | 1.5 | | | 1 | | | 4.5 |
| 2016-A-1783 | Carasco, Flor | 1 | u,f | | | | | | | | | | 1.5 | | | 2 | | | 3.5 |
| 2023-A-0058 | Castellanos, Angie | 1 | c,d,g,j,m | | | | | | | | | | 3.5 | 1 | | | | | 4.5 |
| 2023-G-0984 | Lopez, Tiffany | 4 | u | | | | | 1 | 5.5 | | | | | 2 | 1.5 | | | | 10 |
| 2023-G-0961 | Williams, David | 1 | u | | | | | | 1 | | | | | | | | | | 1 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | 1 | | 1.5 | 1.5 | | | | | | 2.5 | | | | 6.5 |
| 2023-G-0021 | Morales, Stacey | 3 | u | | | | | | 2 | | | | | 1 | | | | | 3 |
| 2023-G0670 | Hill, Mark | 1 | u,g | | | 1 | | 2.5 | | | | | | | 2 | 1 | | | 6.5 |
| 2023-G-0789 | Lopez, kathy | 1 | u | | | 3 | | | | | | | | | | 2 | | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 10 | 0 | 9 | 10 | 0 | 0 | 0 | 10 | 9 | 8 | 10 | 0 | 0 | 66 |
| Other | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | 10 | | 0 | 0 | 0 | 10 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 14 |
| Stats/unclaimable | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

66 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 48.5 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 4.5 |
| (03) 3130 - 3134.5 Service out of State Doc. | 3 |
| (04) 3130 - 3134.5 Service Doc. | 10 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 14 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/13/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted] 7/17/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/16/2023 - 7/31/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Operations Plans
o Travel Arrangement
p Court Appearances
q CAU I/O Criminal Filings
r Out -Of -State Assist (UCCJEA)
s Out-of-State Court Appearances
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 4.5 | | | | | | | | | | | | | |
| 2023-A-1411 | Lopez, Kathy ✓ | 1,8 | e,g,u | SUN | 1 | 0 | 5.5 | 2 | RDO | SAT | SUN | | | 0.5 | VAC | RDO | SAT | SUN | VAC | ~~9~~ 8 |
| 2023-G-0688 | Hodnett, Jerel | 4 | u | | 1 | | 2.5 | 1 | | | | | | | | | | | | 4.5 |
| 2023-G-1117 | Scott, Jilina | 4,5 | a,u | | 3.5 | 2 | 1 | 2 | | | | 1 | | 1 | | | | | | 10.5 |
| 2023-G-1011 | Iaropolov, Alekse | 1 | u,b | | | | 1 | | | | | | 1 | ~~1.5~~ 1.25 | | | | | | ~~2~~ 3.5 |
| 2022-A-0966 | Hernandez, Mario ✓ | 1 | c,u | | 1 | 3.5 | 1 | 3 | | | | | | 1 | | | | | | 9.5 |
| 2023-A-1063 | Pittman, Ronald | 8 | u,g | | 2.5 | | | 1.5 | | | | 2 | 2 | 1 | | | | | | 9 |
| 2023-G-0984 | Lopez, Tiffany ✓ | 3 | u | | | 1.5 | | | | | | 1.5 | | | | | | | | 3 |
| 2023-G-0961 | Williams, David ✓ | 1 | u | | | 2.5 | | | | | | | 3 | | | | | | | 5.5 |
| 2023-A-1165 | Kirdain, Jamie | 5 | c,u | | | | | | | | | | 2.5 | 2 | | | | | | 4.5 |
| 2023-A-1524 | Vasquez, Celia | 8 | c,d | | | | | | | | | | | 4 | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Duty Calls | | | a | | ~~1~~ | ~~0.5~~ | | ~~0.5~~ | | | | ~~0.5~~ | ~~0.5~~ | | | | | | | 3 |
| Subtotal | Claimable | | | 0 | ~~10~~ 9 | ~~10~~ 9.5 | ~~11~~ 10 | ~~10~~ 9.5 | 0 | 0 | 0 | ~~5~~ 4.5 | ~~9~~ 8.5 | ~~11~~ 10 | 0 | 0 | 0 | 0 | 0 | ~~66~~ 61 WK ✓ |
| Range | | | | | | | | | | | | | | | | | | | | 0 |
| Other | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | 10 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | | 0 | 10 | 0 | 0 | 0 | 10 | 25 |
| | | | | | | | | | | | | | | | | | | | | 6 |
| Daily Grand Total | | | | 0 | 10 | 10 | 11 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 91 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 18.5 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 3 |
| (04) 3130 - 3134.5 Service Doc. | 13 |
| (05) 3130 - 3134.5 Intake cases | 10.5 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 21 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 25 |
| Claimable + Non-Claimable Total | 91 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/26/27

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 7/26/27

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/1/2023 - 7/15/2023 | [redacted] | [redacted] | SERGEANT | INVESTIGATION | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

47 • 50 +
75 • 75 +
123 • 25G+

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-0373 | JACKSON VS JONES UOF | 1 | y,g | SAT | SUN | 2.25 | OFF | 2 | 1.5 | RDO | SAT | SUN | 3.25 | | 1 | 2 | RDO | SAT | 12 |
| 2023-G-0946 | DEFUSCO VS SANDOVAL RECVRY | 1 | x,z | | | 1 | | | | | | | | 2 | | 0.5 | | | 3.5 |
| 2023-G-1117 | SCOTT VS KELLY SERVICE | 5 | x,z | | | | | 2 | | | | | | | | | | | 2 |
| 2023-G-0610 | CARDONA CISNEROS VS GARCIA | 5 | x,z | | | 2.25 | | | | | | | 2.25 | 3.5 | | 1.5 | | | 9.5 |
| 2023-G-1011 | IAROPOLOVA | 1 | y | | | 4.5 | | 1 | 5.5 | | | | 3.5 | | 1 | | | | 15.5 |
| 2023-a-1063 | PITTMAN | 2 | x,z | | | | | | | | | | 1 | 3.5 | | 0.5 | | | 5 |
| | | | | | | | | | | | | | | 1 | | 1.5 | | | 2.5 |
| | | | | | | | | | | | | | | | 3 | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | | ✓ | ✓ | | | | ✓ | 9 ✓ | 2 ✓ | 4.5 ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 10 | 0 | 5 | 7 | 0 | 0 | 0 | 10 | 10 | 5 | 6 | 0 | 0 | 53 |
| 2021-A-1136 | daystar | 10 | y | | | | | 5 | 3 | | | | | | | | | | 8 |
| 2021-A-1456 | McCoy | 10 | y | | | | | | | | | | | | 5 | | | | 5 |
| overtime | | 10 | | | | | | | | | | | | | | 4 | 4 | | 8 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 5 | 3 | 0 | 0 | 0 | 0 | 0 | 5 | 4 | 4 | 0 | 21 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 4 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 74 |

✓47.5 WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 31 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 5 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 11.5 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 21 |
| Claimable + Non-Claimable Total | 68.5 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 7/13/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 7/14/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/16/2023 -7/30/2023 | [redacted] | [redacted] [redacted] | SERGEANT | INVESTIGATION | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) 3130 - 3134.5 Recoveries Local Doc.
- (02) 3130 - 3134.5 Recoveries out of State Doc.
- (03) 3130 - 3134.5 Service out of State Doc.
- (04) 3130 - 3134.5 Service Doc.
- (05) 3130 - 3134.5 Intake cases
- (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
- (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
- (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
- (09) - PC 278, 278.5 Post Filing - Non
- (10) Other - Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court Appearances
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review Reports
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-0373 | JACKSON VS JONES UOF | 1 | y,z,u | SUN | 1.5 | | 3 | | RDO | SAT | SUN | 1.5 | 2.5 | 0.5 | | RDO | SAT | SUN | | 9 |
| 2022-A-1523 | VARA HAGUE RECOVERY | 7 | m,y,z | | 2 | | 4.25 | | | | | | | | | | | | | 6.25 |
| 2023-G-0789 | LOPEZ VS MORALES | 1 | y,z | | | 0.5 | | | | | | 0.5 | 2.25 | | | | | | | 3.25 |
| 2023-G-0106 | ALISA ROBINSON | 1 | y,z | | | | | 2.5 | | | | | 0.25 | 1.25 | | | | | 1.25 | 5.25 |
| 2023-A-0058 | MELENDEZ VS CASTELLANOS ✓ | 5 | c,y | | 0.5 | | | | | | | 0.25 | | | | | | | | 0.75 |
| 2023-A-0806 | PENA-GARAY VS PLAZAS | 6 | c,y | | | 0.5 | | | | | | 0.25 | | 0.25 | 3 | | | | | 4 |
| 2023-G-1142 | AGUILAR VS. DIAZ | 7 | y | | | 2.5 | | 1.5 | | | | | 0.25 | 0.5 | | | | | | 4.75 |
| 2023-G-1147 | CACERES VS CACERES | 7 | m,y,z | | 0.5 | 1.5 | 2.5 | | | | | 0.25 | | | 3 | | | | 1 | 8.75 |
| 2023-G-1173 | HOVHANNISYAN | 7 | m,y,z | | 3 | | | 0.25 | | | | 0.25 | | 1.5 | 0.5 | | | | | 5.5 |
| 2023-G-1011 | IAROPOLOVA | 7 | m,y,z | | | 2 | | 2.25 | | | | 0.5 | | | | | | | 4.5 | 9.25 |
| 2023-G-1198 | FORD ✓ | 5 | y,z | | | | | 1 | | | | 1.5 | 0.25 | 1.5 | | | | | 2.5 | 6.75 |
| 2023-G-1199 | THOMAS ✓ | 5 | y,z | | 0.5 | | 0.25 | | | | | | 1 | 1.5 | 2.5 | | | | | 5.75 |
| 2023-G-0106 | ROBINSON | 1 | y,z | | | 0.5 | | 0.5 | | | | 2.5 | 3 | | | | | | | 6.5 |
| calls | | 8 | a | | ~~1.5~~ | | | | | | | ~~2.5~~ | ~~0.5~~ | ~~1.5~~ | ~~1~~ | | | | 0.75 | 7.75 |
| Subtotal | Claimable | | | 0 | 9.5 | 7.5 | 10 | 8 | 0 | 0 | 0 | 10 | 10 | 8.5 | 10 | 0 | 0 | 0 | 10 | 83.5 |
| 2021-G-1366 | Masterson | 10 | | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| 2021-C-1144 | Andrews | 10 | | | | 2.5 | | 2 | | | | | | 1.5 | | | | | | 6 |
| overtime | | 10 | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0.5 | 2.5 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1.5 | 0 | 0 | 0 | 0 | 0 | 6.5 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

75.75 ✓ WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 24 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 13.25 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 4 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 34.5 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 7.75 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 6.5 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 7/31/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 8/1/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project C |
|---|---|---|---|---|---|---|
| 7/1/2023 - 7/15/2023 | [redacted] | [redacted] | Senior Investigator | Bureau of Investigations | 15872 | CHILDAB |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) 3130 - 3134.5 Recoveries Local Doc.
- (02) 3130 - 3134.5 Recoveries out of State Doc.
- (03) 3130 - 3134.5 Service out of State Doc.
- (04) 3130 - 3134.5 Service Doc.
- (05) 3130 - 3134.5 Intake cases
- (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
- (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
- (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
- (09) - PC 278, 278.5 Post Filing - Non
- (10) Other - Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court Appearances
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review Reports
- z Review Court

**Conversions of time Decimal**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minute |
| 12 Minutes = .2 hour | 42 Minute |
| 15 Minutes = .25 hour | 45 Minute |
| 18 Minutes = .3 hour | 48 Minute |
| 24 Minutes = .4 hour | 54 Minute |
| 30 Minutes = .5 hour | 60 Minute |

0 • 0

70 • 00
50 • 00
120 • 00

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | RDO | HOLIDAY | | | | WK | WK | RDO | | | | | WK | 0 |
| Isaac Cabrera ✓ | 2023-A-0267 | 8 | l,m,u,g | | | | | 2 | | | | | | | | 8 | | | 10 |
| Isaac Cabrera ✓ | 2023-A-0267 | 8 | u,v,o,y | | | | | | 1 | | | | | | | | 6 | | 7 |
| Zoe McLellan ✓ | 2020-A-1610 | 8 | y,u | | | | | | | 0.5 | | | | | 2 | | 4 | | 6.5 |
| Isaac Cabrera ✓ | 2023-A-0267 | 8 | z,u,w | | | | | | | | | | | | | 2 | | | 2 |
| Monserrat Luna | 2023-G-0815 | 8 | a,u,y,w | | | | | 1.5 | 1 | | | | | | 3.5 | | | | 6 |
| Jose Luis Vazquez | 2022-A-0949 | 8 | u,y | | | | | 3 | | | | | | | | | | | 3 |
| Svetlana Labuzova | 2020-G-1742 | 8 | u,y | | | | | | | 2 | | | | | 2.5 | | | | 4.5 |
| Deneisha Jackson | 2023-G-0373 | 8 | u,y | | | | | | 0.5 | | | | | | 2 | | | | 2.5 |
| Jorge Arreguin | 2020-A-1378 | 8 | u,v | | | | | | | | | | | 4.5 | | | | | 4.5 |
| Samuel Chase | 2022-g-0318 | 8 | u,y,w | | | | | 1 | | | | | | 3.5 | | | | | 4.5 |
| Noemi Gastelum | 2021--A-1309 | 8 | c, u,y | | | | | 2.5 | | | | | | 2 | | | | | 4.5 |
| Gina Maresca | 2018-A-1796 | 8 | v,u | | | | | | 5 | 4.5 | | | | | | | | | 9.5 |
| Diana Serrano | 2023-G-0188 | 8 | u,w | | | | | ✓ | 2.5 ✓ | 3 ✓ | | | | ✓ | ✓ | ✓ | ✓ | | 5.5 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 70 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 70 |

70 ✓ WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 0 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 70 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 70 |

Note: Please enter WK for week end and RDO for your day off.

*[redacted] is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period | Employee Number : | Employee Name | Employee Classification (Title) | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/1/2023 - 7/15/2023 | [redacted] | [redacted] | Senior Investigator | Bureau of Investigations | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes.**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out Of State Assist (UCCJEA)
r Out of State Court Appearances
s Out Of State Court Document
t Out Of State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | | |
|---|---|---|
| 6 Minutes = 1 hour | 36 Minutes = .6 hour | |
| 12 Minutes = 2 hour | 42 Minutes = 7 hour | |
| 15 Minutes = 25 hour | 45 Minutes = 75 hour | |
| 18 Minutes = 3 hour | 48 Minutes = 8 hour | |
| 24 Minutes = 4 hour | 54 Minutes = 9 hour | |
| 30 Minutes = 5 hour | 60 Minutes = 1 hour | |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | RDO | HOLIDAY | | | | WK | WK | RDO | | | | | WK | 0 |
| Isaac Cabrera | 2023-A-0267 | 8 | f,m,u,g | | | | | 2 | | | | | | | | 8 | | | 10 |
| Isaac Cabrera | 2023-A-0267 | 8 | u,v,g,y | | | | | | 1 | | | | | | | | 6 | | 7 |
| Zoe McLellan | 2020 A 1610 | 8 | y,u | | | | | | | 0.5 | | | | | 2 | | 4 | | 6.5 |
| Isaac Cabrera | 2023 A 0267 | 8 | z,u,w | | | | | | | | | | | | | 2 | | | 2 |
| Monserrat Luna | 2023 G 0815 | 8 | a,u,y,w | | | | | 1.5 | 1 | | | | | | 3.5 | | | | 6 |
| Jose Luis Vazquez | 2022 A 0949 | 8 | u,y | | | | | 3 | | | | | | | | | | | 3 |
| Svetlana Labuzova | 2020 G 1742 | 8 | u,y | | | | | | | 2 | | | | | 2.5 | | | | 4.5 |
| Deneisha Jackson | 2023 G 0373 | 8 | u,y | | | | | | 0.5 | | | | | | 2 | | | | 2.5 |
| Jorge Arreguin | 2020 A 1378 | 8 | u,v | | | | | | | | | | | 4.5 | | | | | 4.5 |
| Samuel Chase | 2022 g 0318 | 8 | u,y,w | | | | | 1 | | | | | | 3.5 | | | | | 4.5 |
| Noemi Gastelum | 2021- A 1309 | 8 | c, u,y | | | | | 2.5 | | | | | | 2 | | | | | 4.5 |
| Gina Maresca | 2018 A 1796 | 8 | v,u | | | | | | 5 | 4.5 | | | | | | | | | 9.5 |
| Diana Serrano | 2023 G 0188 | 8 | u,w | | | | | | 2.5 | 3 | | | | | | | | | 5.5 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 70 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 70 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 0 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 70 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 70 |

Note Please enter WK for week end and RDO for your day off

Employee I hereby certify that this is a true and accurate report of my time, and the function performed as shown above

[redacted] 7/14/23

Employee Signature

Supervisor I hereby certify the employee's daily time records have been examined and that to the best of my knowledge and belief this time record is true and correct and the functions were performed as shown above

[redacted] 7/17/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/16/2023 - 7/31/2023 | [redacted] | [redacted] | Senior Investigator | Bureau of Investigations | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | RDO | | | OFF | OFF | WK | WK | RDO | OFF | | | | WK | WK | RDO | 0 |
| Isaac Cabrera | 2023-A-0267 | 1 | c | | | 5 | | | | | | | | | | | | | | 5 |
| Karina Cordero | 2022-A-0181 | 8 | u,v | | | 5 | | | | | | | | | | | | | | 5 |
| Diana Serrano | 2023-G-0188 | 1 | b,u | | | | 10 | | | | | | | | | | | | | 10 |
| Kathy Lopez | 2023-G-0789 | 1 | e,u | | | | 6 OT | | | | | | | | | | | | | 6 |
| Celia Zulema | 2022-A-1524 | 1 | c | | | | | | | | | | | 5 | | | | | | 5 |
| Maria Estrada | 2023-A-0794 | 8 | c,u,v | | | | | | | | | | | | 4 | | | | | 4 |
| Laura Huerta | 2023-A-1163 | 8 | c,x,y,u | | | | | | | | | | | | | 2 | | | | 2 |
| Yulya Hovhannisyan | 2023-G-1173 | 8 | u,v,w,x,y | | | | | | | | | | | | | 6 | | | | 6 |
| Zoe McLellan ✓ | 2020-A-1610 | 8 | y | | | | | | | | | | | 1 | | 2 | | | | 3 |
| Maria Estrada | 2023-A-0794 | 8 | u,v | | | | | | | | | | | 4 | | | | | | 4 |
| Gina Maresca | 2018-A-1796 | 8 | u,v | | | | | | | | | | | | 6 | | | | | 6 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | 10 ✓ | | | | | | | ✓ | ✓ | ✓ | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 10 | ~~16~~ | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | ~~56~~ |
| Vacation | | 10 | | | | | | 10 | 10 | | | | 10 | | | | | | | 30 |
| Icep | | 10 | | | 7 | | | | | | | | | | | | | | | 7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | | | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 0 | 0 | | 0 | 0 | 0 | 37 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 16 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 93 |

50 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 3 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 2 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 56 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 37 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

Supervisor Signature

**Los Angeles County District Attorney**
**Custody of Minor T**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project C |
|---|---|---|---|---|---|---|
| 7/1/2023 - 7/15/2023 | [redacted] | [redacted] | Sr. Investigator | Investigation | 15872 | CHILDAB |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
30 • 00 +
80 • 00 +
110 • 00 G +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | off | Holiday | off | off | RDO | WK | WK | off | | | | RDO | WK | 0 |
| 2022-G-1138 | Isaac Meza | 1 | u | | | | | | | | | | | 2 | | 1 | | | 3 |
| 2022-G-1120 | Isaiah Howard | 1 | u | | | | | | | | | | | | 1 | | | | 1 |
| 2022-G-0277 | Reema Sogi | 1 | c,u | | | | | | | | | | | | 1 | | | | 1 |
| 2023-G-0881 | Lester Elcan | 1 | u | | | | | | | | | | | 3 | | 4 | | | 7 |
| 2023-G-1011 | Aleksei Iarapolova | 1 | g,k,u,i | | | | | | | | | | | 4 | 6 | 3 | | | 13 |
| 2023-G-0805 | James Broakye | 1 | u | | | | | | | | | | | | 1 | | | | 1 |
| 2022-G-0251 | Angela Harris | 1 | u,q | | | | | | | | | | | | 1 | 1 | | | 2 |
| 2023-G-0962 | Shameka Bryant | 1 | u | | | | | | | | | | | 1 | | 1 | | | 2 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 30 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 30 |

30
WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 30 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 30 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8/4/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 8/4/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/16/2023 to 7/31/2023 | [redacted] | [redacted] | Sr. Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Operations Plans
o Travel Arrangement
p Court Appearances
q CAU I/O Criminal Filings
r Out -Of -State Assist (UCCJEA)
s Out-of-State Court Appearances
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | off | | | RDO | WK | WK | | | | | RDO | WK | WK | | 0 |
| 2023-G-1011 | Aleksei Iarapolova | 1 | k,g,u | | 3 | | 5 | 6 | 5 | | | 6 | 3 | 5 | | | | | 6 | 39 |
| 2022-G-1138 | Isaac Meza | 1 | u,q | | 2 | | | 2 | | | | | 3 | 1 | 10 | | | | 1 | 19 |
| 2022-G-1120 | Isaiah Howard | 1 | u,q | | 2 | | 3 | | | | 1 | 1 | | 1 | | | | | | 7 |
| 2023-G-0881 | Lester Elcan | 1 | u,q | | 2 | | 1 | | | | | 3 | 4 | 2 | | | | | 3 | 15 |
| 2022-G-0251 | Angela Harris | 2 | u,q | | 1 | | 1 | 2 | | | | | | 1 | | | | | | 5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | | 0 |
| Subtotal | Claimable | | | | 10 | | 10 | 10 | 5 | | | 10 | 10 | 10 | 10 | | | | 10 | 85 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Pay Period Total 85 |

80 ✓ WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 80 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 5 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 85 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 8/4/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above*

[redacted] 8/4/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/1/2023 - 7/15/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
54 • 00
40 • 00
94 • 006

| Case Number | Case Name | Activity Codes | Task Codes | 1 WK | 2 WK | 3 RDO | 4 HOLIDAY | 5 | 6 | 7 | 8 WK | 9 WK | 10 RDO | 11 | 12 | 13 | 14 | 15 WK | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-0946 | Sandoval v DeFusco | 2 | g | | | | | 2 | | | | | | | | | | | 2 |
| 2022-A-1524 | Santillian v Solis | 2 | c,l, u,o | | | | | 4 | 1 | 7 | | | | 6 | 5 | 3 | 4 | | 30 |
| 2023-G-0343 | Byrd v Vargas ✓ | 1 | g | | | | | | 1 | 1 | | | | | | | | | 2 |
| 2023-G-1021 | Flemming v Vaughns ✈ | 6 | u | | | | | | | 1 | | | | | 1 | | | | 2 |
| 2023-G-0106 | Robinson v Yelding ✓ ✈ | 2,6 | u | | | | | | | 1 | | | | | 2 | 2 | 2 | | 7 |
| 2023-G-0265 | Garrett v Swinton | 2 | u | | | | | | | | | | | 3 | 2 | 3 | 2 | | 10 |
| 2023-G-0373 | Jones v Jackson ✓ | 1 | g | | | | | | | | | | | 1 | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 6 | 2 | 10 | 0 | 0 | 0 | 10 | 10 | 8 | 8 | 0 | 54 |
| Other | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stats/unclaimable | | 10 | | | | | | 4 | 8 | | | | | | | 2 | 2 | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 6 | 2 | 10 | 0 | 0 | 0 | 10 | 10 | 8 | 8 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 54 |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 3 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 42 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 2 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 47 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code. |
|---|---|---|---|---|---|---|
| 7/1/2023 - 7/15/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15B72 | CHILDABDUC |

**Reimbursable Activity Codes:**

CLAIMABLE
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

NON CLAIMABLE
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

Task Codes:
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation

Conversions of time Decimals

| | | |
|---|---|---|
| 6 Minutes = 1 hour | 36 Minutes = 6 hour | |
| 12 Minutes = 2 hour | 42 Minutes = 7 hour | |
| 15 Minutes = 25 hour | 45 Minutes = 75 hour | |
| 18 Minutes = 3 hour | 48 Minutes = 8 hour | |
| 24 Minutes = 4 hour | 54 Minutes = .9 hour | |
| 30 Minutes = 5 hour | 60 Minutes = 1 hour | |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | RDO | HOLIDAY | | | | WK | WK | RDO | | | | | WK | 0 |
| 2023-G-0946 | Sandoval v DeFusco | 2 | g | | | | | 2 | | | | | | | | | | | 2 |
| 2022-A-1524 | Santalban v Solis | 2 | c,l, u,o | | | | | 4 | 1 | 7 | | | | 6 | 5 | 3 | 4 | | 30 |
| 2023-G-0343 | Byrd v Vargas | 1 | g | | | | | | 1 | 1 | | | | | | | | | 2 |
| 2023-G-1021 | Flemming v Vaughns | 6 | u | | | | | | | 1 | | | | | 1 | | | | 2 |
| 2023-G-0106 | Robinson v Yelding | 2,6 | u | | | | | | | 1 | | | | | 2 | 2 | 2 | | 7 |
| 2023-G-0265 | Garrett v Swinton | 2 | u | | | | | | | | | | | 3 | 2 | 3 | 2 | | 10 |
| 2023-G-0373 | Jones v Jackson | 1 | g | | | | | | | | | | | 1 | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 6 | 2 | 10 | 0 | 0 | 0 | 10 | 10 | 8 | 8 | 0 | 54 |
| Other | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stats/unclaimable | | 10 | | | | | | 4 | 8 | | | | | | | 2 | 2 | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 6 | 2 | 10 | 0 | 0 | 0 | 10 | 10 | 8 | 8 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 54 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 3 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 42 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 2 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 47 |

Note Please enter WK for week end and RDO for your day off

[redacted] performed as shown above

Employee Signature 7/14/23

Su[redacted] to the best of my knowledge and belief, this time record is true and correct, and the functions

Supervisor Signature 7/17/23

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 7/16/2023 - 7/31/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Operations Plans
o Travel Arrangement
p Court Appearances
q CAU I/O Criminal Filings
r Out -Of -State Assist (UCCJEA)
s Out-of-State Court Appearances
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

✓

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | RDO | RDO | RDO | RDO | | WK | WK | | | | RDO | RDO | WK | WK | RDO | 0 |
| 2023-G-0106 | Robinson v Yelding ✓ X | 4 | u | | | | | | 3 | | | | | | | | | | | 3 |
| 2023-A-1411 | Gyunashyan v Aleksanyan | 2 | c | | | | | | 4 | | | | | | | | | | | 4 |
| 2022-A-1524 | Solis v Santillan | 2 | c, n, p, j, g | | | | | | 3 | | | 10 | 10 | 10 | | | | | | 33 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | ✓ | | | ✓ | ✓ | ✓ | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 40 |
| Range | | | | | | | | | | | | | | | | | | | | 0 |
| Other | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | Pay Period Total 40 |

40 ✓ WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 0 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 37 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 3 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 40 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 08/01/23 - 08/15/23 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0

22.20
21.60
43.80

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | WK | WK | | | | | | WK | WK | | | |
| 23STHC00004 | Melendez v. Castellanos | 2 | b | 0.25 | 0.5 | | | | | 0.2 | | | | | | | | | 0.95 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | e | 0.6 | | | | | | | | | | | | | | | 0.6 |
| AGI-23-18-LA2023400783 | CARO LEON, Agustina Leonor | 2 | c | | | 0.2 | 0.7 | | | | | | | | | | | | 0.9 |
| 19TRFL001149 | Caceres v. Caceres | 2 | b | 0.25 | 0.2 | 0.1 | 0.2 | | | 0.25 | | | | | | | | | 1 |
| No case No. Database check request for file | Cheryl Richards v. Azaria Calvan | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-22-47-LA2022402210 | Amado Garcia v. Amado Sanchez | 2 | b | 0.2 | | | | | | | | 0.25 | | | | | | | 0.45 |
| 19TRFL01149 | Caceres v. Caceres | 6 | | | | | ~~0.7~~ | | | | ~~0.5~~ | | | | | | | | 1.2 |
| BA040710 | People v. Celso Sanchez | ~~5~~ | g | | | | ~~0.7~~ | | | | | | | | | | | | 0.7 |
| SA093639 | People v. Jack Matthew Zeichick | ~~8~~ | g | | | | ~~0.2~~ | | | | | | | | | | | | 0.2 |
| 23STRO00810 | Chiles v. Thomas | 1 | g | | | | 0.5 | | | | | | | | | | | | 0.5 |
| AGI-23-17-LA2023400745 | Herrera v. Estrada | 2 | b | | | | 0.3 | | | 0.25 | | 0.25 | | | | | | | 0.8 |
| 23STP500848 | Velasquez v. Noemi | 2 | c | | | | | | | 0.4 | | | | | | | | | 0.4 |
| 23STPB04720 | Candelaria v. Velasquez | 2 | c | | | | | | | 0.4 | | | | | | | | | 0.4 |
| 23STHC00007 | Cabrera v. Chavez | 2 | c | | | | 0.6 | | | | | | | | | | | | 0.6 |
| BA516966 | People v. Valerie Verduzco | 3 | e | | | | | | | | 0.9 | | | | | | | | 0.9 |
| CK79733A - BA418216 | Adalberto Zamora | 1 | c | | | | | | | | 0.9 | 0.7 | | | | | 0.5 | | 2.1 |
| CK79733A - BA418216 | Cithlati Zamora | 1 | c | | | | | | | | 0.9 | 0.7 | | | | | 0.6 | | 2.2 |
| 23STHC00007 | Chavez v. Cabrera | 2 | f | | | | | | | | | | | | | | | 4 | 4 |
| 23STHC00008 | Escalante Santillan v. Solis Vasquez | 2 | f | | | | | | | | | | | | | | | 4 | 4 |
| 21STFL13897 | Jonathan Elbaz v. Gabriella | 2 | d | | | | | | | | | | 0.9 | 0.9 | | | | | 1.8 |
| 23STHC00008 | Escalante Santillan v. Solis Vasquez | 2 | b | | | | | | | | | | | | | | 0.2 | | 0.2 |
| 23STHC00003 | Pina v. Hernandez | 2 | b | ✓ | ✓ | ✓ | ~~2.3~~ 2.4 | | | ✓ | ~~2.8~~ ✓ | ✓ | ✓ | ✓ | | | 0.2 | ✓ | 0.2 |
| **Subtotal** | **Claimable** | | | **1.3** | **0.7** | **0.5** | ~~3.9~~ | **0** | **0** | **1.5** | ~~3.2~~ | **1.9** | **0.9** | **0.9** | **0** | **0** | ~~1.1~~ 1.5 | ~~8~~ | ~~23.9~~ |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **6.7** | **7.3** | **7.5** | **4.1** | **0** | **0** | **6.5** | **4.8** | **6.1** | **7.1** | **7.1** | **0** | **0** | **6.9** | **0** | **64.1** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

22.20 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 4.8 |
| (02) Court Costs for Out of Jurisdiction Cases | 16.5 |
| (03) Secure Appearance of Offender | 0.9 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 0.3 |
| (06) Other - Non Claimable | 0.6 |
| Claimable + Non-Claimable Total | 23.9 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8-15-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 8/18/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 08/16/23 - 8/31/23 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

6 Minutes = .1 hour

12 Minutes = .2 hour

15 Minutes = .25 hour

18 Minutes = .3 hour

24 Minutes = .4 hour

30 Minutes = .5 hour

36 Minutes = .6 hour

42 Minutes = .7 hour

45 Minutes = .75 hour

48 Minutes = .8 hour

54 Minutes = .9 hour

60 Minutes = 1 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | | WK | WK | | | | | |
| 23STHC00004 ✓ | Melendez v. Castellanos | 2 | b, f | 0.5 | 4.25 | 0.2 | | | 0.25 | | | | | | | 0.85 | | 0.25 | | 6.30 |
| 23STHC00003 ✓ | Pina v. Hernandez | 2 | b | 0.5 | | 0.1 | | | | | | | | | | | | 0.25 | | 0.85 |
| 23STCP00964 ✓ | Christy Cuozzo v. Raymond Dilger | 1 | g | | 0.7 | | | | | | | | | | | | | | | 0.7 |
| 23STHC00007 ✓ | Chavez v. Cabrera | 2 | b | | 0.25 | | | | | | | | | | | | | | | 0.25 |
| 23STHC00009 ✓ | Alvarez Garcia v. Cordero Oduna | 2 | b, d | 1.1 | | 0.75 | | | 0.25 | | | | | | | | | | | 2.1 |
| 21STFL13897 ✓ | Jonathan Elbaz v. Gabriella Elbaz | 2 | b, c | | | | | | | 0.25 | 1.2 | 0.25 | 0.85 | | | | 0.6 | | | 3.15 |
| 23STRO00810 ✓ | Chiles v. Thomas | 1 | g | | | | | | 0.6 | 0.3 | | 0.3 | | | | | | | | 1.20 |
| BA517340 ✓ | People v. Esquivel, Elder | 1 | e | | | | | | | | 0.7 | | | | | | | | | 0.70 |
| BA517343 ✓ | People v. Rodriguez, Alma | 1 | e | | | | | | | | 0.7 | | | | | | | | | 0.70 |
| AGI-23-34-LA2023401366 ✓ | Martin v. Kurdain | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.30 |
| 21STFL13897 ✓ | Jonathan Elbaz v. Gabriella Elbaz | 2 | b | | | | | | | | | | | | | | | | | |
| AGI-23-18-LA20234000793 | Caron v. Leon | 2 | b | | | | | | | | | | | | | | | | | |
| CAU Flyer | coreycharles402@gmail,com (CAU flyer) | 6 | | | | | | | 0.1 | | | | 0.2 | | | | | | | |
| 23STHC00004 ✓ | Melendez v. Castellanos | 2 | d | | | | | | | | | | 0.7 | | | | | | | 0.7 |
| 23STHC00003 ✓ | Pina v. Hernandez | 2 | d | | | | | | | | | | 0.6 | | | | | | | 0.6 |
| AGI-23-19 ✓ | Sandoval v. Montes | 2 | d | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| FAMSS1810047 | Teresa Barragan v. Jose Vega Montes | 3 | e | | | | | | | | | | | | | | 1.6 | | | 1.6 |
| BA509614 | People v. Rosalba Cruz | 1 | g | | | | | | | | | | | | | 1 | | | | 1 |
| AGI-23-27- (SD2023401150) | Dulku -Ballesteros-Mx.-SB County | 2 | a | | | | | | | | | | | | | | | 0.3 | | 0.3 |
| AGI-21-47-LA2021402297 | Jacob-Mengistu v. Strankay | 2 | b | | | | | | | | | | | | | | | | 0.2 | 0.2 |
| 19PSFL00368 | Joseph Delgado v. Christine Delgado | 1 | a | | | | | | | | | | | | | | | | 0.25 | 0.25 |
| 19PDFL00621 | Hovhannisyan v. Avetyan, | 1 | g | | | | | | | | | | | | | | | | 0.5 | 0.5 |
| FAMSS1810047 | Barragan v. Montes | 1 | g | ✓ | ✓ | ✓ | | | 1.3 ✓ | ✓ | ✓ | ✓ | 2.1 ✓ | | | ✓ | ✓ | ✓ | 0.1 ✓ | 0.1 |
| **Subtotal** | **Claimable** | | | **2.1** | **5.2** | **1.05** | **0** | **0** | **1.4** | **0.55** | **2.6** | **0.55** | **2.35** | **0** | **0** | **2.05** | **2.2** | **0.8** | **1.05** | **21.9** |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **5.9** | **2.8** | **6.95** | | | **6.6** | **7.45** | **5.4** | **7.45** | **5.65** | **0** | **0** | **5.95** | **5.8** | **7.2** | **6.95** | **74.1** |
| | | 0.1 | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **96** |

21.6

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 0 |
| (06) Other - Non Claimable | 0.3 |
| Claimable + Non-Claimable Total | 0.3 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 9-7-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 9/7/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| August 1-15, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5--criminal court appearances starting with arraignment, case preparation.**

**(06) Other - Non Claimable**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0
10.95
17.60
28.55

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | VAC | VAC | | | WKND | WKND | | | | | RDO | WKND | WKND | | | 0 |
| DA # 43495319 | William Sharpe | 1 | a | | | 0.7 | | | | | | | | | | | | | 0.7 |
| DA # 43495319 | William Sharpe | 1 | d | | | | 0.5 | | | | | | | | | | | | 0.5 |
| DA # 43300436 | Zuprimna Arriola | 1 | a | | | 0.5 | | | | | | | | | | | | | |
| BA514087 | Zuprimna Arriola | 1 | d | | | | 0.7 | | | | | | | | | | | | 0.7 |
| BA516966 | Valerie Verduzco | 1 | a,b,c,e, | | | | | | | 4.25 | | | | | | | | | 4.25 |
| DA# 43376317 | Pamela Nutall | 1 | d | | | | | | | | 0.5 | | | | | | | | 0.5 |
| DA # 42332845 | Detaun Nichols | 1 | d | | | | | | | | 0.7 | | | | | | | | |
| DA # 42687857 | Mark Scott | 1 | d | | | | | | | | 0.6 | | | | | | | | 0.6 |
| BA517343 | Alma Rodriguez | 1 | a | | | | | | | | 0.7 | | | | | | | | 0.7 |
| No Case # provided | LAPD Van Nuys Inquiry | 1 | a | | | | | | | | 0.25 | | | | | | | | 0.25 |
| No Case # provided | Pomona PD Inquiry | 1 | a | | | | | | | | 0.2 | | | | | | | | 0.2 |
| No Case # private citizen emals | Carolyn Schaupp | 1 | a | | | | | | | | | 0.25 | | | | | | | 0.25 |
| No Case # provided | Altadena LASD inquiry | 1 | a | | | | | | | | | 0.2 | | | | | | | 0.2 |
| DA # 43655711 | Yulya Hovannaisyan | 1 | a,b | | | | | | | | | | | | | | | 0.9 | 0.9 |
| | | 1 | a | | | | | | | | | | | | | | | | 0 |
| | | 1 | a | | | | | | | | | | | | | | | | |
| | | 1 | a | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | | | | | ✓ | |
| **Subtotal** | **Claimable** | | | **0** | **0** | **1.2** | **1.2** | **0** | **0** | **4.25** | **2.95** | **0.45** | **0** | **0** | **0** | **0** | **0** | **0.9** | **10.95** |
| (06) Other - Non Claimable | | 6 | | | | | 5 | | | 4.75 | 4.05 | 8.55 | 9 | | | | 4 | | 35.35 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 7.8 | 1.8 | | | | 2 | | | | | | 5 | 1 | 17.6 |
| **After Hours Duty** | | 6 | | | | | | | | | | | | | | | 5 | 7.1 | 12.1 |
| Vacation | | | | 9 | 9 | | | | | | | | | | | | | | 18 |
| **Subtotal** | **Non-Claimable** | | | **9** | **9** | **7.8** | **6.8** | **0** | **0** | **4.75** | **6.05** | **8.55** | **9** | **0** | **0** | **0** | **14** | | **83.05** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **8** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **14** | **9** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **94** |

10.95 WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | **9.75** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5--criminal court appearances starting with arraignment, case preparation.** | **17.6** |
| **(06) Other - Non Claimable** | **47.45** |
| **Claimable + Non-Claimable Total** | **74.8** |

Note: Please enter WK for week end and RDO for your day off.

*...time, and the function performed as shown above.*

[redacted] 9/5/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/5/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| August 16-31, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03)**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WKND | WKND | | | | | RDO | WKND | WKND | | | | | 0 |
| No case # | LAPD Wilshire inquiry | 1 | a | 0.2 | | | | | | | | | | | | | | | | 0 |
| DA # 43655711 | Yulya Hovhanyssian | 1 | f | | 0.2 | | | | | | | | | | | | | | | 0.2 |
| LA2023400173 | Hague--Cabrera v. Cabrera | 2 | b | | 0.2 | | | | | | | | | | | | | | | 0.2 |
| DA # 43055585 | Nathanial Pogues | 1 | b | | 0.7 | | | | | | | | | | | | | | | 0.7 |
| DA # 43825561 | Angel Champagne | 1 | b | | 1.5 | | | | | | | | | | | | | | | 1.5 |
| BA473204 | Shilpa Sahi | 3 | a | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| DA # 42332845 | Detaun Nichols | 1 | a | | 0.1 | | | | | | | | | | | | | | | 0.1 |
| DA # 43655711 | Yulya Hovhanyssian | 1 | b, d | | | 1.75 | | | | | | | | | | | | | | 1.75 |
| DA # 43055585 | Nathanial Pogues | 1 | a,b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| DA # 43825561 | Angel Champagne | 1 | b | | | | | | 0.5 | | | | | | | | | | | |
| DA # 43825561 | Kimberly Stricker | 1 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| BA517343 | Alma Rodriguez | 1 | e | | | | | | | 2 | | | | | | | | | | 2 |
| BA517340 | Elder Esquivel | 1 | e | | | | | | | 2 | | | | | | | | | | 2 |
| DA # 43055585 | Nathanial Pogues | 1 | a | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA #43282360 | Crystal Cook | 1 | b,d | | | | | | | | 1.5 | 0.1 | | | | | | | | 1.6 |
| DA # 43513656 | Miguel Aguirre Garcia | 1 | b | | | | | | | | 0.9 | | | | | | | | | 0.9 |
| DA # 42027817 | Wai Tse | 1 | b,d | | | | | | | | | 0.9 | | | | 1.3 | | | | 2.2 |
| DA # 43039792 | Yaneth Aguilar | 1 | b,c | | | | | | | | | | | | | 1 | | | | 1 |
| LAPD # 221114012 | Sarah Ibarra | 1 | a | | | | | | | | | | | | | 0.8 | | | | 0.8 |
| DA # 43495319 | William Sharpe | 1 | a, c, d | | | | | | | | | | | | | | | | | 0 |
| DA # 43944726 | Edgar Segura Rodriguez | 1 | b | | | | | | | | | | | | | | | 0.75 | | 0.75 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | | ✓ | | 0 |
| **Subtotal** | **Claimable** | | | 0.2 | 3.2 | 2.15 | 0 | 0 | 0.7 | 4.1 | 2.4 | 1 | 0 | 0 | 0 | 3.1 | 0 | 0.75 | 0 | 17.6 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 2 | | 2 | | | | | 3 | | | | | 2 | | 1.5 | | 10.5 |
| After Hours Duty | | 6 | | | | | | | 5 | | | | | | | | | | | 5 |
| (06) Other - Non Claimable | | 6 | | 6.8 | 5.8 | 3.85 | | | 8.3 | 4.9 | 3.6 | 8 | | | | 3.9 | 9 | 6.75 | | 60.9 |
| **Subtotal** | **Non-Claimable** | | | 8.8 | 5.8 | 5.85 | 0 | 0 | 13.3 | 4.9 | 6.6 | 8 | 0 | 0 | 0 | 5.9 | 9 | 8.25 | 0 | 76.4 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 9 | 8 | 0 | 0 | 14 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 0 | 94 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 94 |

| | |
|---|---|
| (01) Compliance with Court Orders | 16.2 |
| (02) Court Costs for Out of Jurisdiction Cases | 0.2 |
| (03) Secure Appearance of Offender | 0.5 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 10.5 |
| (06) Other - Non Claimable | 65.9 |
| Claimable + Non-Claimable Total | 93.3 |

Note: Please enter WK for week end and RDO for your day off.

*Employee hereby certifies that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/7/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/11/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/1/2023-8/15/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable
- (06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions c**

6 Minutes = .1
12 Minutes = .
15 Minutes =
18 Minutes =
24 Minutes =
30 Minutes = .5 hour
60 Minutes = 1 hour

0 • C
32 • 45 +
40 • 75 +
73 • 20 G +

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | WK | WK | | | | | | WK | WK | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | c | 1 | | | | | | | | | | | | | | | |
| 23-003 | Trevino | 2 | b | 0.5 | | | | | | | | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | 0.7 | | | | | | | | | | | | | | | |
| 23-006 | Cortez | 2 | b | 0.5 | | | | | | | | | | | | | | | |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | c | 0.5 | | | | | | | | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | f | | 5.25 | | | | | | | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | 0.5 | | | | | | | | | | | | | | |
| 23-003 | Trevino | 2 | b | | | 0.2 | | | | | | | | | | | | | |
| no case number | Elbaz | 2 | b | | | 0.75 | | | | | | | | | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | c | | | 0.75 | | | | | | | | | | | | | |
| AGI-23-24 | LOPEZ v. HABOUD | 2 | b | | | 0.4 | | | | | | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | 0.3 | | | | | | | | | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | d | | | 0.3 | | | | | | | | | | | | | |
| AGI-23-24 | LOPEZ v. HABOUD | 2 | b | | | 0.3 | | | | | | | | | | | | | |
| 23STRO00810 | CHILES, SAMANTHA AISHA VS THOMAS, KIM | 1 | g | | | | 0.5 | | | | | | | | | | | | |
| BD588111 | ANNETTA YACOUB VS FREDDY DAWOUD | 1 | g | | | | 2 | | | | | | | | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | c | | | | | | | 0.3 | | | | | | | | | |
| 23-004 | Khacheryan | 2 | b | | | | | | | 0.6 | | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | | | | | 0.5 | | | | | | | | | |
| 23-004 | Khacheryan | 2 | b | | | | | | | | 0.4 | | | | | | | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | b | | | | | | | | 0.2 | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | | | | | | 0.4 | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | f | | | | | | | | 3.3 | | | | | | | | |
| AGI-23-24 | LOPEZ v. HABOUD | 2 | b | | | | | | | | 0.4 | | | | | | | | |
| 21-005 | Pimentel | 2 | b | | | | | | | | 0.2 | | | | | | | | |
| AGI-23-23 | Vazquez v. Arias | 2 | b | | | | | | | | 0.3 | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RE: AGI-23-23 | Vazquez v. Arias | 2 | b | | | | | | | | | 0.2 | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | | | | | | | 0.4 | | | | | | | | |
| 23-004 | Khacheryan | 2 | b | | | | | | | | | 0.3 | | | | | | | | |
| 19PDFL00621 | Aveytan | 1 | g | | | | | | | | | 0.6 | | | | | | | | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | f | | | | | | | | | | 2.5 | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | | | | | | | | 0.3 | | | | | | | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | | | | | | | | 0.6 | | | | | | | |
| 23STHC0003 | PINA AGUIRRE, MICHAEL JACQU | 2 | c | | | | | | | | | | 1 | | | | | | | |
| AGI-23-19 | SANDOVAL v. MONTES | 2 | b | | | | | | | | | | | 0.3 | | | | | | |
| 23-007 ✓ | Leong | 2 | b | | | | | | | | | | | 0.5 | | | | | | |
| AGI-23-23 | Vazquez v. Arias | 2 | b | | | | | | | | | | | 0.5 | | | | | | |
| 23STHC00007 | CHAVEZ ESTRADA, NUBIA LIZBETH VS CABRERA | 2 | c | | | | | | | | | | | | | | 1.5 | | | |
| 23-004 | Khacheryan | 2 | b | | | | | | | | | | | | | | 0.4 | | | |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | | | | | | | | | | | | 0.4 | | | |
| 23STHC00007 | CHAVEZ ESTRADA, NUBIA LIZBETH VS CABRERA | 2 | b | | | | | | | | | | | | | | | 0.4 | | |
| 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | | 0.4 | | |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | b | | | | | | | | | | | | | | | 0.4 | | |
| 23-007 ✓ | Leong | 2 | b | | | | | | | | | | | | | | | 0.3 | | |
| 23-004 | Khacheryan | 2 | b | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | 0.4 ✓ | | |
| **Subtotal** | **Claimable** | | | **3.2** | **5.75** | **3** | **2.5** | | | **1.4** | **5.2** | **1.5** | **4.4** | **1.3** | | | **2.3** | **1.9** | 32.45 | WH |
| | PC 278, 278.5 Post Filing -Non Claimable | 5 | | 3.3 | 0.75 | 3.5 | 4 | | | 5.1 | 1.3 | 5 | 2.1 | 5.2 | | | 4.2 | 4.6 | | ✓ |
| | Other - Non Claimable | 6 | | 1.5 | 1.5 | 1.5 | 1.5 | | | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | | | 1.5 | 1.5 | | |
| **Subtotal** | **Non-Claimable** | | | **4.8** | **2.25** | **5** | **5.5** | | | **6.6** | **2.8** | **6.5** | **3.6** | **6.7** | | | **5.7** | **6.1** | | |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | | | **8** | **8** | **8** | **8** | **8** | | | **8** | **8** | | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** | |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **0** |
| **(06) Other - Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **0** |

Note: Please enter WK for week end and RDO for your day off.

*Employee: I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8/18/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the function were performed as shown above.*

[redacted] 8/23/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/16/2023-8/31/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

| | |
|---|---|
| a | Communication with LE or other for assistance re: custody violations and/or locating missing child |
| b | eCER filing submission—review of reports, request follow-up from IO. |
| c | eCER filing submission—obtaining court orders. running e-scars |
| d | eCER filing submission—preparing declination |
| e | eCER filing submission—preparing filing |
| f | 3130—out of state, review/approval of documents. |
| g | Assistance with 3130 order, obtain court records, prepare court documents, intake |

**(02) Court Costs for Out of Jurisdiction Cases**

| | |
|---|---|
| a | Hague—receipt and processing |
| b | Hague—communication with party, attorney, AG or CA. |
| c | Hague—preparation and review, letters, petition, and court documents |
| d | Hague—file preparation |
| e | Hague—court filing |
| f | Hague—court appearance at proceeding |
| g | Hague—research |

**(03) Secure Appearance of Offender**

| | |
|---|---|
| a | Communication with LE re: arrest on warrant |
| b | Communication, arrangement, approval re: extradition |
| c | Review of case for extradition |
| e | Obtain court records for filings and warrants. |

**(4) Return of Children to Custodian**

| | |
|---|---|
| a | Communications with LE re: returning child to legal custodian |

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**NON CLAIMABLE**

**(05) PC 278, 278.5 Post Filing -Non Claimable**

**(06) Other - Non Claimable**

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | | WK | WK | | | | | |
| DA# 43055585 | Pogues | 1 | a | 0.2 | | | | | | | | | | | | | | | | 0.2 |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | f | 2.5 | | | | | | | | | | | | | | | | 2.5 |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | b | 1.5 | | | | | | | | | | | | | | | | 1.5 |
| AGI-23-06 | CABRERA v. CHAVEZ | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | b | 0.4 | | | | | | | | | | | | | | | | 0.4 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | d | 0.3 | | | | | | | | | | | | | | | | 0.3 |
| 23-006 | Cortez | 2 | b | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| 23STHC00009 | ALAVEZ GARCIA, CESAR GERARDO VS CORDER | 2 | b | | 0.1 | | | | | | | | | | | | | | | 0.1 |
| 23STHC00007 | CHAVEZ ESTRADA, NUBIA LIZBETH VS CABRERA | 2 | b | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| no case number | no case number/possible filing | 1 | a | | ~~0.2~~ | | | | | | | | | | | | | | | 0.2 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | f | | 3 | | | | | | | | | | | | | | | 3 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | b | | 1 | | | | | | | | | | | | | | | 1 |
| no case number | Elbaz | 2 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | d | | | 0.3 | | | | | | | | | | | | | | 0.3 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 23STHC00006 | MIRANDA, MARINA ARIAS VS VASQUEZ MORENO | 2 | b | | | 0.6 | | | | | | | | | | | | | | 0.6 |
| 19PDFL00621 | Avetyan | 1 | g | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | 0.9 | | | | | | | | | | | 0.9 |
| 23-006 | Cortez | 2 | b | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 23-006 | Cortez | 2 | a | | | | | | 1 | | | | | | | | | | | 1 |
| 23STHC00007 | CHAVEZ ESTRADA, NUBIA LIZBETH VS CABRERA | 2 | a | | | | | | 1 | | | | | | | | | | | 1 |
| AGI-23-23 | Vazquez v. Arias | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| 23STHC00006 | MIRANDA, MARINA ARIAS VS VASQUEZ MORENO | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| 23-006 | Cortez | 2 | b | | | | | | | 0.7 | | | | | | | | | | 0.7 |
| BA517340 | People v. Esquivel, Elder Orlando | 1 | e | | | | | | | 1.5 | | | | | | | | | | 1.5 |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BA517343 | People v. Rodriguez, Alma | 1 | e | | | | | | | 1.5 | | | | | | | | | | | | | |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | | | | | 0.1 | | | | | | | | | | | | | 0.1 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | | 0.3 | | | | | | | | | | | | | 0.3 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | a | | | | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | | | 0.7 | | | | | | | | | | | | 0.7 |
| BA517340 | People v. Esquivel, Elder Orlando | 1 | g | | | | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| BA517343 | People v. Rodriguez, Alma | 1 | g | | | | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| no case number | No Case Number | 2 | b | | | | | | | | 1 | | | | | | | | | | | | 1 |
| 23-007 | Leong | 1 | a | | | | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | c | | | | | | | | | 1 | | | | | | | | | | | 1 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | | | | 1.5 | | | | | | | | | | | 1.5 |
| 18STPT03075 | Allen v. Moore | 1 | a | | | | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| AGI-23-24 | LOPEZ v. HABOUD | 2 | b | | | | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| no case number | Elbaz | 2 | b | | | | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | | | | | | | | | | | 2.5 | | | | | | 2.5 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | | | | | | | | 0.2 | | | | | | 0.2 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | a | | | | | | | | | | | | | 0.4 | | | | | | 0.4 |
| AGI-23-19 | SANDOVAL v. MONTES | 2 | b | | | | | | | | | | | | | 0.4 | | | | | | 0.4 |
| AGI-23-19 | SANDOVAL v. MONTES | 2 | a | | | | | | | | | | | | | 0.4 | | | | | | 0.4 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANOS | 2 | b | | | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | b | | | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 18STPT03075 | Allen v. Moore | 1 | a | | | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 21AVRO00652 | AGUILAR, YANETH VS AGUILAR, ANTHONY BRAN | 1 | g | | | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 21VEFL01072 | AGUILAR, YANETH VS AGUILAR, ANTHONY BRAN | 1 | g | | | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| YF003906 | Willam Sharpe v. Chrisley Zephyr | 1 | g | | | | | | | | | | | | | | 0.6 | | | | | 0.6 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | f | | | | | | | | | | | | | | 1.25 | | | | | 1.25 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | e | | | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | | 1 | | | | 1 |
| AGI-23-27 | DULKU v. BALLESTEROS | 2 | a | | | | | | | | | | | | | | | 1 | | | | 1 |
| AGI-23-27 | DULKU v. BALLESTEROS | 2 | b | | | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS SO | 2 | b | | | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS HERN | 2 | c | | | | | | | | | | | | | | | 0.7 | | | | 0.7 |
| 19PDFL00621 | Avetyan, Smbat | 1 | g | ✓ | 5.6 ✓ | ✓ | | | | ✓ | ✓ | 2.2 ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | 1 ✓ | 1 | | |
| **Subtotal** | **Claimable** | | | 5 | 5.8 | 2.4 | | | 3.9 | 4.5 | 3.2 | 3 | 0.9 | | | 3.9 | 4.75 | 3.6 | 1 | 41.95 | 40.75 wH | | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | 1.5 | 0.7 | 4.1 | | | 2.6 | 2 | 3.3 | 3.5 | 5.6 | | | 2.6 | 1.75 | 2.9 | 5.5 | 36.05 | | | |
| (06) Other - Non Claimable | | 6 | | 1.5 | 1.5 | 1.5 | | | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | | | 1.5 | 1.5 | 1.5 | 1.5 | 18 | | | |
| **Subtotal** | **Non-Claimable** | | | 3 | 2.2 | 5.6 | | | 4.1 | 3.5 | 4.8 | 5 | 7.1 | | | 4.1 | 3.25 | 4.4 | 7 | 54.05 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 96 | | | |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | | | 96 |

| | |
|---|---|
| **(01) Compliance with Court Orders** | 8.4 |
| **(02) Court Costs for Out of Jurisdiction Cases** | 33.55 |
| **(03) Secure Appearance of Offender** | 0 |
| **(04) Return of Children to Custodian** | 0 |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | 0 |
| **(06) Other - Non Claimable** | 18 |
| **Claimable + Non-Claimable Total** | 59.95 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9-5-23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 9/5/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 08/01/23 - 08/15/23 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

24 • 30 +
21 • 60 +
45 • 90 G

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | WK | WK | | | | | | WK | WK | | | |
| 23STHC00004 | Melendez v. Castellanos | 2 | b | 0.25 | 0.5 | | | | | 0.2 | | | | | | | | | 0.95 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | e | 0.6 | | | | | | | | | | | | | | | 0.6 |
| AGI-23-18-LA2023400783 | CARO LEON, Agustina Leonor | 2 | c | | | 0.2 | 0.7 | | | | | | | | | | | | 0.9 |
| 19TRFL001149 | Caceres v. Caceres | 2 | b | 0.25 | 0.2 | 0.1 | 0.2 | | | 0.25 | | | | | | | | | 1 |
| No case No. Database check request for file | Cheryl Richards v. Azaria Calvan | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-22-47-LA2022402210 | Amado Garcia v. Amado Sanchez | 2 | b | 0.2 | | | | | | | | 0.25 | | | | | | | 0.45 |
| 19TRFL01149 | Caceres v. Caceres | 6 | | | | | 0.7 | | | | 0.5 | | | | | | | | 1.2 |
| BA040710 | People v. Celso Sanchez | 5 | g | | | | 0.7 | | | | | | | | | | | | 0.7 |
| SA093639 | People v. Jack Matthew Zeichick | 5 | g | | | | 0.2 | | | | | | | | | | | | 0.2 |
| 23STRO00810 | Chiles v. Thomas | 1 | g | | | | 0.5 | | | | | | | | | | | | 0.5 |
| AGI-23-17-LA2023400745 | Herrera v. Estrada | 2 | b | | | | 0.3 | | | 0.25 | | 0.25 | | | | | | | 0.8 |
| 23STP500848 | Velasquez v. Noemi | 2 | c | | | | | | | 0.4 | | | | | | | | | 0.4 |
| 23STPB04720 | Candelaria v. Velasquez | 2 | c | | | | | | | 0.4 | | | | | | | | | 0.4 |
| 23STHC00007 | Cabrera v. Chavez | 2 | c | | | | 0.6 | | | | | | | | | | | | 0.6 |
| BA516966 | People v. Valerie Verduzco | 3 | e | | | | | | | | 0.9 | | | | | | | | 0.9 |
| CK79733A - BA418216 | Adalberto Zamora | 1 | c | | | | | | | | 0.9 | 0.7 | | | | | 0.5 | | 2.1 |
| CK79733A - BA418216 | Cithlati Zamora | 1 | c | | | | | | | | 0.9 | 0.7 | | | | | 0.6 | | 2.2 |
| 23STHC00007 | Chavez v. Cabrera | 2 | f | | | | | | | | | | | | | | | 4 | 4 |
| 23STHC00008 | Escalante Santillan v. Solis Vasquez | 2 | f | | | | | | | | | | | | | | | 4 | 4 |
| 21STFL13897 | Jonathan Elbaz v. Gabriella | 2 | d | | | | | | | | | | 0.9 | 0.9 | | | | | 1.8 |
| 23STHC00008 | Escalante Santillan v. Solis Vasquez | 2 | b | | | | | | | | | | | | | | 0.2 | | 0.2 |
| 23STHC00003 | Pina v. Hernandez | 2 | b | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | 0.2 | ✓ | 0.2 |
| **Subtotal** | **Claimable** | | | **1.3** | **0.7** | **0.5** | **3.9** | **0** | **0** | **1.5** | **3.2** | **1.9** | **0.9** | **0.9** | **0** | **0** | ~~1.1~~ 1.5 | **8** | ~~23.9~~ 24.30 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **6.7** | **7.3** | **7.5** | **4.1** | **0** | **0** | **6.5** | **4.8** | **6.1** | **7.1** | **7.1** | **0** | **0** | **6.9** | **0** | **64.1** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **88** |

✓ WH

**Pay Period Total** 88

| | |
|---|---|
| (01) Compliance with Court Orders | 4.8 |
| (02) Court Costs for Out of Jurisdiction Cases | 16.5 |
| (03) Secure Appearance of Offender | 0.9 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 0.3 |
| (06) Other - Non Claimable | 0.6 |
| Claimable + Non-Claimable Total | 23.9 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8-15-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 8/18/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 08/16/23 - 8/31/23 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | | |
|---|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour | |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour | |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour | |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour | |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour | |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour | |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | | WK | WK | | | | | |
| 23STHC00004 ✓ | Melendez v. Castellanos | 2 | b, f | 0.5 | 4.25 | 0.2 | | | 0.25 | | | | | | | 0.85 | | 0.25 | | 6.30 |
| 23STHC00003 ✓ | Pina v. Hernandez | 2 | b | 0.5 | | 0.1 | | | | | | | | | | | | 0.25 | | 0.85 |
| 23STCP00964 ✓ | Christy Cuozzo v. Raymond Dilger | 1 | g | | 0.7 | | | | | | | | | | | | | | | 0.7 |
| 23STHC00007 ✓ | Chavez v. Cabrera | 2 | b | | 0.25 | | | | | | | | | | | | | | | 0.25 |
| 23STHC00009 ✓ | Alvarez Garcia v. Cordero Oduna | 2 | b, d | 1.1 | | 0.75 | | | 0.25 | | | | | | | | | | | 2.1 |
| 21STFL13897 ✓ | Jonathan Elbaz v. Gabriella Elbaz | 2 | b, c | | | | | | | 0.25 | 1.2 | 0.25 | 0.85 | | | | 0.6 | | | 3.15 |
| 23STRO00810 ✓ | Chiles v. Thomas | 1 | g | | | | | | 0.6 | 0.3 | | 0.3 | | | | | | | | 1.20 |
| BA517340 ✓ | People v. Esquivel, Elder | 1 | e | | | | | | | | 0.7 | | | | | | | | | 0.70 |
| BA517343 ✓ | People v. Rodriguez, Alma | 1 | e | | | | | | | | 0.7 | | | | | | | | | 0.70 |
| AGI-23-34-LA2023401366 ✓ | Martin v. Kurdain | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.80 |
| 21STFL13897 ✓ | Jonathan Elbaz v. Gabriella Elbaz | 2 | b | | | | | | | | | | | | | | | | | |
| AGI-23-18-LA20234000793 | Caron v. Leon | 2 | b | | | | | | | | | | | | | | | | | |
| CAU Flyer | coreycharles402@gmail,com (CAU flyer) | 6 | | | | | | | 0.1 | | | | 0.2 | | | | | | | |
| 23STHC00004 ✓ | Melendez v. Castellanos | 2 | d | | | | | | | | | | 0.7 | | | | | | | 0.7 |
| 23STHC00003 ✓ | Pina v. Hernandez | 2 | d | | | | | | | | | | 0.6 | | | | | | | 0.6 |
| AGI-23-19 ✓ | Sandoval v. Montes | 2 | d | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| FAMSS1810047 | Teresa Barragan v. Jose Vega Montes | 3 | e | | | | | | | | | | | | | | 1.6 | | | 1.6 |
| BA509614 | People v. Rosalba Cruz | 1 | g | | | | | | | | | | | | | 1 | | | | 1 |
| AGI-23-27- (SD2023401150) | Dulku -Ballesteros-Mx.-SB County | 2 | a | | | | | | | | | | | | | | | 0.3 | | 0.3 |
| AGI-21-47-LA2021402297 | Jacob-Mengistu v. Strankay | 2 | b | | | | | | | | | | | | | | | | 0.2 | 0.2 |
| 19PSFL00368 | Joseph Delgado v. Christine Delgado | 1 | a | | | | | | | | | | | | | | | | 0.25 | 0.25 |
| 19PDFL00621 | Hovhannisyan v. Avetyan, | 1 | g | | | | | | | | | | | | | | | | 0.5 | 0.5 |
| FAMSS1810047 | Barragan v. Montes | 1 | g | ✓ | ✓ | ✓ | | | 1.3 ✓ | ✓ | ✓ | ✓ | 2.15 | | | ✓ | ✓ | ✓ | 0.1 ✓ | 0.1 |
| **Subtotal** | **Claimable** | | | **2.1** | **5.2** | **1.05** | **0** | **0** | **1.4** | **0.55** | **2.6** | **0.55** | **2.35** | **0** | **0** | **2.05** | **2.2** | **0.8** | **1.05** | **21.9** |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **5.9** | **2.8** | **6.95** | | | **6.6** | **7.45** | **5.4** | **7.45** | **5.65** | **0** | **0** | **5.95** | **5.8** | **7.2** | **6.95** | **74.1** |
| | | 0.1 | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **96** |

21.6

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **0** |
| **(06) Other - Non Claimable** | **0.3** |
| **Claimable + Non-Claimable Total** | **0.3** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9-7-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 9/7/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| AUGUST 1-15. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
23 • 00 +
19 • 25 +
42 • 25 G+

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | WK | WK | | | | | | WK | WK | | | 0 |
| 23 STHC 0002 | Varga v Varga | 2 | c | | 2 | | | | | | | | | | | | | | 2 |
| 23 STHC 0004 | Melendez v Castellanos | 2 | f | | | | | | | | 9 | | | | | | | | 9 |
| 23 STHC 0008 | Santillan v Vasquez | 2 | f | | | | | | | | | | 9 | | | | 8 | 3 | 20 12 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **2** | **0** | **0** | **0** | **0** | **0** | **9** | **0** | **9** | **0** | **0** | **0** | **8** | **3** | **31** 23 w/ h1 |
| | | | | | | | | | | | | | | | | | | | |
| | Post Filing | 5 | | 9 | 7 | 9 | 9 | 0 | 0 | 8 | 0 | 9 | **0** | **9** | | | 0 | 6 | 66 |
| Search Warratn | Search Warrant | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 8 | 0 | 0 | 8 |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | **5** | | **9** | **7** | **9** | **9** | **0** | **0** | **8** | **0** | **9** | **0** | **9** | **0** | **8** | **0** | **6** | **74** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **8** | **8** | **9** | 105 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **105** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **32** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **66** |
| **(06) Other - Non Claimable** | **8** |
| **Claimable + Non-Claimable Total** | **106** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *d the function performed as shown above.*

Employee Signature [redacted] AUG 16 2023

*and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 9/5/23

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| August 16-31, 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | | WK | WK | RDO | | | | 0 |
| Inglewood Police Department- several detectives | no case name | 1 | a | | | | | | | | | | | | | | 0.75 | | | 0.75 |
| Inglewood Police Department-Sgt. Islas | no case name | 1 | a | | | | | | | | | | | | | | | 1 | | 1 |
| Inglewood Police Department-=Sgt Islas | no case name | 1 | a | | | | | | | | | | | | | | | | 0.5 | 0.5 |
| 23 STHC 00004 | Melendez v Melendez | 2 | c | | 0.25 | | | | | | | | | | | | | | | 0.25 |
| 23 STHC 00004 | Melendez v Melendez | | b | | 0.75 | | | | | | | | | | | | | | | 0.75 |
| 23 STHC 00004 | Melendez v Melendez | | f | | 8 | | | | | | | | | | | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| 23 STHC 00009 | Alvarez v Garcia | 2 | c | 0.25 | | | | | | | | | | | | | | | | 0.25 |
| 23 STHC 00009 | Alvarez v Garcia | 2 | b | 0.75 | | | | | | | | | | | | | | | | 0.75 |
| 23 STHC 00009 | Alvarez v Garcia | 2 | f | 7 | | | | | | | | | | | | | | | | 7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | | | | | | | | | ✓ | | ✓ | 0 |
| **Subtotal** | **Claimable** | | | **8** | **9** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0.75** | **1** | **0.05** | **19.25** |
| | | | | | | | | | | | | | | | | | | | | |
| | | 5 | | 1 | 0 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 8.25 | 8 | 8.5 | 78.75 |
| | | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | **5** | | **1** | **0** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **8.25** | **8** | **8.5** | **78.75** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **98** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **98** |

19.25 ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 2.25 |
| (02) Court Costs for Out of Jurisdiction Cases | 17 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 78.75 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *my time, and the function performed as shown above.* 9.1.2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 9/5/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| August/01/2023 - August/15/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | | |
|---|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 h | |
| 12 Minutes = .2 hour | 42 Minutes = .7 h | |
| 15 Minutes = .25 hour | 45 Minutes = .75 | |
| 18 Minutes = .3 hour | 48 Minutes = .8 h | |
| 24 Minutes = .4 hour | 54 Minutes = .9 h | |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour | |

0 • C

5 • 70 +
3 • 75 +
9 • 456 +

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | |
| | | | | | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | |
| Case Number | | Case Name | Activity Codes | | Task Codes | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | | | | | | | | | | | RDO | | | | | | | | | 0 |
| BA516837 | | Yenifer Juan | 1 | | e | | | 2 | | | | | | | | | | | | | | | 2 |
| 23STHC00009 | | Garcia v. Orduna | 2 | | e | | | 0.2 | | | | | | | | | | | | | | | 0.2 |
| 23STHC00007 | | Chavez Estrada v. Cabrera | 2 | | d | | | | | | | | | | | | | | | | 1 | | 1 |
| 23STHC00007 | | Chavez Estrada v. Cabrera | 2 | | f | | | | | | | | | | | | | | | | | 2.5 | 2.5 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | ✓ | | | | | | | | | | | | | ✓ | ✓ | 0 |
| **Subtotal** | | **Claimable** | | | | | | **2.2** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **2.5** | **5.7** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | 5 | | | | | 6.8 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 7 | 6.5 | 83.3 |
| OFF | | | 6 | | | | | | | | | | | | | | | | | | | | 0 |
| Search Warrant duty | | | 6 | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | | **Non-Claimable** | | | | | | **6.8** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **7** | **6.5** | **83.3** |
| | | | | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | | | | | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | |
| | | | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **89** |

| | |
|---|---|
| (01) Compliance with Court Orders | 2 |
| (02) Court Costs for Out of Jurisdiction Cases | 3.7 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 83.3 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] 8/16/23

Employee Signature

*Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 8/24/23

Supervisor Signature

✓ WH

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| August/16/2023 - August/31/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 Wednesday | 17 Thursday | 18 Friday | 19 Saturday | 20 Sunday | 21 Monday | 22 Tuesday | 23 Wednesday | 24 Thursday | 25 Friday | 26 Saturday | 27 Sunday | 28 Monday | 29 Tuesday | 30 Wednesday | 31 Thursday | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | RDO | | | | | | | | | | | 0 |
| 23STHC00009 | Garcia v. Orduna | 2 | b,c,d | 0.5 | | | | | | | | | | | | | | | | 0.5 |
| 23STHC00009 | Garcia v. Orduna | 2 | f | 2 | | | | | | | | | | | | | | | | 2 |
| 23STHC00003 | Pina Hernandez | 2 | b, | | | | | | | 0.1 | 0.1 | 0.1 | 0.1 | | | | | | | 0.4 |
| 23STHC00003 | Pina Hernandez | 2 | c | | | | | | | | | | | | | 0.1 | | | | 0.1 |
| 23STHC00003 | Pina Hernandez | 2 | f | | | | | | | | | | | | | | 0.75 | | | 0.75 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | 0 |
| **Subtotal** | **Claimable** | | | 2.5 | 0 | 0 | 0 | 0 | 0 | 0.1 | 0.1 | 0.1 | 0.1 | 0 | 0 | 0.1 | 0.75 | 0 | 0 | 3.75 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 6.5 | 9 | 9 | | | | 8.9 | 8.9 | 8.9 | 8.9 | | | 7.9 | 8.25 | 9 | 9 | 94.25 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Search Warrant Duty | 8/27-8/28/2023 | 6 | | | | | | | | | | | | | | 8 | | | | 8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| (06) Other - Non Claimable | OFF | 6 | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 6.5 | 9 | 9 | 0 | 0 | 0 | 8.9 | 8.9 | 8.9 | 8.9 | 0 | 0 | 15.9 | 8.25 | 9 | 9 | 102.25 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 16 | 9 | 9 | 9 | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 106 |

WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 3.75 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 94.25 |
| (06) Other - Non Claimable | 8 |
| Claimable + Non-Claimable Total | 106 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] 9/1/23

Employee Signature

*Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted] 9/5/23

Supervisor Signature

# Los Angeles County District Attorney

**Custody of Minor Tim**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Cod |
|---|---|---|---|---|---|---|
| 8/1/2023 - 8/15/2023 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDU |

**Reimbursable Activity Codes:**

| CLAIMABLE | NON CLAIMABLE |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | (09) - PC 278, 278.5 Post Filing - Non |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | (10) Other - Non Claimable |
| (03) 3130 - 3134.5 Service out of State Doc. | |
| (04) 3130 - 3134.5 Service Doc. | |
| (05) 3130 - 3134.5 Intake cases | |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | |
| (08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian | |

**Task Codes:**

| | | | | | |
|---|---|---|---|---|---|
| a Duty Calls | f DCFS Cases | k PING Warrants | o Court Appearances | s Out-Of-State Court Document | x Case Assignment |
| b After Hours Calls | g Reports Written | l Arrest Warrants | p CAU I/O Criminal Filings | t Out-Of-State Court Document | y Review Reports |
| c HAGUE Cases | h Arrests | m Operations Plans | q Out -Of -State Assist (UCCJEA) | u Investigation | z Review Court |
| d Child Transport to Court | I PCW | n Travel Arrangement | r Out-of-State Court Appearances | v Surveillance | |
| e Child Transport to LBP | j Search Warrants | | | w Case Work Up | |

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = |
| 12 Minutes = .2 hour | 42 Minutes = |
| 15 Minutes = .25 hour | 45 Minutes = |
| 18 Minutes = .3 hour | 48 Minutes = |
| 24 Minutes = .4 hour | 54 Minutes = |
| 30 Minutes = .5 hour | 60 Minutes = |

0 • C

96 • 50 +
23 • 50 +
120 • 00 G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-0688 | Baird, Zackery | 4 | u,w | 2.5 | | | RDO | SAT | SUN | RDO | 1 | 2 | 1 | 1 | SAT | SUN | RDO | 2 | 9.5 |
| 2023-G-0688 | Hodnet, Jerel | 4 | u | 2 | 2 | 1 | | | | | | 2 | | | | | | | 7 |
| 2023-G-1117 | Scott, Jilina | 4 | u | 1.5 | 1 | 1 | | | | | | 1 | 3 | 3 | | | | | 10.5 |
| 2023-G-1165 | Kirdain, Jamie | 1 | c,w,u | 2 | | 1 | | | | | | 1 | | | | | | 1.5 | 5.5 |
| 2023-G-0670 | Hill, Mark | 1 | w,u,g | 0.5 | 1 | | | | | | 2 | 1.5 | 1.5 | | | | | | 6.5 |
| 2023-A-0806 | Pena-Garay, Lorena | 1 | g | | 1 | | | | | | | 1.5 | | 2 | | | | | 4.5 |
| 2023-G-0961 | Williams, David | 1 | w,u | | 2 | | | | | | 1.5 | | 1.5 | | | | | | 5 |
| 2022-A-0966 | Hernandez, Mario | 1 | c,u,v | | | | | | | | | | 1.5 | | | | | 6 | 7.5 |
| 2023-G-1147 | Caceres, Massiel | 1 | u | | | 5 | | | | | 1.5 | | | 3 | | | | | 9.5 |
| 2023-G-0021 | Capozzi, Stacey | 4 | g,u | | 2 | 1 | | | | | | | | | | | | | 3 |
| 2023-G-1011 | Iaropolov, Alekse | 1 | e,v, | | | | | | 15 | 5.5 | 2 | | | | | | | | 22.5 |
| | | | | | | | | | OT | 5.5 + | | | | | | | | | 0 |
| | | | | | | | | | | 11 | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | 0 |
| Subtotal | Claimable | | | 8.5 | 9 | 9 | 0 | 0 | 15 | 5.5 | 8 | 9 | 8.5 | 9 | 0 | 0 | 0 | 9.5 | 91 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | 1.5 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 1 | 1.5 | 1 | 0 | 0 | 0 | 0.5 | 9.5 |
| Subtotal | Non-Claimable | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 15 | 5.5 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 100.5 |

96.50 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 61 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 30 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 9.5 |
| Claimable + Non-Claimable Total | 100.5 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 8/15/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted] 8/15/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/16/2023 - 8/31/2023 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-A-0181 | Orduna, Karina | 1 | c, u | 1 | 1 | | SAT | SUN | RDO | VAC | VAC | VAC | VAC | SAT | SUN | RDO | VAC | VAC | VAC | 2 |
| 2023-G-1283 | Tse, Wai | 5,1 | u | 2 | 2 | | | | | | | | | | | | | | | 4 |
| 2022-A-0966 | Hernandez, Mario | 1 | g,u,v | 6 | 1.5 | 3 | | | | | | | | | | | | | | 10.5 |
| 2023-G-1117 | Scott, Jilina | 4 | u,g | | 1 | 2 | | | | | | | | | | | | | | 3 |
| 2023-G-1199 | Baird, Zackery | 1 | u,v | | | | | | | | | | | | | | | | | 0 |
| 2021-A-1478 | Mengistu, Emnet | 1 | u,v,c | | 2 | 2 | | | | | | | | | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Duty Calls | | | | ✓ | ✓ | ✓ | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 9 | 7.5 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | 1 | 2.5 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.5 |
| Subtotal | Non-Claimable | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Pay Period Total 30 |

23.5 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 26.5 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 3 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 3.5 |
| Claimable + Non-Claimable Total | 30 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 8/18/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 8/22/23

Supervisor Signature

# Los Angeles County District Attorney

**Custody of Minor Time St**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/01/2023-8/15/2023 | [redacted] | [redacted] | SERGEANT | INVESTIGATION | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 ho |
| 12 Minutes = .2 hour | 42 Minutes = .7 ho |
| 15 Minutes = .25 hour | 45 Minutes = .75 h |
| 18 Minutes = .3 hour | 48 Minutes = .8 hou |
| 24 Minutes = .4 hour | 54 Minutes = .9 hou |
| 30 Minutes = .5 hour | 60 Minutes = 1 hou |

0 • 0
66 • 00
44 • 00
110 • 00

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| 2023-G-1199 | THOMAS v. BAIRD | 5 | x,y,z | 0.5 | | | RDO | SAT | SUN | | 2 | 2 | | RDO | SAT | SUN | | 1 | 5.5 |
| 2023-G-1283 | TSE v. LEONG | 5 | x,y,z | | 0.5 | 1 | | | | | | | 0.25 | | | | | 1 | 2.75 |
| 2023-G-1284 | WARE v. JONES | 5 | x,y,z | 1 | | | | | | 2 | 1 | | | | | | | | 4 |
| 2023-G-1285 | DELGADO v. DELGADO | 5 | x,y,z | 2 | 0.5 | 2.5 | | | | | 0.5 | 1 | 2.25 | | | | 1 | 0.5 | 10.25 |
| 2023-G-1011 | IAROPOLOVA | 8 | y,m | 2 | | 6.5 | | | 4 | 8 | 0.5 | | | | | | | 0.5 | 21.5 |
| 2023-G-1286 | TRUSS v. MCCALL | 5 | x,y,z | 1 | 2 | | | | | | | | 1 | | | | | | 4 |
| 2023-G-1289 | WINKLER/MOORE v. ALLEN | 5 | x,y,z | 0.5 | | | | | | | | 0.5 | 1 | | | | | 2 | 4 |
| 661-603-1313 | CALDRONE/SKOLNICK | 8 | a | | | | | | | | | | 0.5 | | | | 1 | | 1.5 |
| 323-333-4645 | BALKY | 8 | a | | | | | | | | | | | | | | 0.5 | 1 | 1.5 |
| 323-561-0059 | BELLA RIVERA GABRAIL BRAVO | 8 | a | | | | | | | | | | | | | | 0.5 | | 0.5 |
| 562-518-4340 | KEVIN MEJIA(09P000783) | 8 | a | | | | | | | | | | | | | | 1 | 0.5 | 1.5 |
| 310-821-3500 | DEVIN FAMILY LAW | 8 | a | | | | | | | | | | | | | | 2.5 | 1 | 3.5 |
| 310-699-9731 | JONATHAN | 8 | a | | | | | | | | | | | | | | 0.5 | 1 | 1.5 |
| 2023-A-0058 | MELENDEZ v. CASTELLANOS HAGUE | 7 | c,y | | | | | | | | | | 3 | | | | 1 | | 4 |
| Subtotal | Claimable | | | 7 | 3 | 10 | 0 | 0 | 4 | 10 | 4 | 3.5 | 8 | 0 | 0 | 0 | 8 | 8.5 | 66 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| overtime | | 10 | | 3 | 7 | | | | | | 6 | 6.5 | 2 | | | | 2 | 1.5 | 28 |
| Subtotal | Non-Claimable | | | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 6 | 6.5 | 2 | 0 | 0 | 0 | 2 | 1.5 | 28 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 4 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 94 |

66 WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 0 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 30.5 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 4 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 31.5 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 28 |
| Claimable + Non-Claimable Total | 94 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *eport of my time, and the function performed as shown above.*

8/15/23

Employee Signature

Supervisor *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

8/15/23

Supervisor Signature

650

660

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/16/2023- 8/31/2023 | [redacted] | [redacted] | SERGEANT | INVESTIGATION | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-A-0806 | PENA/GARAY v. CASTELLANOS HAGUE | 1 | c,y,z,u | 2 | | RDO | SAT | SUN | 2 | | | OFF | RDO | SAT | SUN | OFF | OFF | OFF | OFF | 4 |
| 2023-A-0570 | ORDUNA v. GARCIA HAGUE | 7 | m,u,v,Y,Z | 5 | 2 | | | | 0.5 | 5 | | | | | | | | | | 12.5 |
| 2023-A-0267 | CABRERA v. CHAVEZ/HAGUE | 7 | c,y,z | | | | | | 0.5 | | 1.5 | | | | | | | | | 2 |
| 2023-A-0794 | GAYTON v. ESTRADA /HAGUE | 1 | c,y,z | 1 | 0.5 | | | | 2 | | 1.5 | | | | | | | | | 5 |
| 2023-G-0815 | LUNA v. VALLE | 5 | y,z | 0.5 | | | | | 1 | | 2 | | | | | | | | | 3.5 |
| 2023-A-1333 | AURELIA v. TILLMAN | 6 | Y | 0.5 | 1 | | | | 1 | 2 | 3 | | | | | | | | | 7.5 |
| 2023-A-1287 | DCFS v. ROSALES | 7 | y | | 0.5 | | | | 0.5 | | 1 | | | | | | | | | 2 |
| 2023-G-1147 | CACERES VS CACERES | 7 | u,y,z | 0.5 | | | | | 0.5 | 3 | | | | | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| 2023-G-1011 | IAROPOLOVA | 7 | | 0.5 | 3 | | | | | | | | | | | | | | | 3.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 7 | 0 | 0 | 0 | 8 | 10 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| overtime | | 10 | | | 3 | | | | 2 | | 1 | 10 | | | | 10 | 10 | 10 | 10 | 56 |
| Subtotal | Non-Claimable | | | 0 | 3 | 0 | 0 | 0 | 2 | 0 | 1 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 56 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 100 |

44 WK

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 9 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 3.5 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 7.5 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 24 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 56 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

Employe[redacted] *of my time, and the function performed as shown above.*

8/23/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

8/23/23

Supervisor Signature

# Los Angeles County District Attorney

**Custody of Minor Time S**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/1/2023 - 8/15/2023 | [redacted] | [redacted] | Senior Investigator | Bureau of Investigations | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 h |
| 12 Minutes = .2 hour | 42 Minutes = .7 h |
| 15 Minutes = .25 hour | 45 Minutes = .75 |
| 18 Minutes = .3 hour | 48 Minutes = .8 h |
| 24 Minutes = .4 hour | 54 Minutes = .9 h |
| 30 Minutes = .5 hour | 60 Minutes = 1 h |

0 • C

100 • 00 +
90 • 00 +
190 • 00G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | WK | WK | | | | | RDO | WK | WK | RDO | | 0 |
| 2023-A-0794 | Maria Estrada | 8 | v,y,u | 4 | | | | | | | | | | | | | | | 4 |
| 2023-G-1142 | Massiel Caceres | 1,8 | u | | | 5 | | | | | 2 | | 3 | | | | | | 10 |
| 2023-A-0794 | Maria Estrada | 8 | v,u | | | 5 | | | | | | | | | | | | | 5 |
| 2023-G-1173 | Yulya Hovhannystan | 8 | u,y,x | 2 | 4 | | | | | | | 1.5 | | | | | | | 7.5 |
| 2023-A-1163 | Laura Elena Montes Huerta | 8 | u,y,x,w | 4 | 3 | | | | | | | | | | | | | | 7 |
| 2023-A-0570 | Karina Lissete Cordero Orduna | 8 | u,m,l,g | | 3 | | 7 | | | | 3 | | | | | | | 3.5 | 16.5 |
| 2020-A-1610 | Zoe McLellan | 8 | y,u | | | | 3 | | OT | OT | | | | | | | | | 3 |
| 2023-G-1011 | Aleksei Iaropolov | 1,8 | u,v | | | | | | ~~15~~ | ~~15.5~~ | | | | | | | | | ~~30.5~~ 10 |
| 2022-G-1318 | Claudia Stephens | 8 | y,u | | | | | | | | 0.5 | | | | | | | | 0.5 |
| 2023-A-0570 | Karina Lissete Cordero Orduna | 8 | c,o,v,u | | | | | | | | | 6 | 4 | | | | | | 10 |
| 2023-A-1163 | Laura Elena Montes Huerta | 8 | u,y | | | | | | | | 4.5 | 2.5 | | | | | | | 7 |
| 2021-G-0995 | Thea Greg Marie | 8 | y | | | | | | | | | | 2 | | | | | | 2 |
| 2022-A-0966 | Mario Hernandez | 1,8 | y,u | | | | | | 10 | 10 | | | 1 | | | | | 6.5 | 7.5 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 10 | 0 | ~~15~~ | ~~15.5~~ | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 110.5 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 15 | 15.5 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 110.5 |

100 wH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 3 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 104 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 107 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *of my time, and the function performed as shown above.*

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title) | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/1/2023 - 8/15/2023 | [redacted] | [redacted] | Senior Investigator | Bureau of Investigations | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**

(01) 3130 - 3134.5 Recoveries Local Doc
(02) 3130 - 3134.5 Recoveries out of State Doc
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to Its Legal Custodian

**NON CLAIMABLE**

(09) - PC 278, 278 5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f OCJS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

6 Minutes = 1 hour
12 Minutes = 2 hour
15 Minutes = 25 hour
18 Minutes = 3 hour
24 Minutes = 4 hour
30 Minutes = 5 hour
36 Minutes = 6 hour
42 Minutes = 7 hour
45 Minutes = 75 hour
48 Minutes = 8 hour
54 Minutes = 9 hour
60 Minutes = 1 hour

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 WK | 6 WK | 7 | 8 | 9 | 10 | 11 RDO | 12 WK | 13 WK | 14 RDO | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-A-0794 | Maria Estrada | 8 | v,y,u | 4 | | | | | | | | | | | | | | | 4 |
| 2023 G-1142 | Massiel Caceres | 1,8 | u | | | 5 | | | | | 2 | | 3 | | | | | | 10 |
| 2023 A 0794 | Maria Estrada | 8 | v,u | | | 5 | | | | | | 1 5 | | | | | | | 5 |
| 2023 G 1173 | Yuliya Hovhannystan | 8 | u,y,x | 2 | 4 | | | | | | | | | | | | | | 7 5 |
| 2023 A 1163 | Laura Elena Montes Huerta | 8 | u,y,x,w | 4 | 3 | | | | | | | | | | | | | | 7 |
| 2023 A 0570 | Karina Lissete Cordero Orduna | 8 | u,m,l,g | | 3 | | 7 | | | | 3 | | | | | | | 3 5 | 16 5 |
| 2020 A 1610 | Zoe McLellan | 8 | y,u | | | | 3 | | | | | | | | | | | | 3 |
| 2023 G 1011 | Aleksei Iaroppolov | 1,8 | u,v | | | | | | 15 | 15 5 | | | | | | | | | 30 5 |
| 2022 G 1318 | Claudia Stephens | 8 | y,u | | | | | | | | 0.5 | | | | | | | | 0 5 |
| 2023 A 0570 | Karina Lissete Cordero Orduna | 8 | c,o,v,u | | | | | | | | | 6 | 4 | | | | | | 10 |
| 2023 A 1163 | Laura Elena Montes Huerta | 8 | u,y | | | | | | | | 4.5 | 2 5 | | | | | | | 7 |
| 2021 G 0995 | Thea Greg Marie | 8 | y | | | | | | | | | | 2 | | | | | | 2 |
| 2022 A 0966 | Mario Hernandez | 1,8 | y,u | | | | | | | | | | 1 | | | | | 6 5 | 7 5 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 10 | 0 | 15 | 15 5 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 110 5 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 15 | 15.5 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | Pay Period Total: 10 | 110.5 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 3 |
| (02) 3130 - 3134 5 Recoveries out of State Doc | 0 |
| (03) 3130 - 3134.5 Service out of State Doc | 0 |
| (04) 3130 - 3134.5 Service Doc | 0 |
| (05) 3130 - 3134 5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) - Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277 278 & 278 5 Activities on the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 104 |
| (09) - PC 278, 278 5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 107 |

Note Please enter WK for week end and RDO for your day off

Employee: I hereby certify that the above is a true and accurate report of my time, and the function performed as shown above

[redacted] 8/15/23
Employee Signature

Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions

[redacted] 8/15/23
Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/16/2023 - 8/31/2023 | [redacted] | [redacted] | Senior Investigator | Bureau of Investigations | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | RDO | | | | | WK | WK | RDO | | | | 0 |
| 2023-A-0570 | Karina Lissete Cordero Orduna | 8,1 | c,d,u,v | 6 | | | | | | | | | | | | | | | | 6 |
| 2023-G-1284 | Terrance Ware | 8 | x,y | 2 | | | | | | | | | | | | | | | 3.5 | 5.5 |
| 2023-G-1289 | Aubreyana Winkler-Moore | 8 | x,y,v,u | 1 | | | | | | | | | | | | | | 3 | 5 | 9 |
| 2020-A-1610 | Zoe McLellan | 8 | u | 1 | 2 | | | | | | | | | | | | | | | 3 |
| 2023-A-0267 | Isaac Cabrera | 8 | g,y | | 4 | | | | | | | | | | | | | | | 4 |
| 2023-A-0794 | Maria Estrada | 8 | g,y | | | 2 | | | | | 1 | | | | | | | 2 | | 5 |
| 2023-A-0570 | Karina Lissete Cordero Orduna | 8 | g,y | | 3.5 | | | | | | | | | | | | | | | 3.5 |
| Duty Call | William Diaz | 8 | a | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| 2023-G-0188 | Silvia Diana Serrano | 8 | g,y | | | 4 | | | | | | | | | | | 2 | 1.5 | | 7.5 |
| 2023-G-1173 | Yulya Hovhannystan | 8, 5 | u,y | | | 1 | | | | | | | | | | | | 3.5 | | 4.5 |
| 2023-G-0815 | Luna Monserrat | 8 | g,y | | | 3 | | | | | 2 | | | | | | | | | 5 |
| 2023-G-1284 | Ware, Terrance Darnell | 8, 5 | x,y,u,v | | | | | | | | 3 | 5 | 5 | | | | 2 | | | 15 |
| 2023-G-0961 | Williams, David | 8, 5 | x,y,u,v | | | | | | | | 4 | 5 | 5 | | | | 6 | | 1.5 | 21.5 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

90 NWH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 1 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 3 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 64 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 68 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *the function performed as shown above*

Employee Signature

*Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time St

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/1/2023 - 8/15/2023 | [redacted] | [redacted] | Sr. Investi tigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

64 • 00 +
60 • 00 +
124 • 00 G

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | WK | RDO | off | off | WK | WK | WK | WK | RDO | WK | WK | WK | RDO | 0 |
| 2022-G-1138 | Isaac Meza | 1 | u | 2 | | | | | | | | | | | | | | | 2 |
| 2022-G-1120 | Isaiah Howard | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2022-G-0277 | Reema Sogi | 1 | c,u | | | | | | | | | | | | | | | | 0 |
| 2023-G-0881 | Lester Elcan | 1 | u | | 1 | | | | | | | | | | | | | | 1 |
| 2023-G-1011 | Aleksei Iarapolova | 1 | g,k,u,i | 5 | 4 | 2 | 5 | | 15 | 14 | | | | | | | | | 45 |
| 2023-G-0805 | James Broakye | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2022-G-0251 | Angela Harris | 1 | u,q | | | | | | | | | | | | | | | | 0 |
| 2023-G-0962 | Shameka Bryant | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2023-G-1147 | Massiel Caceres | 1 | k,g,i | 3 | 5 | 8 | | | | | | | | | | | | | 16 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 5 | | 15 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 64 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 5 | 10 | 15 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 64 |

64 wH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 64 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 64 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *urate report of my time, and the function performed as shown above*

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period. | Employee Number . | Employee Name. | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/1/2023 - 8/15/2023 | [redacted] | [redacted] | Sr. Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE
(01) 3130 - 3134.5 Recoveries Local Doc
(02) 3130 - 3134.5 Recoveries out of State Doc
(03) 3130 - 3134.5 Service out of State Doc
(04) 3130 - 3134.5 Service Doc
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

NON CLAIMABLE
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

Task Codes:
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PSNG Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CALL I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation

Conversions of time Decimals

| | |
|---|---|
| 6 Minutes = 1 hour | 36 Minutes = 6 hour |
| 12 Minutes = 2 hour | 42 Minutes = 7 hour |
| 15 Minutes = 25 hour | 45 Minutes = 75 hour |
| 18 Minutes = 3 hour | 48 Minutes = 8 hour |
| 24 Minutes = 4 hour | 54 Minutes = 9 hour |
| 30 Minutes = 5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 WK | 2 WK | 3 WK | 4 RDO | 5 off | 6 off | 7 WK | 8 WK | 9 WK | 10 WK | 11 RDO | 12 WK | 13 WK | 14 WK | 15 RDO | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-G 1138 | Isaac Meza | 1 | u | 2 | | | | | | | | | | | | | | | 2 |
| 2022-G-1120 | Isaiah Howard | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2022 G 0277 | Reema Sogi | 1 | c,u | | | | | | | | | | | | | | | | 0 |
| 2023 G 0881 | Lester Elcan | 1 | u | | 1 | | | | | | | | | | | | | | 1 |
| 2023 G 1011 | Aleksei Iarapolova | 1 | g,h,u,t | 5 | 4 | 2 | 5 | | 15 | 14 | | | | | | | | | 45 |
| 2023 G 0805 | James Broakye | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2022 G 0251 | Angela Harris | 1 | u,q | | | | | | | | | | | | | | | | 0 |
| 2023 G 0962 | Shameka Bryant | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2023 G 1147 | Masyel Caceres | 1 | k,g,t | 3 | 5 | 8 | | | | | | | | | | | | | 16 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 5 | | 15 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 64 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 5 | 10 | 15 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 64 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 64 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5 Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 64 |

Note Please enter WK for week end and RDO for your day off

[redacted] report of my time, and the function performed as shown above

[redacted] 8/7/23

Employee Signature

Supervisor I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, the time records is true and correct, and the functions [redacted]

[redacted] 8/7/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/16/2023 to 8/31/2023 | [redacted] | [redacted] | Sr. Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) 3130 - 3134.5 Recoveries Local Doc.
- (02) 3130 - 3134.5 Recoveries out of State Doc.
- (03) 3130 - 3134.5 Service out of State Doc.
- (04) 3130 - 3134.5 Service Doc.
- (05) 3130 - 3134.5 Intake cases
- (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
- (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
- (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
- (09) - PC 278, 278.5 Post Filing - Non
- (10) Other - Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Operations Plans
- o Travel Arrangement
- p Court Appearances
- q CAU I/O Criminal Filings
- r Out -Of -State Assist (UCCJEA)
- s Out-of-State Court Appearances
- t Out-Of-State Court Document Prep
- u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | off | off | RDO | off | off | off | WK | WK | WK | RDO | off | off | WK | WK | WK | WK | 0 |
| 2023-G-1011 | Aleksei Iarapolova | 1 | k,g,u | | | | | | | | | 2 | | | | | | | | 2 |
| 2022-G-1138 | Isaac Meza | 1 | u,q | | | | | | | 3 | | | | | | | | | | 3 |
| 2022-G-1120 | Isaiah Howard | 1 | u,q | | | | | | | | 3 | 1 | | | | | | 3 | | 7 |
| 2023-G-0881 | Lester Elcan | 1 | u,q | | | | | | | 2 | 1 | | | | | | | | 4 | 7 |
| 2022-G-0251 | Angela Harris | 2 | u,q | | | | | | | 1 | 2 | 1 | 8 | | | | | | | 4 |
| 2022-G-1167 | Massiel Caceres | 1 | k,l,g,m | | | | | | | 4 | 4 | 8 | ~~10~~ | | | | | 7 | 6 | 39 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | ✓ | ✓ | ) | 8 OT | | | | | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | | | | 0 | 0 | 0 | 10 | 10 | 12 | ~~10~~ | | | | | 10 | 10 | 62 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | 0 | 0 | | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 12 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 62 |

60 WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 58 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 4 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 62 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/1/2023 - 8/15/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 |
| 12 Minutes = .2 hour | 42 Minutes = .7 |
| 15 Minutes = .25 hour | 45 Minutes = .7 |
| 18 Minutes = .3 hour | 48 Minutes = .8 |
| 24 Minutes = .4 hour | 54 Minutes = .9 |
| 30 Minutes = .5 hour | 60 Minutes = 1 |

0 • C

51 • 00 +
93 • 00 +
144 • 00 C +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | RDO | RDO | RDO | WK | WK | RDO | | | | | WK | WK | RDO | | 0 |
| 2023-G-0265 | Garrett v Swinton | 1 | u,w | | | | | | | | 8 | | | 4 | | | | 2 | 14 |
| 2023-G-1011 | Iarapolov v Iaropolov | 1 | w | | | | | | 4 | | | | | | | | | | 4 |
| 2023-G-1021 | Flemming v Vaughns | 1 | u,w | | | | | | | | 2 | 2 | 3 | 5 | | | | | 12 |
| 2022-A-1524 | Solis v Santillan | 8 | g | | | | | | | | | 3 | | 1 | | | | | 4 |
| 2023-G-0961 | Williams v Weary | 1 | v | | | | | | | | | 2 | | | | | | | 2 |
| 2023-G-1198 | Hodge v Ford | 1 | x,u,w | | | | | | | | | 3 | 2 | | | | | | 5 |
| 2023-G-1117 | Julian Scott | 10 | u,w | | | | | | | | | | 3 | | | | | | 3 |
| 2023-A-1165 | Jamie Kurdain | 2 | u,w | | | | | | | | | | 2 | | | | | | 2 |
| 2023-A-1285 | Delgado v Delgado | 1 | x,u,w,y | | | | | | | | | | | | | | | 4 | 4 |
| 2023-A-1287 | DCFS v Rosales | 1 | x,u,w,y | | | | | | | | | | | | | | | 4 | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 54 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 54 |

5 W H

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 45 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 2 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 4 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 3 |
| Claimable + Non-Claimable Total | 54 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted]

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 8/16/2023 - 8/30/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | RDO | | | | | WK | WK | RDO | | | | 0 |
| 2023-G-1285 | Delgado v Delgado | 1 | w | | | | | | | 2 | 2 | 4 | 4 | | | | | | | 12 |
| 2023-A-1287 | DCFS v Rosales | 1 | y | | | | | | | 2 | 2 | 3 | | | | | | | | 7 |
| 2023-G-0265 | Garrett v Swinton | 1 | w,i | 3 | 10 | 10 | | | | 3 | 2 | | | | | | 4 | 10 | 5 | 47 |
| 2023-G-1021 | Flemming v Vaughns | 4 | g,o | 3 | | | | | | 3 | | | | | | | 1 | | | 7 |
| 2023-A-0181 | Karina Orduna | 2 | c,d | 4 | | | | | | | | | | | | | | | | 4 |
| Assist Chicago PD | Aurelia Crosniel Echenique | 2 | q | | | | | | | | 3 | 2 | 2 | | | | | | | 7 |
| 2023-A-1141 | Aleksanyan v Gyunashyan | 2 | c,u | | | | | | | | | | 3 | | | | 1 | | | 4 |
| 2023-G-1147 | Massiel Caceres | 1 | V | | | | | | | | | | | | | | | | 5 | 5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 9 | 9 | 9 | 0 | 0 | 0 | 6 | 10 | 10 | 93 |
| | | | | | | | | | | | 1 | 1 | 1 | | | | 4 | | | 7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 7 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | [redacted] |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 100 |

93 ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 71 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 15 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 7 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 93 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *e, and the function performed as shown above.*

Employee Signature 8/31/23

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 9/5/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| September 1-15, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5--criminal court appearances starting with arraignment, case preparation.

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03)**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
15 • 80 +
23 • 37 +
39 • 17G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WKND | WKND | HOLIDAY | | | | RDO | WKND | WKND | | | | | | 0 |
| DA # 43944726 | Edgar Segura Rodriguez | 1 | a,b,d | 1.5 | | | | | | | | | | | | | | | 1.5 |
| DA # 43009510 | Damon South | 1 | b | 0.75 | | | | | | | | | | | | | | | 0.75 |
| DA # 22114012 | Sarah Ibarra | 1 | a | | | | | 0.4 | | | | | | | | | | | |
| DA # 43759670 | Elaine Semu | 1 | a | | | | | | 0.2 | | | | | | | | | | 0.2 |
| DA # 43703635 | Cortez Garcia | 1 | b,d | | | | | | 0.7 | | | | | | | | | | 0.7 |
| DA # 43167843 | Jarod Simmons | 1 | d | | | | | | 0.25 | 0.6 | | | | | | | | | 0.85 |
| DA # 43825561 | Angel Champagne | 1 | b,d | | | | | | | 0.7 | | | | | | | | | |
| DA # 43513656 | Miguel Aguirre Garcia | 1 | b,d | | | | | | | 1.25 | | | | | | | | | 1.25 |
| No Case # provided | West Covina PD inquiry | 1 | a | | | | | | | | | | | 0.2 | | | | | 0.2 |
| No Case # provided | Pasadena PD inquiry Det. Tudic | 1 | a | | | | | | | | | | | 0.2 | | | | | 0.2 |
| No Case # provided | LAPD inquiry Det. Aboal | 1 | a | | | | | | | | | | | | 0.4 | | | | 0.4 |
| DA # 43688365 | Sammy Doll | 1 | a,b,d | | | | | | | | | | | | **1.5** | | | | 1.5 |
| DA # 43876000 | Essesten | 1 | b | | | | | | | | | | | | **1** | | | | 1 |
| DA # 43481925 | Larreana Bable | 1 | a,b,d | | | | | | | | | | | | | 1.25 | | | 1.25 |
| DA # 43876000 | Essensten | 1 | c | | | | | | | | | | | | | 0.1 | | | 0.1 |
| DA # 4305585 | Pogues | 1 | a,c | | | | | | | | | | | | | | 0.5 | | |
| DA # 43216870 | Bracamontes | 1 | b | | | | | | | | | | | | | | 0.9 | | |
| DA # 43876000 | Essensten | 1 | a,b | | | | | | | | | | | | | | 0.4 | | |
| 22CPT00135 | Swinton v. Garrett 3130 | 1 | f | ✓ | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | 3 ✓ | |
| **Subtotal** | **Claimable** | | | **2.25** | **0** | **0** | **0** | **0.4** | **1.15** | **2.55** | **0** | **0** | **0** | **0.4** | **2.9** | **1.35** | **1.8** | **3** | **15.8** |
| (06) Other - Non Claimable | | 6 | | 5.75 | | | | 8.6 | | 6.45 | | | | **4.6** | **6.1** | 4.65 | 7.2 | 2 | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | | | 7.85 | | | | | **4** | | 3 | | 3 | |
| **After Hours Duty** | | 6 | | | | | | | | | | | | | | | | | 0 |
| Vacation | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **5.75** | **0** | **0** | **0** | **8.6** | **7.85** | **6.45** | **0** | **0** | **0** | **8.6** | **6.1** | **7.65** | **7.2** | **5** | **63.2** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **0** | **0** | **0** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **8** | |
| | | | | | | | | | | | | | | | | | | | **79** |

15.80 wH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5--criminal court appearances starting with arraignment, case preparation.** | **0** |
| **(06) Other - Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **0** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *te report of my time, and the function performed as shown above.* 10/2/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 10/6/23

Supervisor Signature

**Los Angeles County District Attorney**
**Custody of Minor Time Study**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| September 16-30, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WKND | WKND | | | VAC | | RDO | WKND | WKND | VAC | | | | | WKND | | 0 |
| DA # 43216870 | Bracamontes | 1 | b | | | 0.3 | | | | | | | | | | | | | | 0.3 |
| DA # 4305585 | Nathanial Pogues | 1 | b | | | 0.8 | | | | | | | | | | | | | | 0.8 |
| DA # 23-006 | Outgoing Hague Cortez v. Quiroz | 2 | c | | | 1 | | | | | | | | | | | | | | 1 |
| No Case # | DA Andrea Pott Inquiry | 1 | a | | | 0.2 | | | | | | | | | | | | | | 0.2 |
| DA # 23-006 | Outgoing Hague Cortez v. Quiroz | 2 | c | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| DA # 43009510 | Daemon South | 1 | a,b | | | | 0.75 | | | | | | | | | | | | | 0.75 |
| DA # 43713074 | William Torino Molina | 1 | a,b | | | | | | | | | | | | | | | | | 0 |
| DA # 43264832 | Mitzi Sanchez | 1 | a,b | | | | | | 0.75 | | | | | | | | | | | 0.75 |
| No Case # | LAPD Det. Whittington inquiry | 1 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| BA517343 | Alma Rodriguez | 1 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| BA517340 | Elder Esquivel | 1 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| DA #43759670 | Elaine Semu | 1 | a | | | | | | 0.1 | | | | | | | | | | | 0.1 |
| DA # 43713074 | William Torino Molina | 1 | b | | | | | | 1 | | | | | | | | | | | 1 |
| DA # 4305585 | Nathanial Pogues | 1 | d | | | | | | 1 | | | | | | | | | | | 1 |
| DA # 43667551 | Errin Scott | 1 | a | | | | | | 0.2 | | | | | | 0.12 | | | | | 0.32 |
| DA # 43667551 | Errin Scott | 1 | b | | | | | | | | | | | 1 | 0.9 | | | | | 1.9 |
| DA # 43778218 | Yulyivan Leyva | 1 | a,b | | | | | | | | | | | | | 0.7 | | | | 0.7 |
| DA # 43495319 | Selina Garret | 1 | a | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| DA # 23-007 | Outgoing Hague Leong v. Tse | 2 | c | | | | | | | | | | | | 1 | | | | | 1 |
| DA # 43264832 | Mitzi Sanchez | | | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| BA518285 | Tiuana Drone | 1 | a,b | | | | | | | | | | | | 0.7 | | | | | 0.7 |
| DA # 43495319 | Selina Garret | 1 | b | | | | | | | | | | | | 0.25 | | | | | 0.25 |
| DA # 43009510 | Daemon South | 1 | a,b | | | | | | | | | | | | 0.6 | | | | | 0.6 |
| DA # 43944726 | Segura Rodriguez | 1 | a,b | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| DA # 43812173 | Stratos Maya and Mariya Maya | | | | | | | | | | | | | | | 1.5 | | | | 1.5 |
| DA #43759670 | Elaine Semu | 1 | a,b | | | | | | | | | | | | | 0.75 | | | | 0.75 |
| DA # 43056762 | Gabrielle Simeoni | 1 | b | | | | | | | | | | | | | 1 | | | | 1 |
| DA # 43944726 | Segura Rodriguez | 1 | b | | | | | | | | | | | | | 0.75 | | | | 0.75 |
| BA518182 | Selina Garrett | 1 | a,b | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| BA518182 | Selina Garrett | 1 | e | | | | | | | | | | | | | | 2 | | | 2 |
| DA # 42719295 | Reem Henigal | 1 | a,b | | | | | | | | | | | | | | 0.25 | | | 0.25 |
| DA # 43778218 | Yulyivan Leyva | 1 | d | | | | | | | | | | | | | | 0.3 | | | 0.3 |
| DA # 43495319 | William Sharpe | 1 | a,b | | | | | | | | | | | | | | 1.5 | | | 1.5 |
| BA518285 | Tiuana Drone | 1 | b | | | ✓ | ✓ | | ✓ | | | | | ✓ | ✓ | ✓ | 0.5 ✓ | | | 0.5 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 2.3 | 0.95 | 0 | 3.65 | 0 | 0 | 0 | 0 | 1 | 5.82 | 5.1 | 4.55 | 0 | 0 | 23.37 ✓ 23.37 WH |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 2 | 1 | | 3 | | | | | | 2 | 3.9 | | | | 11.9 |
| After Hours Duty | | 6 | | | | | | | | | | | | | | | | | | 5 |
| (06) Other - Non Claimable | | 6 | | | | 4.7 | 7.05 | 9 | 2.35 | | | | 9 | 8 | 1.18 | | 3.45 | | | 44.73 |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 6.7 | 8.05 | 9 | 5.35 | 0 | 0 | 0 | 9 | 9 | 3.18 | 3.9 | 3.45 | | 0 | 57.63 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 8 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *...nction performed as shown above.*

Employee Signature 10/5/23

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 10/6/23

Supervisor Signature

**Los Angeles County District Attorney**
**Custody of Minor Time Study**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| September 16-30, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow up from IO
c eCER filing submission—obtaining court orders running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return.**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WKND | WKND | | | VAC | | RDO | WKND | WKND | VAC | | | | | WKND | | 0 |
| DA # 43216870 | Bracamontes | 1 | b | | | 0.3 | | | | | | | | | | | | | | 0.3 |
| DA # 4305585 | Nathanial Pogues | 1 | b | | | 0.8 | | | | | | | | | | | | | | 0.8 |
| DA # 23-006 | Outgoing Hague Cortez v. Quiroz | 2 | c | | | 1 | | | | | | | | | | | | | | 1 |
| No Case # | DA Andrea Pott Inquiry | 1 | a | | | 0.2 | | | | | | | | | | | | | | 0.2 |
| DA # 23-006 | Outgoing Hague Cortez v. Quiroz | 2 | c | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| DA # 43009510 | Daemon South | 1 | a,b | | | | 0.75 | | | | | | | | | | | | | 0.75 |
| DA # 43713074 | William Torino Molina | 1 | a,b | | | | | | | | | | | | | | | | | 0 |
| DA # 43264832 | Mitzi Sanchez | 1 | a,b | | | | | | 0.75 | | | | | | | | | | | 0.75 |
| No Case # | LAPD Det. Whittington inquiry | 1 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| BA517343 | Alma Rodriguez | 1 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| BA517340 | Elder Esquivel | 1 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| DA #43759670 | Elaine Semu | 1 | a | | | | | | 0.1 | | | | | | | | | | | 0.1 |
| DA # 43713074 | William Torino Molina | 1 | b | | | | | | 1 | | | | | | | | | | | 1 |
| DA # 4305585 | Nathanial Pogues | 1 | d | | | | | | 1 | | | | | | | | | | | 1 |
| DA # 43667551 | Errin Scott | 1 | a | | | | | | 0.2 | | | | | | 0.12 | | | | | 0.32 |
| DA # 43667551 | Errin Scott | 1 | b | | | | | | | | | | | 1 | 0.9 | | | | | 1.9 |
| DA # 43778218 | Yulyivan Leyva | 1 | a,b | | | | | | | | | | | | | 0.7 | | | | 0.7 |
| DA # 43495319 | Selina Garret | 1 | a | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| DA # 23-007 | Outgoing Hague Leong v. Tse | 2 | c | | | | | | | | | | | | 1 | | | | | 1 |
| DA # 43264832 | Mitzi Sanchez | | | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| BA518285 | Tiuana Drone | 1 | a,b | | | | | | | | | | | | 0.7 | | | | | 0.7 |
| DA # 43495319 | Selina Garret | 1 | b | | | | | | | | | | | | 0.25 | | | | | 0.25 |
| DA # 43009510 | Daemon South | 1 | a,b | | | | | | | | | | | | 0.6 | | | | | 0.6 |
| DA # 43944726 | Segura Rodriguez | 1 | a,b | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| DA # 43812173 | Stratos Maya and Mariya Maya | | | | | | | | | | | | | | | 1.5 | | | | 1.5 |
| DA #43759670 | Elaine Semu | 1 | a,b | | | | | | | | | | | | | 0.75 | | | | 0.75 |
| DA # 43056762 | Gabrielle Simeoni | 1 | b | | | | | | | | | | | | | 1 | | | | 1 |
| DA # 43944726 | Segura Rodriguez | 1 | b | | | | | | | | | | | | | 0.75 | | | | 0.75 |
| BA518182 | Selina Garrett | 1 | a,b | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| BA518182 | Selina Garrett | 1 | e | | | | | | | | | | | | | | 2 | | | 2 |
| DA # 42719295 | Reem Henigal | 1 | a,b | | | | | | | | | | | | | | 0.25 | | | 0.25 |
| DA # 43778218 | Yulyivan Leyva | 1 | d | | | | | | | | | | | | | | 0.3 | | | 0.3 |
| DA # 43495319 | William Sharpe | 1 | a,b | | | | | | | | | | | | | | 1.5 | | | 1.5 |
| BA518285 | Tiuana Drone | 1 | b | | | ✓ | ✓ | | ✓ | | | | | ✓ | ✓ | ✓ | 0.5 ✓ | | | 0.5 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 2.3 | 0.95 | 0 | 3.65 | 0 | 0 | 0 | 0 | 1 | 5.82 | 5.1 | 4.55 | 0 | 0 | 23.37 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 2 | 1 | | 3 | | | | | | 2 | 3.9 | | | | 11.9 |
| After Hours Duty | | 6 | | | | | | | | | | | | | | | | | | 5 |
| (06) Other - Non Claimable | | 6 | | | | 4.7 | 7.05 | 9 | 2.35 | | | | 9 | 8 | 1.18 | | 3.45 | | | 44.73 |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 6.7 | 8.05 | 9 | 5.35 | 0 | 0 | 0 | 9 | 9 | 3.18 | 3.9 | 3.45 | | 0 | 57.63 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 8 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

[redacted] and the function performed as shown above

Employee Signature 10/5/23

Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were

[redacted] 10/6/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/1/2023 TO 9/15/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable
- (06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 | 54 Minutes = .9 hour |
| 12 Minutes = .2 | |
| 15 Minutes = .2 | |
| 18 Minutes = .3 | |
| 24 Minutes = .4 hour | |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0
30.45 +
20.30 +
50.75 +

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| | | | | | WK | WK | HOLIDAY | | | | | WK | WK | | | | | | |
| 23STHC00004 | Melendez v. Castellanos | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| 23STHC00005 | RAMIRO HERRERA, JOSE VS ESTRADA, MARIA ENRIQUETA | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| 23STHC00006 | MIRANDA, MARINA ARIAS VS VASQUEZ M | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| 23STHC00007 | CHAVEZ ESTRADA, NUBIA LIZBETH VS CABF | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| AGI-23-24 | LOPEZ HABOUD-ECUADOR | 2 | c | 1 | | | | | | | | | | | | | | | 1 |
| AGI-23-24 | LOPEZ HABOUD-ECUADOR | 2 | b | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 23STHC00004 | Melendez v. Castellanos | 2 | b | | | | | 0.5 | | | | | | | | | | | 0.5 |
| 23-006 | Cortez | 2 | b | | | | | 0.6 | | | | | | | | | | | 0.6 |
| 23STHC00004 | Melendez v. Castellanos | 2 | c | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 23STHC00004 | Melendez v. Castellanos | 2 | e | | | | | 1 | | | | | | | | | | | 1 |
| DA # 23-007 | Leong | 2 | d | | | | | 1 | | | | | | | | | | | 1 |
| 23STHC00008 | ESCALANTE SANTILLAN, DARWIN AARON VS S | 2 | b | | | | | 0.5 | | | | | | | | | | | 0.5 |
| No case number | Elbaz Hague inquiry | 2 | b | | | | | 0.6 | | | | | | | | | | | 0.6 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE | 2 | b | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 23STHC00004 | Melendez v. Castellanos | 2 | b | | | | | | 0.7 | | | | | | | | | | 0.7 |
| 23STHC00004 | Melendez v. Castellanos | 2 | d | | | | | | 1 | | | | | | | | | | 1 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | 0.7 | | | | | | | | | | 0.7 |
| 23STHC00003 | PINA AGUIRRE, MICHAEL JACQUELINE VS H | 2 | b | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA # 23-004 | Khacheryan | 2 | b | | | | | | 0.2 | | | | | | | | | | 0.2 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | e | | | | | | | 1 | | | | | | | | | 1 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | c | | | | | | | 0.5 | | | | | | | | | 0.5 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | | 0.9 | | | | | | | | | 0.9 |
| AGI-23-23 | CHAVEZ v. SALAZAR-PERU | 2 | b | | | | | | | 0.3 | | | | | | | | | 0.3 |
| 23STHC00004 | Melendez v. Castellanos | 2 | b | | | | | | | 0.3 | | | | | | | | | 0.3 |
| 23STHC00004 | Melendez v. Castellanos | 2 | a | | | | | | | 0.4 | | | | | | | | | 0.4 |
| No case number | Elbaz Hague inquiry | 2 | b | | | | | | | 0.7 | | | | | | | | | 0.7 |
| 23STHC00002 | VARGA, ZOLTAN JOSEF VS VARGA, TASSA | 2 | b | | | | | | | | 0.4 | | | | | | | | 0.4 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23STHC00002 | VARGA, ZOLTAN JOSEF VS VARGA, TASSA | 2 | a | | | | | | | | | 0.25 | | | | | | | | | 0.25 |
| DA # 23-006 | Cortez | 2 | c | | | | | | | | | 1.5 | | | | | | | | | 1.5 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | | | | 0.4 | | | | | | | | | 0.4 |
| BD588111 | ANNETTA YACOUB VS FREDDY DAWOU | 1 | g | | | | | | | | | 0.7 | | | | | | | | | 0.7 |
| AGI-23-23 | CHAVEZ v. SALAZAR-PERU | 2 | c | | | | | | | | | | | | 1.5 | | | | | | 1.5 |
| 23STHC00004 | MELENDEZ, JAVIER GEOVANY VS CASTELLANO | 2 | b | | | | | | | | | | | | 0.2 | | | | | | 0.2 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | | | | | | | 0.2 | | | | | | 0.2 |
| no case number | Elbaz Hague inquiry | 2 | b | | | | | | | | | | | | 0.5 | | | | | | 0.5 |
| no case number | child concealment t/c | 1 | a | | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| AGI-23-23 | CHAVEZ v. SALAZAR-PERU | 2 | c | | | | | | | | | | | | | 2 | | | | | 2 |
| no case number | Elbaz Hague inquiry | 2 | b | | | | | | | | | | | | | 0.3 | | | | | 0.3 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | | | | | | | | 0.2 | | | | | 0.2 |
| family law case BD588111 | ANNETTA YACOUB VS FREDDY DAWOUD | 1 | g | | | | | | | | | | | | | 1 | | | | | 1 |
| family law case 23STPT02018 | JOHNSON, SHONDELL VS POGUES, NATHANIE | 1 | g | | | | | | | | | | | | | | 0.7 | | | | 0.7 |
| family law case 22STFL10991 | ESMIEU, OMAR A. VS ROSS, MARY A | 1 | g | | | | | | | | | | | | | | 1 | | | | 1 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | a | | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| AGI-23-38 | Lopez v. Lopez | 2 | a | | | | | | | | | | | | | | 1.5 | | | | 1.5 |
| no case # LAPD North East Division | Garcia hague inquiry | 2 | b | | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| no case number | Swinton v Garrett §3130 recovery | 1 | a | | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| AGI-23-38 | Lope v. Lopez | 2 | b | | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| AGI-23-24 | LOPEZ v. HABOUD-ECUADOR | 2 | b | | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| AGI-23-38 | Lopez v. Lopez | 2 | b | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| AGI-23-24 | LOPEZ v. HABOUD-ECUADOR | 2 | c | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | | ✓ | 1.5 ✓ | | 1.5 |
| **Subtotal** | **Claimable** | | | **1.4** | | | | **5.4** | **2.7** | **4.1** | **3.25** | | | **2.4** | **3.6** | | **5** | **2.6** | | | **30.45** |
| | PC 278, 278.5 Post Filing -Non Claimable | 5 | | 5.1 | | | | 1.1 | 3.8 | 2.4 | 3.25 | | | 4.1 | 2.9 | | 1.5 | 3.9 | | | **28.05** |
| | Other - Non Claimable | 6 | | 1.5 | | | | 1.5 | 1.5 | 1.5 | 1.5 | | | 1.5 | 1.5 | 8 | 1.5 | 1.5 | | | **21.5** |
| **Subtotal** | **Non-Claimable** | | | **6.6** | | | | **2.6** | **5.3** | **3.9** | **4.75** | | | **5.6** | **4.4** | **8** | **3** | **5.4** | | | **49.55** |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | | | **8** | **8** | **8** | **8** | **8** | | | **8** | **8** | **8** | **8** | **8** | | | |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

WH 30.4 ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **3.9** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **26.55** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **28.05** |
| **(06) Other - Non Claimable** | **21.5** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

*...urate report of my time, and the function performed as shown above.*

[redacted] 9/21/2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/26/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/16/2023 TO 9/30/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable
- (06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 16 WK | 17 WK | 18 | 19 | 20 | 21 | 22 | 23 WK | 24 WK | 25 | 26 | 27 | 28 | 29 | 30 WK | 31 WK | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| no case number | ELBAZ Hague inquiry | 2 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| DA # 23-006 | Cortez | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| AGI-23-36 | DU-CANADA-LOS ANGELES COUNTY (L | 2 | a | | | 0.3 | | | | | | | | | | | | | | 0.3 |
| DA # 23-006 | Cortez | 2 | a | | | | 1 | | | | | | | | | | | | | 1 |
| AGI-23-36 | DU-CANADA-LOS ANGELES COUNTY | 2 | a | | | | 0.6 | | | | | | | | | | | | | 0.6 |
| DA # 23-006 | Cortez | 2 | a | | | | 0.7 | | | | | | | | | | | | | 0.7 |
| family law case 21STRO04408 | Marsh | 2 | b | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| no case number | SABA Hague inquiry | 2 | b | | | | 0.4 | | | | | | | | | | | | | 0.4 |
| no case number | SABA Hague inquiry | 2 | b | | | | | 1 | | | | | | | | | | | | 1 |
| DA # 43876000 | Essensten | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| DA # 23-006 | Cortez | 2 | b | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| no case number | ELBAZ Hague inquiry | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| DA # 23-003 | Trevino | 2 | b | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| no case number | SABA Hague inquiry | 2 | b | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| no case number | Jose Martinez 3130 inquiry | 1 | a | | | | | | 0.1 | | | | | | | | | | | 0.1 |
| family law case 21STRO04408 | Marsh | 1 | a | | | | | | 0.1 | | | | | | | | | | | 0.1 |
| AGI-23-38 | LOPEZ v. LOPEZ | 2 | b | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| no case number | SABA Hague inquiry | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| no case number | ELBAZ Hague inquiry | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| AGI-23-38 | LOPEZ v. LOPEZ | | | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| no case number | SABA Hague inquiry | 2 | b | | | | | | | | | | 0.3 | | | | | | | 0.3 |
| AGI-23-38 | LOPEZ v. LOPEZ | 2 | b | | | | | | | | | | 0.2 | | | | | | | 0.2 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | | | | | 0.7 | | | | | | | 0.7 |
| AGI-23-23 | CHAVEZ v. SALAZAR | 2 | b | | | | | | | | | | 0.1 | | | | | | | 0.1 |
| family law case 21STRO04408 | Marsh | 1 | a | | | | | | | | | | 0.4 | | | | | | | 0.4 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | b | | | | | | | | | | | 0.6 | | | | | | 0.6 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | d | | | | | | | | | | | 0.5 | | | | | | 0.5 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | f | | | | | | | | | | | | 1.5 | | | | | 1.5 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | | b | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| no case number | Elbaz Hague inquiry | 2 | | b | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 19AVPT00447 | Segura, Edgar v. Gallardo Monique | 1 | | g | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| 23AVRO00485 | Segura, Edgar v. Gallardo Monique | 1 | | g | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| no case number | ELBAZ Hague inquiry | 2 | | b | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | | b | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| no case number | Diaz 3130 inquiry | 1 | | a | | | | | | | | | | | | | | 0.7 | | | 0.7 |
| BA518182 | PEOPLE v. SELINA GARRETT | 1 | | e | | | | | | | | | | | | | | 3 | | | 3 |
| no case number | SABA Hague inquiry | 2 | | b | | | | | | | | | | | | | | 0.3 | | | 0.3 |
| 23STHC00009 | Alavez Garcia v. Cordero Orduna | 2 | | b | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| no case number | ELBAZ Hague inquiry | 2 | | b | | | | | | | | | | | | | | 0.1 | | | 0.1 |
| DA # 43812173 | Maya mistaken CAU submission | 1 | | g | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| no case number | Diaz 3130 inquiry | 1 | | a | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| DA # 42719295 | Henigal | 1 | | g | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | 0.5 ✓ | | | 0.5 |
| **Subtotal** | **Claimable** | | | | | | **1.2** | **2.9** | **1.5** | **1.3** | **0.9** | | | **1.7** | **1.1** | **2.4** | **1.8** | **5.5** | | | **20.3** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | | | 5.3 | 3.6 | 3 | 3.2 | 5.6 | | | 4.8 | 1.4 | 2.1 | 3.7 | 1 | | | 31 |
| (06) Other - Non Claimable (training) | | | | | | | | | 2 | 2 | | | | | 4 | 2 | 1 | | | | 11 |
| (06) Other - Non Claimable | | 6 | | | | | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | | | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | | | 15 |
| **Subtotal** | **Non-Claimable** | | | | | | **6.8** | **5.1** | **6.5** | **6.7** | **7.1** | | | **6.3** | **6.9** | **5.6** | **6.2** | **2.5** | | | **59.7** |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | | | **8** | **8** | **8** | **8** | **8** | | | **8** | **8** | **8** | **8** | **8** | | | **80** |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

✓ wk
20.3

| | |
|---|---|
| **(01) Compliance with Court Orders** | **6.5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **13.7** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **0** |
| **(06) Other - Non Claimable** | **15** |
| **Claimable + Non-Claimable Total** | **35.2** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *e report of my time, and the function performed as shown above.* 10/5/2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 10/10/23

Supervisor Signature

**Los Angeles County District Attorney**
**Custody of Minor Time Study**

September 1-15

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 09/01/23 - 09/15/23 | [redacted] | [redacted] | Paralegal | Special Ops. Target Crimes | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | HOLIDAY | | | | | WK | WK | | | | | | 0 |
| 23-007 | Leong v. Tse (Hong Kong) | 2 | a | 0.7 | | | | | | | | | | | | | | 0.75 | 1.45 |
| 23-007 | Leong v. Tse (Hong Kong) | 2 | b | | | | | 0.5 | | | | | | | | | | | 0.5 |
| 23-007 | Leong v. Tse (Hong Kong) | 2 | c | | | | | | | 0.7 | | | | | | | | | 0.7 |
| 23-007 | Leong v. Tse (Hong Kong) | 2 | d | | | | | | | | 0.25 | | | 1 | | | | | 1.25 |
| 23STHC00004 | Melendez v. Castellanos | 2 | d | | | | | 0.3 | | | | | | | | | | | 0.3 |
| 23STHC00004 | Melendez v. Castellanos | 2 | f | | | | | | 0.5 | | | | | | | | | | 0.5 |
| Outgoing to Scotland (filed with State Dept.) | Elbaz v. Elbaz-Deckel | 2 | b | | | | | | 0.4 | 0.5 | | | | | | 0.5 | 0.5 | 0.9 | 2.8 |
| YF006345 | Cravens v. Fonoimoana | 2 | g | | | | | | | 0.9 | | | | | | | | | 0.9 |
| 23STHC00010 | Strankay v. Yacob-Mengistu | 2 | b | | | | | | | | | | | | 0.6 | | | | 0.6 |
| 23STHC00010 | Strankay v. Yacob-Mengistu | 2 | c | | | | | | | | | | | | 3 | | | | 3 |
| 23STHC00010 | Strankay v. Yacob-Mengistu | 2 | e | | | | | | | | | | | | 0.7 | | | | 0.7 |
| FAMSS1810047 | Barragan v. Montes | 3 | e | | | | | | | | | | | | 1 | 0.25 | 6.2 | | 7.45 |
| AGI-23-34 | Kurdain v. Martin | 2 | b | | | | | | | | | | | | 0.5 | | | | 0.5 |
| AGI-23-34 | Kurdain v. Martin | 2 | c | | | | | | | | | | | | 1 | | | | 1 |
| AGI-23-34 | Kurdain v. Martin | 2 | e | | | | | | | | | | | | 1 | | | | 1 |
| 23STHC00009 | Alvarez Garcia v. Codero Orduna | 2 | d | | | | | | | | | | | | | 0.2 | | | 0.2 |
| AGI-23-39 | Vicente v. Vicente Agustin | 2 | a | | | | | | | | | | | | | | 0.7 | | 0.7 |
| AGI-23-39 | Vicente v. Vicente Agustin | 2 | c | | | | | | | | | | | | | | | 0.7 | 0.7 |
| AGI-23-39 | Vicente v. Vicente Agustin | 2 | d | | | | | | | | | | | | | | | 0.7 | 0.7 |
| 18STPT03075 | Allen v. Aubureyana Winkler Moore | 2 | b | | | | | | | | | | | | | | 0.2 | 0.25 | 0.45 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | |
| **Subtotal** | **Claimable** | | | **0.7** | **0** | **0** | **0** | **0.8** | **0.9** | **2.1** | **0.25** | **0** | **0** | **1** | **7.8** | **0.95** | **7.6** | **3.3** | **25.4** |
| | | | | | | | | | | | | | | | | | | | 0 |
| BA488 | Garnica | S | | | | | | | | | | | | | | 0.7 | | | 0.7 |
| GA066930 | People v. Adrian Gurrola | S | | | | | | 0.7 | | | | | | | | | | | 0.7 |
| General other work | | S | | 7.3 | | | 8 | 6.5 | 7.1 | 5.9 | 7.75 | | | 7 | 0.2 | 6.35 | 0.4 | 4.7 | 61.2 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **7.3** | **0** | **0** | **8** | **7.2** | **7.1** | **5.9** | **7.75** | **0** | **0** | **7** | **0.2** | **7.05** | **0.4** | **4.7** | **62.6** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **88** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

Employee: I hereby certify that this is a true and accurate record of my time, and the function performed as shown above

[redacted] 9-18-2023

Employee Signature

Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the

[redacted] 9/21/23

Supervisor Signature

0 • C

25 • 40 +
29 • 60 +
55 • 00 G +

25.40 WHV

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 09/16/23 - 09/30/23 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | | | | | | WK | 0 |
| Outgoing to Scotland - filed with State Dept. 9 | Elbaz v. Elbaz-Deckel | 2 | b | | | 0.6 | | 0.25 | | | | | | | 0.3 | 0.25 | 0.5 | | 1.9 |
| 18STPT03075 | Allen v. Aubureyana Winkler Moore | 1 | c | | | 0.9 | | | | | | | | | | | | | 0.9 |
| 18STPT03075 | Allen v. Aubureyana Winkler Moore | 1 | g | | | 0.9 | | | | | | | | | | | | | 0.9 |
| BA517905 | People v. Lorena Michelle Garcia | 1 | e | | | 0.75 | | | | | | | | | | | | | 0.75 |
| AG-23-36-LA0022401094 | Guixin Du v. Lu Zhang | 2 | a | | | 0.75 | | | | | | | | | | 0.4 | | | 1.15 |
| AG-23-36-LA0022401094 | Guixin Du v. Lu Zhang | 2 | b | | | 0.75 | | | | | | | | | | | | | 0.75 |
| AG-23-36-LA0022401094 | Guixin Du v. Lu Zhang | 2 | d | | | 0.75 | | | | | | | | | | | | | 0.75 |
| AG-23-18-LA2023400783 | Caro, Orellana v. Reyes, Leon | 2 | b | | | | 0.7 | | | | | | | | | | | | 0.7 |
| AG-22-13-LA2022400455 | Takhar v. Sogi | 2 | b | | | | 0.5 | | | | | | | | | | | | 0.5 |
| YA108451 | People v. Brandon | 1 | g | | | | | 0.6 | | | | | | | | | | | 0.6 |
| BF0564761 | Jack Zechick v. Jennifer Garnica | 1 | g | | | | | | | | | | | 3 | 6 | 3 | | | 12 |
| 23STHC000010 | Strankay v. Yacob Mengistu | 2 | B | | | 0.6 | 0.7 | 0.5 | | 0.6 | | | | | | | | | 2.4 |
| AGI-17-11-LA2017603667 | Saunders v. Garbutt | 2 | b | | | | | | 0.2 | | | | 0.3 | | | 0.5 | | | 1 |
| 23-007 (outgoing Hague to Hong Kong) | Leong v. Tse | 2 | b | | | | | | | | | | | 0.75 | | | | | 0.75 |
| 23-007 (outgoing Hague to Hong Kong) | Leong v. Tse | 2 | c | | | | | | | | | | | 0.75 | | | | | 0.75 |
| AGI-23-34-LA202340`266 | Kirdain v. Martin | 2 | b | | | | | 0.6 | 0.8 | | | | 0.3 | 0.7 | | | | | 2.4 |
| 23STHC00009 | Alavez v. Cordero | 2 | b | | | | | | | | | | 0.5 | 0.2 | | | | | 0.7 |
| 22-004 (outgoing to Australia) | Burian v. Buckman | 2 | b | | | | | | | | | | | | | 0.3 | | | 0.3 |
| Access case - Panama (parties settled) 9 | Riba v. Paredes | 2 | b | | | | | | | | | | | | | | 0.4 | | 0.4 |
| | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **6** | **1.9** | **1.95** | **1** | **0.6** | **0** | **0** | **1.1** | **5.4** | **6.3** | **4.45** | **0.9** | **0** | **29.6** |
| | | | | | | | | | | | | | | | | | | | 0 |
| | Shannon copeland - CAU intake flyer | 5 | | | | | | | | | | | | **0.3** | **0.1** | | | | 0.4 |
| | Non-Claimable | 5 | | | | 2 | 6.1 | 6.05 | 4 | 7.4 | | | **6.9** | **2.3** | **1.6** | 3.55 | 7.1 | | 50 |
| | Time off | 10 | | | | | | | 3 | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **2** | **6.1** | **6.05** | **7** | **7.4** | **0** | **0** | **6.9** | **2.6** | **1.7** | **3.55** | **7.1** | **0** | **50.4** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

29.60 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **15.15** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **14.45** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **50.4** |
| **(06) Other - Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

*Employee: I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10-2-2023

Employee Signature

*Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the function(s) were performed as shown above.*

[redacted] 10/3/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| September 1-15, 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

9 • 00 +

5 • 00 +

14 • 00 G +

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | | | | | | WK | WK | RDO | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| 23 STHC 0004 | Melendez v Castellanos | 2 | f | | | | | | 6 | | | | | | | | | | 6 |
| 23 STHC 0004 | Melendez v Castellanos | 2 | c | | | | | 2 | 1 | | | | | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **2** | **7** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **9** |
| | Holiday | | | | | | 8 | | | | | | | | | | | | |
| | post filing | 5 | | 9 | 0 | 0 | | 7 | 2 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 80 |
| **Search Warrant** | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 5 |
| | | 3 | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | **5** | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **14** | **9** | **9** | **85** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **14** | **9** | **9** | 94 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **94** |

9 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 9 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 54 |
| (06) Other - Non Claimable | 14 |
| Claimable + Non-Claimable Total | 94 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *my time, and the function performed as shown above.*

Employee Signature 9/18/2023

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted]

Supervisor Signature 9/20/23

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| September 16-31, 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | RDO | | | | | WK | WK | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Training LAPD (Hollenbeck) | Training and scenarios | 1 | a | | | | | | | | | | | | | 5 | | | | 5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **5** | **0** | **0** | **0** | **5** |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | **0** | **9** | **9** | 4 | 9 | 0 | 0 | 75 |
| | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | 5 | | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **4** | **9** | **0** | **0** | **75** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **9** | **9** | 80 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | | 80 |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **75** |
| **(06) Other - Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

5 WH

[redacted] *port of my time, and the function performed as shown above.* 10-3-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/5/23

Supervisor Signature

**Los Angeles County District Attorney**
**Custody of Minor T**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project |
|---|---|---|---|---|---|---|
| September/01/2023 - September/15/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDA |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hou |
| 12 Minutes = .2 hour | 42 Minutes = .7 hou |
| 15 Minutes = .25 hour | 45 Minutes = .75 ho |
| 18 Minutes = .3 hour | 48 Minutes = .8 hou |
| 24 Minutes = .4 hour | 54 Minutes = .9 hou |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | | WK | WK | RDO | OFF | | | OFF | WK | WK | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | | | | | 9 | 9 | | | | **8** | **9** | 9 | 9 | 9 | 71 |
| OFF | | 6 | | | | | | 9 | | | 9 | | | | | | | | 18 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **89** |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **89** |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 71 |
| (06) Other - Non Claimable | 18 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *in the function performed as shown above.* 9/15/2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 9/21/23

Supervisor Signature

0 • C

0 • 60 +

0 • 60G +

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| September/16/2023 - September/30/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

6 Minutes = .1 hour — 36 Minutes = .6 hour

12 Minutes = .2 hour — 42 Minutes = .7 hour

15 Minutes = .25 hour — 45 Minutes = .75 hour

18 Minutes = .3 hour — 48 Minutes = .8 hour

24 Minutes = .4 hour — 54 Minutes = .9 hour

30 Minutes = .5 hour — 60 Minutes = 1 hour

| | | | | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | WK | WK | RDO | | | | | WK | WK | | | | | | WK | | 0 |
| 23STH00009 | Alvarez Garcia v. Cordero | 2 | f | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| Alvarez Garcia v. Cordero | Alvarez Garcia v. Cordero | 2 | d | | | | | | | | | | | 0.1 | | | | | | 0.1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0.1** | **0.5** | **0** | **0** | **0** | **0** | **0.6** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | | | | | | | 8 | 8.9 | 8.5 | 9 | 9 | | | 43.4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| (06) Other - Non Claimable | OFF | 6 | | | | | 9 | 9 | 9 | 9 | | | | | | | | | | 36 |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **8.9** | **8.5** | **9** | **9** | **0** | **0** | **79.4** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

0.6 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0.6 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 43.4 |
| (06) Other - Non Claimable | 36 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] 9/30/23

Employee Signature

*Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted] 10/5/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/1/2023 - 9/15/2023 | [redacted] | [redacted] | Sergeant | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 ho |
| 12 Minutes = .2 hour | 42 Minutes = .7 ho |
| 15 Minutes = .25 hour | 45 Minutes = .75 h |
| 18 Minutes = .3 hour | 48 Minutes = .8 ho |
| 24 Minutes = .4 hour | 54 Minutes = .9 ho |
| 30 Minutes = .5 hour | 60 Minutes = 1 hou |

0 • C
27 • 00 +
62 • 00 +
89 • 006 •

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | SAT | SUN | HOLIDAY | .VAC | VAC | | RDO | SAT | SUN | | | | | RDO | 0 |
| 2021-A-1478 | Mengistu, Emnet | 1 | b,c,l,u, | | | | | | | | | | | | 3 | 6.5 | 2 | | 15.5 |
| 2023-G-1289 | Allen, Sherard | 1 | e,u | | | | | | | 0.25 | | | | | | | 5.5 | | 5.75 |
| 2023-A-1165 | Kurdain, Jamie | 1 | c,u | | | | | | | 1 | | | | | | | 1.5 | | 2.5 |
| 2023-A-1063 | Pittman, Ronald | 1 | u | | | | | | | 1.25 | | | | | | 2.5 | | | 3.75 |
| 2023-G-1401 | Gonzalez, Jose | 3 | w,u | | | | | | | 3.5 | | | | | | | | | 3.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | ✓ | | OT | | | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 4 | 0 | 0 | 3 | 9 | 9 | 0 | 31 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | 10 | | | | | | | | 4 | | | | | 9.5 | | | | 13.5 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 9.5 | 1 | 1 | | 13.5 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 4 | 0 | 0 | 12.5 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 44.5 |

11.50

27 WH

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 27.5 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 3.5 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 2 |
| (10) Other - Non Claimable | 13.5 |
| Claimable + Non-Claimable Total | 46.5 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/14/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/15/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/16/2023 - 9/30/2023 | [redacted] | [redacted] | Sergeant | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SAT | SUN | | | | | RDO | SAT | SUN | | | | OFF | RDO | SAT | N/A | 0 |
| 2021-A-1478 | Mengistu, Emnet | 1 | u | | | | 2.5 | | | | | | | | | | | | | 2.5 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | | | 2 | 2 | | | | | | | | | | | 4 |
| 2023-G-1199 | Baird, Zackery | 1 | u | | | | | 1 | | | | | | 2.5 | 0.5 | | | | | 4 |
| 2023-G-1401 | Gonzalez, Jose | 1 | u,w | | | | 2 | | 7 | | | | | | | | | | | 9 |
| 2023-G-1418 | Dobbins, Deshun | 1 | u,w | | | | | | | | | | 2 | 4 | | | | | | 6 |
| 2023-G-0961 | Williams, David | 1 | u | | | 0.5 | | 0.25 | | | | | 0.5 | 3.5 | | | | | | 4.75 |
| 2023-G-1289 | Winkler-moore vs Allen | 8 | y | | | | 2.5 | | | | | | 1 | | 2 | | | | | 5.5 |
| 2023-G-0962 | Bryant vs Lee | 1 | y | | | | | 0.75 | | | | | 1.5 | | | | | | | 2.25 |
| 2022-A-0013 | Felipa N. Chunux Tahay | 8 | y | | | | | 0.5 | 1 | | | | 2.5 | | 1.5 | | | | | 5.5 |
| 2022-G-0591 | Alvarez vs Martinez | 1 | y | | | 2 | | | | | | | | | | | | | | 2 |
| 2023-G-1021 | Flemming vs Vaughns | 1 | y | | | 3 | | | | | | | 2.5 | | | | | | | 5.5 |
| 2022-G-0141 | Ros vs Diaz | 1 | y | | | | | 2.5 | | | | | | | 3 | | | | | 5.5 |
| 2023-G-0265 | Garrett vs Swinton | 1 | y | | | 2.5 | | | | | | | | | 3 | | | | | 5.5 |
| Subtotal | Claimable | | | 0 | 0 | 8 | 7 | 7 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 62 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | 10 | | | | 2 | 3 | 3 | | | | | | | | 10 | | | | 18 |
| Subtotal | Non-Claimable | | | 0 | 0 | 2 | 3 | 3 | | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 18 |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 80 |

62 w/M ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 51 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 11 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 14.5 |
| Claimable + Non-Claimable Total | 76.5 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 9/27/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above*

[redacted] 9/28/23

Supervisor Signature

# Los Angeles County District Attorney

## Custody of Minor Time

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/1/2023 - 9/15/2023 | [redacted] | [redacted] | Senior Investigator | Investigation | 370 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 |
| 12 Minutes = .2 hour | 42 Minutes = .7 |
| 15 Minutes = .25 hour | 45 Minutes = .7 |
| 18 Minutes = .3 hour | 48 Minutes = .8 |
| 24 Minutes = .4 hour | 54 Minutes = .9 |
| 30 Minutes = .5 hour | 60 Minutes = 1 |

0 • C

76 • 00 +
35 • 50 +
111 • 50 G

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | VAC | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | | | 0 |
| 2021-A-1478 | Mengistu, Emnet | 1 | b,c,l,u,v | | | | | 3 | | 3 | 2.5 | 4 | | | | 6.5 | 2 | 2.5 | 23.5 |
| 2023-G-1289 | Allen, Sherard | 1 | e,u | | | | | | 4 | | | | | | 2 | | 4.5 | | 10.5 |
| 2023-A-1165 | Kurdain, Jamie | 1 | c,u | | | | | 2 | | 2.5 | | | | | 3.5 | | 1.5 | 2 | 11.5 |
| 2023-A-1063 | Pittman, Ronald | 1 | u | | | | | 2 | | 2 | | | | | 3 | 2.5 | | 2.5 | 12 |
| 2023-G-1401 | Gonzalez, Jose | 3 | w,u | | | | | 2 | 5 | 1.5 | | | | | | | | 2 | 10.5 |
| 2023-G-0569 | Gerlach, Erin | 1 | w,u,v | | | | | | | | 6.5 | | | | 1.5 | | | | 8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 4 | 0 | 0 | 10 | 9 | 8 | 9 | 76 |
| Duty calls | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | 10 | | 10 | | | | 1 | 1 | 1 | 1 | | | | 2.5 | 1 | 2 | 1 | 21.5 |
| Subtotal | Non-Claimable | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 4 | 0 | 0 | 12.5 | 10 | 10 | 10 | 84 |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 96.5 |

76 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 72.5 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities In the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | |
| (10) Other - Non Claimable | 21.5 |
| Claimable + Non-Claimable Total | 96.5 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/15/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted] 9/18/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/16/2023 - 9/30/2023 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SAT | SUN | RDO | | | | | SAT | SUN | MON | | VAC | VAC | VAC | SAT | SUN | 0 |
| 2021-A-1478 | Mengistu, Emnet | 1 | u | | | | 2.5 | | | 0.5 | | | | | | | | | | 3 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | | | 2 | 2 | | | | | | | | | | | 4 |
| 2023-G-1199 | Baird, Zackery | 1 | u | | | | | 1 | | 1 | | | | 2.5 | | | | | | 4.5 |
| 2023-G-1401 | Gonzalez, Jose | 1 | u,w | | | | 2 | | 7 | 1 | | | | | | | | | | 10 |
| 2023-G-1418 | Dobbins, Deshun | 1 | u,w | | | | | | | 5.5 | | | | 4 | | | | | | 9.5 |
| 2023-G-0961 | Williams, David | 1 | u | | | | | | | 1 | | | | 3.5 | | | | | | 4.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | | | | | | 0 |
| | | | | 0 | 0 | 0 | 4.5 | 3 | 9 | 9 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 35.5 |
| Subtotal | Claimable | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | 10 | | 0 | 0 | 0 | 5.5 | 7 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14.5 |
| Subtotal | Non-Claimable | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 50 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 0 |

35.5 ✓

50.

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 35.5 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 14.5 |
| Claimable + Non-Claimable Total | 50 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/26/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/26/23

Supervisor Signature

# Los Angeles County District Attorney

**Custody of Minor Tim[illegible]**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code |
|---|---|---|---|---|---|---|
| 9/01/2023 - 9/15/2023 | [redacted] | [redacted] | Sr. Investi tigator | Investigation | 15872 | CHILDABDU |

**Reimbursable Activity Codes:**

**CLAIMABLE**

(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**

(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
68 • 00
80 • 00
148 • 00C

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | OFF | OFF | holiday | WK | WK | WK | RDO | OFF | OFF | WK | WK | WK | WK | RDO | |
| 2022-G-1138 | Isaac Meza | 1 | u | | | | | 3 | 2 | 1 | | | | 2 | 1.5 | 5 | 3 | | 17.5 |
| 2022-G-1120 | Isaiah Howard | 1 | u | | | | | 3 | | 2 | | | | 3 | 3 | | | | 11 |
| 2022-G-0277 | Reema Sogi | 1 | c,u | | | | | | | 1 | | | | 2 | | | | | 3 |
| 2023-G-0881 | Lester Elcan | 1 | u | | | | | 2 | 4 | 3 | | | | | | | | | 9 |
| 2023--A-0791 | Camila Reyes | 1 | c,u | | | | | | | | | | | | 4 | 1 | 7 | | 12 |
| 2023-G-0805 | James Broakye | 1 | u | | | | | | 2 | | | | | | | | | | 2 |
| 2022-G-0251 | Angela Harris | 1 | u,g | | | | | 2 | | 2 | | | | 3 | 1.5 | 1 | | | 9.5 |
| 2022-G-0141 | Nina Diaz | | 1,g,k,m | | | | | | | 1 | | | | | | 3 | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 10 | ~~10~~ | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | ~~70~~ 68 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 10 | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 20 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 70 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 64 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 64 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/14/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/14/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/16/2023 - 9/30/2023 | [redacted] | [redacted] | Sr. Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) 3130 - 3134.5 Recoveries Local Doc.
- (02) 3130 - 3134.5 Recoveries out of State Doc.
- (03) 3130 - 3134.5 Service out of State Doc.
- (04) 3130 - 3134.5 Service Doc.
- (05) 3130 - 3134.5 Intake cases
- (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
- (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
- (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
- (09) - PC 278, 278.5 Post Filing - Non
- (10) Other - Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Operations Plans
- o Travel Arrangement
- p Court Appearances
- q CAU I/O Criminal Filings
- r Out -Of -State Assist (UCCJEA)
- s Out-of-State Court Appearances
- t Out-Of-State Court Document Prep
- u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | OFF | OFF | WK | WK | WK | WK | RDO | OFF | OFF | WK | WK | WK | WK | RDO | OFF | | 0 |
| | Nina Diaz | 1 | k,g,u | | | 2 | 4 | 6 | 5 | | | | | | 1 | 1 | | | | 19 |
| 2022-G-1138 | Isaac Meza | 1 | u,g | | | 3 | 4 | 2 | 3 | | | | 5 | 10 | 6 | 7 | | | | 40 |
| 2022-G-1120 | Isaiah Howard | 1 | u,g | | | 1 | | | | | | | 2 | | | | | | | 3 |
| 2023-G-0881 | Lester Elcan | 1 | u,g | | | 1 | | | 1 | | | | 1 | | | | | | | 3 |
| 2022-G-0251 | Angela Harris | 2 | u,g | | | 2 | | 2 | 1 | | | | 2 | | | 1 | | | | 8 |
| 2023-A-0791 | Camila Reyes | 1 | u,c | | | 1 | 2 | | | | | | | | 3 | 1 | | | | 7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | 0 |
| Subtotal | Claimable | | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | | 80 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

80 WK

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 72 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 8 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 9/28/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 9/28/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code |
|---|---|---|---|---|---|---|
| 9/1/2023 - 9/15/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 |
| 12 Minutes = .2 hour | 42 Minutes = .7 |
| 15 Minutes = .25 hour | 45 Minutes = .7 |
| 18 Minutes = .3 hour | 48 Minutes = .8 |
| 24 Minutes = .4 hour | 54 Minutes = .9 |
| 30 Minutes = .5 hour | 60 Minutes = 1 |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | RDO | | | | | WK | WK | RDO | | | | | 0 |
| 2023-G-0265 | GARRETT V SWINTON | 2 | g,o,i | 6 | | | | 3 | 4 | | 4 | | | | 5 | 10 | 5 | 5 | 42 |
| 2023-G-1198 | HODGE V FORD | 1 | u | | | | | 3 | 6 | | 4 | | | | | | | | 13 |
| 2023-A-0882 | LOPEZ V HABOUD | 2 | u | | | | | 2 | | | | | | | | | | | 2 |
| 2023-A-1141 | ALEKSANYAN V GYUNASHYAN | 2 | u | 4 | | | | | | | | | | | | | | | 4 |
| 2023-G-1021 | FLEMMING V VAUGHNS | 4 | g | | | | | 2 | | | | | | | | | | | 2 |
| 2023-G-1147 | CACERES V CASERES | 1 | e,m | | | | | | | 8 | | | | | | | | | 8 |
| 2023-G-1289 | ALLEN V MOORE | 1 | m, e | | | | | | | | | | | | | | 5 | | 5 |
| 2023-G-1391 | BURKE V MARSH | 1 | x,u,y | | | | | | | | | | | | | | | 5 | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 0 | 0 | 0 | 10 | 10 | 8 | 8 | 0 | 0 | 0 | 5 | 10 | 10 | 10 | 81 |
| Family Violence Div assistance | | | | | | | | | | 2 | 2 | | | | | | | | 4 |
| Board of Supervisors | | | | | | | | | | | | | | | 6.5 | | | | 6.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 6.5 | 0 | 0 | 0 | 10.5 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 11.5 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 91.5 |

81 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 31 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 48 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 2 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 81 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/15/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 9/18/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 9/16/2023 - 9/30/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | RDO | | | | | WK | WK | | | | | RDO | WK | XXX | 0 |
| 2023-G-1391 | MARSH V BURKE | 1 | j,o,i | | | | | | | 2 | 4 | | | | | | | | | 6 |
| 2023-G-1399 | ZEPHYR V SHARPE | 1 | u | | | | | | 4 | 5 | | | | | 9 | | | | | 9 |
| 2023-G-0265 | SWINTON V GARRETT | 1 | u,r,z | | | | 4 | 3 | 6 | 3 | | | 10 | 10 | 15 | 10 | 4 | | | 65 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 4 | 3 | 10 | 10 | 4 | 0 | 10 | 10 | 15 | 10 | 4 | 0 | 0 | 80 |
| | | 10 | | | | | 6 | 7 | | | | | | | | | | | | 13 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 6 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 4 | 0 | 10 | 10 | 15 | 10 | 4 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 93 |

80 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 80 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 13 |
| Claimable + Non-Claimable Total | 93 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 9/29/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/3/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| October 1-15, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5--criminal court appearances starting with arraignment, case preparation.
- (06) Other - Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g LE inquiry re: missing child/ abduction inv- -no case #
- h

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03)**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition

**(4) Return**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 h |
| 12 Minutes = .2 hour | 42 Minutes = .7 h |
| 15 Minutes = .25 hour | 45 Minutes = .75 h |
| 18 Minutes = .3 hour | 48 Minutes = .8 h |
| 24 Minutes = .4 hour | 54 Minutes = .9 h |
| 30 Minutes = .5 hour | 60 Minutes = 1 ho |

12 • 40 +
14 • 95 +
27 • 35 *

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WKND | | | | | RDO | WKND | WKND | HLDY | | | | | WKND | WKND | 0 |
| DA # 42719295 | Reem Henigal | 1 | c,d | | 1 | | | | | | | | | | | | | | 1 |
| DA # 43495319 | Selina Garret | 1 | a | | 0.2 | | | | | | | | | | | | | | 0.2 |
| DA #43759670 | Elaine Semu | 1 | a | | 0.2 | | | | | | | | | | | | | | 0.2 |
| BA518285 | Tiuana Drone | 1 | a | | 1 | | | | | | | | | | | | | | 1 |
| BA518285 | Tiuana Drone | 1 | a,e | | | 3 | | | | | | | | | | | | | 3 |
| DA # 43009510 | Daemon South | 1 | b | | | 0.8 | | | | | | | | | | | | | 0.8 |
| DA # 43009510 | Daemon South | 1 | d | | | | 1.5 | | | | | | | | | | | | 1.5 |
| BA518285 | Tiuana Drone | 1 | a | | | | 0.4 | | | | | | | | | | | | 0.4 |
| 43393365 | Tyona Wharry | 1 | a | | | | 1.4 | | | | | | | | | | | | 1.4 |
| | LAPD Inquiry | 1 | g | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 23-004 | Melendez | 2 | a | | | | | | | | | | 0.2 | | | | | | 0.2 |
| DA # 43688365 | Sammy Doll | 1 | a | | | | | | | | | | 0.2 | | | | | | 0.2 |
| 43393365 | Tyona Wharry | 1 | a,b | | | | | | | | | | | 1 | 0.4 | | | | 1.4 |
| DA # 43812173 | Stratos Maya | 1 | a,b | | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | 0.7 ✓ | | | 0.7 |
| **Subtotal** | **Claimable** | | | | **2.4** | **3.8** | **3.3** | **0.4** | | **0** | **0** | **0** | **0.4** | **1** | **0.4** | **0.7** | **0** | **0** | **12.4** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 6.6 | 5.2 | 5.7 | 8.6 | | | | | **8.6** | **8** | **8.6** | 7.3 | | | |
| **After Hours Duty** | | 6 | | | | | | | | | | | | | | | | | 0 |
| Vacation | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | | **6.6** | **5.2** | **5.7** | **8.6** | **0** | **0** | **0** | **9** | **8.6** | **8** | **8.6** | **7.3** | **0** | **0** | **67.6** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **8** | **0** | **0** | **80** |

12.4 WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0.2 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5--criminal court appearances starting with arraignment, case preparation. | 0 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 0.2 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/10/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/27/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| October 16-31, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g LE inquiry re: missing child/ abduction inv--no case #
h Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Govt. agency inquiry re: Hague--no case #

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | VAC | VAC | | | RDO | WKND | WKND | | | | | | WKND | WKND | | | 0 |
| | LBPD Det. Marshke | 1 | g | | | 0.1 | | | | | | | | | | | | | | 0.1 |
| | LAPD Det. Flores | 1 | g | | | 0.2 | | | | | | | | | | | | | | 0.2 |
| DA # 43812173 | Stratos/Maya | 1 | a,b | | | 0.75 | | | | | | | | | | | | | | 0.75 |
| DA # 43495319 | Wiliam Sharpe | 1 | a,e | | | 1.5 | 0.75 | | | | | | | | | | | | | 2.25 |
| DA # 43753643 | Elaine Semu | 1 | a,b | | | | 0.5 | | | | | | | | | | | | | .5 |
| DA # 43312407 | Deshaun Dobbins | 1 | a,b | | | 0.75 | 1 | | | | | | | | | | | | | 1.75 |
| DA # 43759581 | Arjomandzadeh | 1 | a, b | | | | | | | | 0.5 | 0.6 | | | | | | | | 1.1 |
| DA # 433943365 | Tayona Wharry | 1 | a | | | | | | | | | 0.25 | | | | | | | | 0.25 |
| DA # 43944726 | Edgar Segura Rodriguez | 1 | d | | | | | | | | | 0.75 | | | | | | | | 0.75 |
| 23STHC00011 | Alvaro v. Hernandez | 2 | c | | | | | | | | | | 1 | | | | | | | 1 |
| BA215148 | Gloria Terranova | 1 | a | | | | | | | | | | 0.2 | | | | | | | 0.2 |
| DA # 43027309 | Haieng Yu | 1 | a | | | | | | | | | | 1 | | | | | | | 1 |
| DA# 43150785 | Wright | 1 | b.d | | | | | | | | | | 1 | | | | | | | 1 |
| DA # 43759581 | Arjomandzadeh | 1 | a,d | | | | | | | | | | | 0.5 | | | | 0.7 | | 1.2 |
| DA # 43812173 | Stratos Maya | 1 | b | | | | | | | | | | | | 0.4 | | | | 0.75 | 1.15 |
| DA # 433943365 | Tayona Wharry | 1 | b | | | | | | | | | | | | | | | | 1 | 1 |
| 23STHC00010 | Chavez v. Salazar | 2 | c | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | 0.75 ✓ | ✓ | 0.75 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **3.3** | **2.25** | **0** | **0** | **0** | **0.5** | **1.6** | **3.2** | **0.5** | **0.4** | | | **1.45** | **1.75** | **14.95** |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | 9 | 9 | 5.7 | 6.75 | | | | 8.5 | 7.4 | 5.8 | 8.5 | 7.6 | | | 7.55 | | |
| After Hours Duty | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **9** | **9** | **5.7** | **6.75** | **0** | **0** | **0** | **8.5** | **7.4** | **5.8** | **8.5** | **7.6** | | | **7.55** | **7.25** | **83.05** |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **8** | **0** | **0** | **9** | **9** | **98** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **98** |

14.95 ✓WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 11/10/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/27/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| October 1-15 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citzen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of**

6 Minutes = .1 hc
12 Minutes = .2 h
15 Minutes = .25
18 Minutes = .3 h
24 Minutes = .4 h
30 Minutes = .5 h

0 • C
14 • 95 +
20 • 05 +
35 • 006 +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | | | | WK | WK | HOLIDAY | | | | | WK | WK | 0 |
| 23STHC00009 | Alavez Garcia | 2 | b | | 0.3 | | | | | | | | | | | | | | 0.3 |
| DR# 2217-16292 (fam. Law #22CHFL02231) | Henigal | 1 | g | | 0.5 | | | | | | | | | | | | | | 0.5 |
| DA # 23-004 | Khacheryan | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-23-27 | DULKU | 2 | b | | | 0.5 | | | | | | | | | | | | | 0.5 |
| | Child abduction call | 1 | i | | | ~~0.6~~ | | | | | | | | | | | | | 0.6 |
| BA518285 | Drone | 1 | e | | | | 4 | | | | | | | | | | | | 4 |
| NF011230 | Allen | 1 | g | | | | 1 | | | | | | | | | | | | 1 |
| DA # 23-004 | khacheryan | 2 | b | | | | 0.3 | | | | | | | | | | | | 0.3 |
| AGI-23-36 | DU | 2 | b | | | | 0.1 | | | | | | | | | | | | 0.1 |
| AGI-23-27 | DULKU | 2 | b | | | | 0.1 | | | | | | | | | | | | 0.1 |
| AGI-23-27 | DULKU | 2 | b | | | | | 0.1 | | | | | | | | | | | 0.1 |
| 23-006 | Cortez | 2 | b | | | | | 0.1 | | | | | | | | | | | 0.1 |
| 23-007 | Tse | 2 | b | | | | | 0.1 | | | | | | | | | | | 0.1 |
| | Elbaz | 2 | i | | | | | 0.3 | | | | | | | | | | | 0.3 |
| 23STH00009 | Alavez Garcia | 2 | b | | | | | 0.2 | | | | | | | | | | | 0.2 |
| | Flores | 1 | i | | | | | | | | | | 0.25 | | | | | | 0.25 |
| 23STHC00009 | Alavez | 2 | b | | | | | | | | | | 0.4 | | | | | | 0.4 |
| 23-004 | Khacheryan | 2 | b | | | | | | | | | | 0.5 | | | | | | 0.5 |
| no case number | Jones | 2 | i | | | | | | | | | | 0.4 | | | | | | 0.4 |
| AGI-23-51 | Lopez Landeros | 2 | a | | | | | | | | | | 1.25 | | | | | | 1.25 |
| 23STHC00004 | Melendez | 2 | b | | | | | | | | | | 0.4 | | | | | | 0.4 |
| | Jones | 2 | i | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 23STHC00009 | Alavez | 2 | f | | | | | | | | | | | 2.25 | | | | | 2.25 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23STHC00009 | Alavez ✓ | 2 | b | | | | | | | | | | | | 0.3 | | | | 0.3 | | |
| | Elbaz | 2 | i | | | | | | | | | | | | 0.3 | | | | 0.3 | | |
| 23STHC00009 | Alavez ✓ | 2 | b | | | | | | | | | | | | | 0.2 | | | 0.2 | | |
| 23STHC00009 | Alavez ✓ | 2 | e | | ✓ | 0.7 | ✓ | ✓ | | | | | | ✓ | ✓ | ✓ | 0.4 ✓ | | 0.4 | | |
| **Subtotal** | **Claimable** | | | 0 | 0.8 | ~~1.3~~ | 5.5 | 0.8 | 0 | 0 | 0 | 0 | 3.2 | 2.75 | 0.6 | 0.6 | 0 | 0 | 15.55 | | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | 7.2 | 6.7 | 2.5 | 7.2 | 8 | | | | 4.8 | 5.25 | 7.4 | 7.4 | | | 56.45 | | |
| **Subtotal** | **Non-Claimable** | | | | 7.2 | 6.7 | 2.5 | 7.2 | 8 | | | 8 0 | 4.8 | 5.25 | 7.4 | 7.4 | | | ~~56.45~~ | | |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 80 | | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 80 | |

✓ 14.9 WH 644

| | |
|---|---|
| **(01) Compliance with Court Orders** | **6.35** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **9.2** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **0** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **15.55** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/7/2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/8/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 10/16/2023 to 10/31/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citzen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | | | | | | WK | WK | | | | | | WK | WK | | | |
| DA # 23-004 | Khacheryan | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| DA # 23-004 | Khacheryan | 2 | g | 1 | | | | | | | | | | | | | | | | 1 |
| 23STHC00009 | Alavez Garcia | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| 23STHC00009 | Alavez Garcia | 2 | f | | 2 | | | | | | | | | | | | | | | 2 |
| 23STHC00009 | Alavez Garcia | 2 | b | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| 23-005 | Cortez | 2 | b | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| 23STHC00009 | Alavez Garcia | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| | Himbler Aviles | 1 | i | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 23STHC00009 | Alavez Garcia | 2 | b | | | | 0.6 | | | | | | | | | | | | | 0.6 |
| 23STHC00009 | Alavez Garcia | 2 | g | | | | 0.5 | | | | | | | | | | | | | 0.5 |
| 23-005 | Cortez | 2 | b | | | | 0.1 | | | | | | | | | | | | | 0.1 |
| 23AVPT00214 | Dobbins | 1 | g | | | | | 0.75 | | | | | | | | | | | | 0.75 |
| 23AVRO01285 | Dobbins | 1 | g | | | | | 0.75 | | | | | | | | | | | | 0.75 |
| BA518660 | Dobbins | 1 | e | | | | | 2 | | | | | | | | | | | | 2 |
| AGI-23-24 | Haboud Alban | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| AGI-23-38 | Lopez | 2 | b | | | | | 0.3 | | | | | | | | | | | | 0.3 |
| AGI-23-23 | Chavez Fernandez | 2 | c | | | | | | | | 0.7 | | | | | | | | | 0.7 |
| AGI-23-24 | LOPEZ | 2 | b | | | | | | | | 0.25 | | | | | | | | | 0.25 |
| AGI-23-23 | Chavez Fernandez | 2 | b | | | | | | | | 0.2 | | | | | | | | | 0.2 |
| AGI-23-27 | DULKU | 2 | b | | | | | | | | 0.25 | | | | | | | | | 0.25 |
| DA # 23-004 | Khacheryan | 2 | b | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| AGI-23-24 | Haboud Alban | 2 | d | | | | | | | | | 1.5 | | | | | | | | 1.5 |
| AGI-23-24 | Haboud Alban | 2 | b | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| AGI-23-39 | MARTINEZ | 2 | b | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| AGI-23-24 | Haboud Alban | 2 | c | | | | | | | | | 0.5 | | | | | | | | 0.5 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DA # 23-003 | Trevino | 2 | d | | | | | | | | | | | 0.3 | | | | | | | 0.3 |
| Da # 23-003 | Trevino | 2 | b | | | | | | | | | | | 0.1 | | | | | | | 0.1 |
| | Elbaz | 2 | i | | | | | | | | | | | 0.3 | | | | | | | 0.3 |
| DA # 23-003 | Trevino | 2 | d | | | | | | | | | | | | 0.25 | | | | | | 0.25 |
| AGI-23-24 | Haboud | 2 | c | | | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-23-36 | DU | 2 | b | | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| AGI-23-36 | DU | 2 | a | | | | | | | | | | | | | | | | 0.5 | | 0.5 |
| AGI-23-36 | DU | 2 | b | | | | | | | | | | | | | | | | 0.2 | | 0.2 |
| AGI-23-53 | CHAVEZ | 2 | b | | | | | | | | | | | | | | | | 0.25 | | 0.25 |
| AGI-23-53 | CHAVEZ | 2 | a | | | | | | | | | | | | | | | | 0.6 | | 0.6 |
| AGI-23-54 | LOPEZ | 2 | a | | | | | | | | | | | | | | | | | 0.6 | 0.6 |
| AGI-23-54 | LOPEZ | 2 | b | | | | | | | | | | | | | | | | | 0.25 | 0.25 |
| AGI-23-36 | Du | 2 | b | | | | | | | | | | | | | | | | | 0.1 | 0.1 |
| AGI-23-53 | CHAVEZ | 2 | b | | | | | | | | | | | | | | | | | 0.1 | 0.1 |
| AGI-23-56 | POLANIA | 2 | a | | | | | | | | | | | | | | | | | 0.5 | 0.5 |
| AGI-23-56 | POLANIA | 2 | b | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | 0.2 ✓ | 0.2 |
| **Subtotal** | **Claimable** | | | **1.2** | **2.8** | **0.9** | **1.2** | **4.2** | | | **1.4** | **3.2** | **0.7** | **0.75** | **0.4** | | | **1.55** | **1.75** | **20.05** |
| 05—PC 278, 278.5 and other non-claimable activities | | | | 6.8 | 5.2 | 7.1 | 6.8 | 3.8 | | | 6.6 | 4.8 | 7.3 | 7.25 | 7.6 | | | 6.45 | 6.25 | 75.95 |
| **Subtotal** | **Non-Claimable** | | | **6.8** | **5.2** | **7.1** | **6.8** | **3.8** | | | **6.6** | **4.8** | **7.3** | **7.25** | **7.6** | | | **6.45** | **6.25** | **75.95** |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **96** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | | **96** |

20.05 WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | **4** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **16.05** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **0** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **20.05** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *ate report of my time, and the function performed as shown above*

11/7/2023.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above*

[redacted] 11/8/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 10/01/2023 - 10/15/2023 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
16 • 40 +
8 • 45 +
24 • 85G+

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| | | | | WK | | | | | | WK | WK | HOLIDAY | | | | | WK | WK | |
| 23STCH00010 | Strankay, Robert | 2 | b | | 0.3 | | 0.5 | | | | | | | | | | | | |
| 23STCH00010 | Strankay, Robert | 2 | c | | | | | 0.7 | | | | | | | | | | | |
| AGI-23-36 | DU | 2 | b | | | 0.2 | 0.7 | 0.6 | | | | | | | | | | | |
| AGI-23-36 | DU | 2 | g | | | 0.5 | | | | | | | 0.5 | | | | | | |
| No case # (outgoing filed with State Dept. | Elbaz | 2 | b | | | | | | 0.3 | | | | | | 0.5 | | | | |
| BA501241 | Doreto | 1 | g | | | | | 0.8 | | | | | | | | | | | |
| BA501241 | Doreto | 3 | e | | | | 4 | | | | | | | | 0.1 | 0.9 | | | |
| YF006345 | Fanoimoana | 1 | g | | | | | | | | | | | 0.8 | | | | | |
| 22-004 | Burian | 2 | b | | | | | | | | | | 0.5 | | | | | | |
| 19CCJP005D | Danielle H. | 3 | e | | 0.5 | | 0.1 | | | | | | | 0.8 | | 0.9 | | | |
| 19CCJP005E | Angela H. | 3 | e | | 0.5 | | | | | | | | | 0.8 | | 0.9 | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | |
| **Subtotal** | **Claimable** | | | | **1.3** | **0.7** | **5.3** | **2.1** | **0.3** | **0** | **0** | **0** | **1** | **2.4** | **0.6** | **2.7** | **0** | **0** | **16.4** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | 6.7 | 7.3 | 2.7 | 5.9 | 7.7 | | | | 7 | 5.6 | 7.4 | 5.3 | | | 64.4 |
| | | | | | | | | | | | | 8 | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | | **6.7** | **7.3** | **2.7** | **5.9** | **7.7** | **0** | **0** | **8** | **7** | **5.6** | **7.4** | **5.3** | **0** | **0** | **63.6** |
| | | | | | | | | | | | | | | | | | | | 64.4 |
| **Daily Grand Total** | | | | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **80** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

16.4 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **1.6** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **5.4** |
| **(03) Secure Appearance of Offender** | **8.6** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **0** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **15.6** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted]

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the function were performed as shown above.*

[redacted] 10/14/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 10/16/2023 - 10/31/2023 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | WK | WK | | | | | | WK | WK | | | |
| 22-33-LA022400455 | Takhar, Harinder | 2 | b | 0.5 | | 0.5 | 0.5 | | | | | | 0.2 | | 0.3 | | | | | 2 |
| AGI-18-LA2023400783 | Caro, Orellana Ivo | 2 | b | | | 0.6 | | | | | | | | | | | | | | 0.6 |
| 23STHC00010 | Strankay, Robert | 2 | b | | | | 0.6 | | | | | | | | | | | | 0.25 | 0.85 |
| AGI-23-24-LA2023400940 | Haboud, Alban | 2 | b | | | | 0.6 | | | | 0.5 | 0.5 | | | | | | | | 1.6 |
| AGI-23-27-LA2023 | Dulku, Talwinder | 2 | b | 0.3 | | | | | | | | | 0.6 | | | | | | | 0.9 |
| AGI-23-35-LA2023401406 | Gyunashyan, Henrik | 2 | b | 0.2 | | | | | | | 0.3 | | | | | | | | | 0.5 |
| AGI-23-39-LA2023401979 | Vicente, Jerusa | 2 | b | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| YF006345 | Cravens, Kevin | 1 | g | | | | | | | | | | | 0.6 | | | | | | 0.6 |
| AGI-23-59-LA2023402385 | Salazar, Carlos | 2 | b | | | | | 0.3 | | | | | | | | | | | | 0.3 |
| AGI-23-53-LA2023402305 | Rojas Mendez, Abel | 2 | a | | | | | | | | | | | | | | | 0.7 | | 0.7 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | |
| Subtotal | Claimable | | | 1.4 | 0.4 | 1.1 | 1.7 | 0.3 | 0 | 0 | 0.8 | 0.5 | 0.8 | 0.6 | 0.3 | 0 | 0 | 0.7 | 0.25 | 8.85 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 6.6 | 7.6 | 6.9 | 6.3 | 7.7 | | | 7.2 | 7.5 | 7.2 | 7.4 | 7.7 | | | 7.3 | | |
| | | | | | | | | | | | | | | | | | | | 7.75 | |
| Subtotal | Non-Claimable | | | 6.6 | 7.6 | 6.9 | 6.3 | 7.7 | | | 7.2 | 7.5 | 7.2 | 7.4 | 7.7 | | | 7.3 | 7.75 | 87.15 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 96 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 96 |

8.45 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0.6 |
| (02) Court Costs for Out of Jurisdiction Cases | 7.85 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 0 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 8.45 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 10-31-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 11/6/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| October 1-15, 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

3 • 30 +

3 • 30G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | | | | WK | WK | RDO | | | | | WK | WK | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | 5 | | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 9 | **9** | **9** | **9** | 9 | 0 | 0 | 89 |
| **Search Warrant** | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 0 | **5** | **0** | **5** | 0 | 0 | 0 | 18 |
| | | 0 | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | **0** | | **0** | **8** | **9** | **9** | **0** | **0** | **8** | **8** | **9** | **14** | **9** | **14** | **9** | **0** | **0** | **107** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **8** | **9** | **9** | **9** | **9** | **8** | **8** | **9** | **14** | **9** | **14** | **9** | **0** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **107** |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 89 |
| (06) Other - Non Claimable | 18 |
| Claimable + Non-Claimable Total | 0 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*ort of my time, and the function performed as shown above.*

Employee Signature 10-16-2023

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the function was performed as shown above.*

[redacted]

Supervisor Signature 10/19/23

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| October 16-31. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders,**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement
- h private citizen inquiry regarding missing child/child abduction investigation- no

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague - no case number
- i Private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | WK | WK | RDO | | | | | WK | WK | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Long Beach PD consultation | no case name available | 4 | a | | 1 | | | | | | | | | | 0.4 | | | 0.4 | | 1.8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| LAPD Filing Consultation | no case name available | 4 | a | | | | 1.5 | | | | | | | | | | | | | 1.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **1** | **0** | **1.5** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0.4** | **0** | **0** | **0.4** | **0** | **3.3** |
| | | | | | | | | | | | | | | | | | | | | |
| | **PC 278, 278.5 Post Filing** | 5 | | 8 | 8 | 9 | 7.5 | 9 | 0 | 0 | 0 | 9 | **9** | **9** | **8.6** | 0 | 0 | 7.6 | 9 | 93.7 |
| | **Other - Search Warrants** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **8** | **8** | **9** | **7.5** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **8.6** | **0** | **0** | **7.6** | **9** | **93.7** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **97** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **97** |

3 3 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders,** | **5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **3.3** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities** | **75** |
| | **0** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*function performed as shown above.*

Employee Signature 11-1-2023

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

Supervisor Signature 11/6/23

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| October/01/2023 - October/15/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

8 • 25 +
5 • 50 +
13 • 75 G+

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | Sunday 1 | Monday 2 | Tuesday 3 | Wednesday 4 | Thursday 5 | Friday 6 | Saturday 7 | Sunday 8 | Monday 9 | Tuesday 10 | Wednesday 11 | Thursday 12 | Friday 13 | Saturday 14 | Sunday 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | RDO | | | | | WK | WK | | | | | | WK | WK | 0 |
| 23STH00009 | Alvarez Garcia | 2 | d | | | | | | | | | | 0.25 | | | | | | 0.25 |
| 23STH00009 | Alvarez Garcia | 2 | f | | | | | | | | | | | 5 | | 3 | | | 8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | ✓ | ✓ | | ✓ | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.25 | 5 | 0 | 3 | 0 | 0 | 8.25 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 9 | 9 | 9 | 9 | | | 16 | 8.75 | 4 | 9 | 6 | | | 79.75 |
| (worked Ind Ppl's day Paid holiday) | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 8.75 | 4 | 9 | 6 | 0 | 0 | 79.75 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | 88 |

8.25 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 8.25 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 79.75 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 88 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] 10/18/23

Employee Signature

Supervisor : *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/18/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| October/16/2023 - October/31/2023 | [redacted] | [redacted]Serna | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders, running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents
g Assistance with 3130 order, obtain court records, prepare court documents, intake
h law enforcement inquiry regarding missing child/child abduction investigation-no case number
i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) [redacted] Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Gov't agency inquiry regarding Hauge-no case number
i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | RDO | | | | | WK | WK | | | | | | WK | WK | RDO | | 0 |
| 23STH00009 | Alvarez Garcia | 2 | f | | 1.5 | | | | | | | | | | | | | | | 1.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| BA518660/ DA case # 43312407 | Dobbins | 1 | b,c,e | | | | | 4 | | | | | | | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | | | ✓ | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | **0** | **0** | **1.5** | **0** | **0** | **4** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **5.5** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 7.5 | 9 | 14 | 5 | 4 | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 92.5 |
| Saturday Seminar; SW Duty OT | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **0** | **7.5** | **9** | **14** | **5** | **4** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **92.5** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **0** | **9** | **9** | **14** | **9** | **4** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **98** |

5.5 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 4 |
| (02) Court Costs for Out of Jurisdiction Cases | 1.5 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 92.5 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] 10/31/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that to the best of my knowledge and belief, this time record is true and correct, and the functions were [illegible] shown above.*

[redacted] 11/1/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 10/01/2023-10/15/2023 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = . |
| 15 Minutes = .25 hour | 45 Minutes = |
| 18 Minutes = .3 hour | 48 Minutes = |
| 24 Minutes = .4 hour | 54 Minutes = |
| 30 Minutes = .5 hour | 60 Minutes = |

0 • C
70 • 00 +
76 • 50 +
146 • 50 G +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SUN | | | | | OFF | SAT | SUN | RDO | | | | | SAT | SUN | 0 |
| 370-15872-530537 | CAU CRIC Training | 1 | | | 9 | 9 | 9 | | | | | | | | | | | | 27 |
| 2023-G-1453 | Williams, Arien | 2 | u,w | | | | | 3 | | | | | 2.5 | | 2.5 | | | | 8 |
| 2023-A-1484 | Zhang, Lu | 1 | u,w,c | | | | | 3 | | | | | | 3.5 | | | | | 6.5 |
| 2023-G-1173 | Hovhannisyan, Yulya | 1 | u,w,c | | | | | 2 | | | | | | 2.5 | | | | | 4.5 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | | | 1 | | | | | | | | | | | 1 |
| 2023-G-1418 | Dobbins, Deshun | 1 | g,l,m,u,v | | | | | | | | | | | | | 6 | | | 6 |
| 2023-G-1401 | Gonzalez, Jose | 2 | g,l,m,u | | | | | | | | | | 3.5 | | 3 | 3 | | | 9.5 |
| 2023-G-0961 | Williams, David | 1 | u,v | | | | | | | | | | 2 | 2.5 | 3 | | | | 7.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 8 | 8.5 | 8.5 | 9 | 0 | 0 | 70 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | 10 | | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 1.5 | 1.5 | 1 | 0 | 0 | 10 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

70 WK ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 52.5 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 17.5 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 10 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/13/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/17/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 10/16/2023-10/31/2023 | [redacted] | [redacted] | SENIOR INVESTIGATOR | INVESTIGATION | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) 3130 - 3134.5 Recoveries Local Doc.
- (02) 3130 - 3134.5 Recoveries out of State Doc.
- (03) 3130 - 3134.5 Service out of State Doc.
- (04) 3130 - 3134.5 Service Doc.
- (05) 3130 - 3134.5 Intake cases
- (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
- (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
- (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
- (09) - PC 278, 278.5 Post Filing - Non
- (10) Other - Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court Appearances
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review Reports
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | OFF | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | 0 |
| 2023-G-1199 | Baird, Zackery | 1 | r, u,w | | 1 | 2.5 | | | | | | | | | | | | | | 3.5 |
| 2023-G-1401 | Gonzalez, Jose | 1 | r,u,w,i | | | 1.5 | 1 | 3 | | | | 2 | | 5 | | | | | 6 | 18.5 |
| 2023-G-1418 | Dobbins, Deshun | 1 | g,l,m,u,v | | 7.5 | 5.5 | 2 | 5 | | | | 3.5 | 4 | | 1 | | | | | 28.5 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | | 2 | 1 | | | | | | | | | | | 2 | 5 |
| 2023-A-1560 | Izaguirre, Sandra | 1 | u,w,q | | | | 2 | | | | | | | | | | | | | 2 |
| 2021-A-1478 | Mingistu, Emnet | 1 | c,u | | | | 1 | | | | | 2 | | 2 | 1 | | | | 1 | 7 |
| 2023-A-1577 | Vicente, Isaias | 1 | c,u,w | | | | | | | | | 1 | | | 1.5 | | | | | 2.5 |
| 2023-A-1484 | Zhang, Lu | 1 | c,v,wu | | | | | | | | | | | 2 | 4 | | | | | 6 |
| 2023-G-1453 | Williams, Arien | 1 | u,w | | | | | | | | | | 2 | | 1.5 | | | | | 3.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Duty Calls | | | a | | ~~0.5~~ | ✓ | ~~1~~ | ~~0.5~~ | | | | ~~0.5~~ | ~~1~~ | ~~0.5~~ | ✓ | | | | ~~0.5~~ | 4.5 |
| Subtotal | Claimable | | | 0 | ~~9~~ 8.5 | 9.5 | ~~9~~ 8 | ~~9.5~~ 9 | 0 | 0 | 0 | ~~9~~ 8.5 | ~~7~~ 6 | ~~9.5~~ 9 | 9 | 0 | 0 | 0 | ~~9.5~~ 9 | 81 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | 10 | | | 1 | 0.5 | 1 | 0.5 | 0 | 0 | 0 | 1 | 3 | 0.5 | 1 | 0 | 0 | 0 | 0.5 | 9 |
| Subtotal | Non-Claimable | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

96.50 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 81 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 9 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/31/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 10/31/23

Supervisor Signature

**Los Angeles County**
**Custo**

| Pay Period: OCTOBER 2023 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) Compliance with Court Orders
(02) Court Costs for Out of Jurisdiction Cases
(03) Secure Appearance of Offender
(04) Return of Children to Custodian

**NON CLAIMABLE**
(5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions**
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
49 • 00 +
85 • 00 +
134 • 00 G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-G-1138 | MEZA | 4 | M,Y | SUN | | 2.25 | 1 | OFF | RDO | SAT | SUN | HOLIDAY | 1 | 8 | 2 | RDO | SAT | SUN | 14.25 |
| 2023-0265 | SWINTON | 4 | M,Y | | 2 | | | | | | | | 3 | | 2 | | | | 7 |
| 2023-G-0188 | SERRANO | 1 | Y,Z | | | | 3 | | | | | | | | | | | | 3 |
| 2023-G-1021 | FLEMMING | 1 | Y,Z | | 3.5 | 2.25 | | | | | | | 2 | 1 | | | | | 8.75 |
| 2022-G-0141 | ROSS | 1 | Y,Z | | 3.5 | 4.5 | | | | | | | | | 1 | | | | 9 |
| 2023-G-0962 | LEE | 4 | Y,Z | | | | 2 | | | | | | 1 | | | | | | 3 |
| 2023-G-0815 | LUNA | 1 | Y,Z | | | | 2 | | | | | | 2 | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | ✓ | | | | | | ✓ | ✓ | ✓ | | | | 0 |
| Subtotal | Claimable | | | 0 | 9 | 9 | 8 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 5 | 0 | 0 | 0 | 49 |
| OTHER | N/A | 5 | | | | 1 | 2 | | | | | | 1 | 1 | | | | | 5 |
| SGT MEETING | N/A | 5 | | | 1 | | | | | | | | | | 5 | | | | 6 |
| VACATION | N/A | 5 | | | | | | 10 | | | | 10 | | | | | | | 20 |
| Subtotal | Non-Claimable | | | 0 | 1 | 1 | 2 | 10 | 0 | 0 | 0 | 10 | 1 | 1 | 5 | 0 | 0 | 0 | 31 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

49 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 24.75 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 24.25 |
| (5) Non Claimable | 31 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

*I declare that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/12/23

Employee Signature

*I certify that the above time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 10/12/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: OCTOBER | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) Compliance with Court Orders
(02) Court Costs for Out of Jurisdiction Cases
(03) Secure Appearance of Offender
(04) Return of Children to Custodian

**NON CLAIMABLE**
(5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions of time Decimals**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
36 Minutes = .6 hour
42 Minutes = .7 hour
45 Minutes = .75 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-1742 | Lubuzova | 1 | Y,Z | 1.25 | | 2.25 | 0.5 | RDO | SAT | SUN | 2 | 0.5 | | | RDO | SAT | SUN | | | 6.5 |
| 2023-G-1011 | LAROPOLOVA | 2 | Y,Z | | 2 | | | | | | | | 3 | | | | | | 2 | 5 |
| 2020-G-0083 | HOLT | 3 | Y,Z | | | | 1 | | | | | 3.5 | | 1 | | | | | 1 | 5.5 |
| 2023-G-1147 | CACERES | 4 | Y,Z | 2.25 | | 2.25 | 0.5 | | | | 2 | | | | | | | 1 | | 8 |
| 2023-G-1289 | ALLEN | 1 | Y,Z | 3.5 | 3.5 | 4.5 | 1 | | | | | | | 1.5 | | | | | | 14 |
| 2023-G-1486 | GIANNELLA | 3 | X,Y,Z | | | | 0.5 | | | | 2 | | 1 | | | | | | | 3.5 |
| 2022-A-0013 | CHUNUX | 4 | X,Y,Z | | 2 | | 2 | | | | | | | 2 | | | | | 3 | 9 |
| 2023-G-1537 | RITTER | 4 | X,Y,Z | 2 | | | | | | | 0.5 | 1.5 | | 2 | | | | | | 6 |
| 2023-G-1538 | MUNFORD | 4 | X,Y,Z | | 0.5 | | 1.5 | | | | | | | | | | | 1 | 1 | 4 |
| 2023-G-1548 | PEDRO | 4 | X,Y,Z | | 1 | | | | | | 1.5 | | | | | | | 2 | | 4.5 |
| 2023-G-1562 | DCFS-GREEN | 1 | X,Y,Z | | | | | | | | | | 5 | | | | | | 1 | 6 |
| 2023-A-1577 | MARTINEZ-HAGUE | 3 | X,Y,Z | | | | | | | | | | | 1 | | | | 2 | | 3 |
| 2023-A-1616 | ARELY-HAGUE | 3 | X,Y,Z | | | | 1 | | | | | | | | | | | 2 | 1 | 4 |
| 2023-A-1617 | CHAVEZ-HAGUE | 3 | X,Y,Z | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | 2 ✓ | 1 ✓ | 3 |
| Subtotal | Claimable | | | 9 | 9 | 9 | 8 | 0 | 0 | 0 | 8 | 5.5 | 9 | 7.5 | 0 | 0 | 0 | 10 | 10 | 85 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | 5 | | 1 | 1 | 1 | 2 | | | | 2 | 4.5 | 1 | 2.5 | | | | | | 15 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 2 | 4.5 | 1 | 2.5 | 0 | 0 | 0 | 0 | | 15 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 100 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 100 |

| | |
|---|---|
| (01) Compliance with Court Orders | 26.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 5 |
| (03) Secure Appearance of Offender | 19 |
| (04) Return of Children to Custodian | 31.5 |
| (5) Non Claimable | 15 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *ort of my time, and the function performed as shown above.* 10/31/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* [redacted] 10/31/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 10/1/2023 - 10/15/2023 | [redacted] | [redacted] | Sr. Investigator | Investigation | 15872 | CHILDABI |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) 3130 - 3134.5 Recoveries Local Doc.
- (02) 3130 - 3134.5 Recoveries out of State Doc.
- (03) 3130 - 3134.5 Service out of State Doc.
- (04) 3130 - 3134.5 Service Doc.
- (05) 3130 - 3134.5 Intake cases
- (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
- (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
- (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
- (09) - PC 278, 278.5 Post Filing - Non
- (10) Other - Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court Appearances
- s Out-Of-State Court Document Prep
- t Out-Of-State Court Document Prep
- u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

70 • 00 +
100 • 00
170 • 00 G

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | | | RDO | WK | WK | Hday | | | | RDO | WK | WK | 0 |
| 2022-G-1138 | Isaac Meza | 1 | u,g,l,o | | 4 | 3 | 4 | 4 | | | | | 6 | 10 | 3 | | | | 34 |
| 2022-G-1120 | Isaiah Howard | 1 | u | | | 3 | 3 | | | | | | | | | | | | 6 |
| 2022-G-0277 | Reema Sogi | 1 | c,u | | | 4 | | 3 | | | | | | | 2 | | | | 9 |
| 2023-G-0881 | Lester Elcan | 1 | u | | 4 | | 3 | 1 | | | | | | | | | | | 8 |
| 2023-G-1447 | Kara Norku | 1 | g,k,u,i | | | | | | | | | | | | | | | | 0 |
| 2023-G-0805 | James Broakye | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2022-G-0251 | Angela Harris | 1 | u,q | | 2 | | | | | | | | | | | | | | 2 |
| 2023-G-0962 | Shameka Bryant | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2023-G-1486 | Sarah Giannella | 1 | k,g,i | | | | | | | | | | 4 | | 5 | | | | 9 |
| 2023-A-0791 | Ivo Orellanna | 1 | c,u | | | | | 2 | | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 70 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 70 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 70 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 70 |

Note: Please enter WK for week end and RDO for your day off.

PDWH

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted]

Employee Signature 10/12/23

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted]

Supervisor Signature 10/12/23

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 10/16/2023 to 10/31/2023 | [redacted] | [redacted] | Sr. Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Operations Plans
o Travel Arrangement
p Court Appearances
q CAU I/O Criminal Filings
r Out -Of -State Assist (UCCJEA)
s Out-of-State Court Appearances
t Out-Of-State Court Document Prep
u Investigation

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | 0 |
| 2023-G-1486 | Sarah Giannella | 1 | b,g,u | 5 | 4 | | | | | | | 2 | | 2 | | | | | | 13 |
| 2022-G-1138 | Isaac Meza | 1 | u,m,p,b | 2 | | | | | | | | | | | | | | | | 2 |
| 2022-G-1120 | Isaiah Howard | 1 | u, | | 3 | 3 | 1 | | | | 3 | 1 | | 3 | | | | 3 | | 17 |
| 2023-G-0881 | Lester Elcan | 1 | u, | | 1 | 1 | 4 | | | | 1 | | | 3 | | | | | 4 | 14 |
| 2022-G-0251 | Angela Harris | 2 | u, | | | | 5 | | | | 2 | 1 | | 1 | | | | | | 9 |
| 2022-G-1447 | Kara Norkus | 1 | u, | 3 | 2 | 6 | | | | | 4 | 6 | 10 | 1 | | | | | | 32 |
| 2023-A-0791 | Ivo Orellano | 1 | c,u | | | | | | | | | | | | | | | 7 | 6 | 13 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 100 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | 0 | 0 | | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 100 |

100 WH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 91 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 9 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 10/31/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 10/31/23

Supervisor Signature

# Los Angeles County District Attorney

**Custody of Minor Time Study**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Co |
|---|---|---|---|---|---|---|
| 10/1/2023 - 10/15/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABD |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes |
| 12 Minutes = .2 hour | 42 Minutes |
| 15 Minutes = .25 hour | 45 Minutes |
| 18 Minutes = .3 hour | 48 Minutes |
| 24 Minutes = .4 hour | 54 Minutes |
| 30 Minutes = .5 hour | 60 Minutes |

40.00 +
40.006+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | | | RDO | WK | WK | RDO | RDO | RDO | RDO | RDO | WK | WK | 0 |
| 2023-G-1198 | FORD v HODGE | 1 | u | | | | | 2 | | | | | | | | | | | 2 |
| 2023-G-0265 | SWINTON v GARRETT | 1 | g | | | | | 2 | | | | | | | | | | | 2 |
| 2023-G-1391 | MARSH v BURKE | 1 | g | | | | | | | | | | | | | | | | 0 |
| 2023-G-1436 | CABALLERO v CASAS | 1 | x | | | | | 6 | | | | | | | | | | | 6 |
| 370-15872-515169 | CAU Training CIRC Task Force | 1 | u | | 10 | 10 | 10 | | | | | | | | | | | | 30 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 |
| PRE-APPROVED VACATION | | | | | | | | | | | | | 10 | 10 | 10 | 10 | | | 40 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | | | | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 40 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

40 wH ✓

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 40 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 40 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 10/5/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above*

[redacted] 10/10/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 10/16/2023 - 10/30/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) 3130 - 3134.5 Recoveries Local Doc.
(02) 3130 - 3134.5 Recoveries out of State Doc.
(03) 3130 - 3134.5 Service out of State Doc.
(04) 3130 - 3134.5 Service Doc.
(05) 3130 - 3134.5 Intake cases
(06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity
(07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court
(08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian

**NON CLAIMABLE**
(09) - PC 278, 278.5 Post Filing - Non
(10) Other - Non Claimable

**Task Codes:**
a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | RDO | RDO | RDO | RDO | WK | WK | RDO | RDO | RDO | RDO | RDO | WK | WK | RDO | RDO | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PRE-APPROVED VACATION | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

| | |
|---|---|
| (01) 3130 - 3134.5 Recoveries Local Doc. | 0 |
| (02) 3130 - 3134.5 Recoveries out of State Doc. | 0 |
| (03) 3130 - 3134.5 Service out of State Doc. | 0 |
| (04) 3130 - 3134.5 Service Doc. | 0 |
| (05) 3130 - 3134.5 Intake cases | 0 |
| (06) Section 3408 (c ) And 3408 (d) : Out of State Decrees and any Related Court Activity | 0 |
| (07) Section 3411 (a ) And 3421 (c) : Securing The Appearance of An Offender Personally Before the Court | 0 |
| (08) Section 277,278 & 278.5: Activities in the Return of an Illegally Concealed Child or Minor to its Legal Custodian | 0 |
| (09) - PC 278, 278.5 Post Filing - Non Claimable | 0 |
| (10) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 0 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 10/5/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above*

[redacted] 10/10/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| November 1-15, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5, and all other non-claimable duties.**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g LE/govt. inquiry re: missing child/ abduction inv--no case #
h Private Citizen inqury re: missing child/abduction--no case#

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0
10.80
15.95
26.75G

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | RDO | SAT | SUN | | | | | HOLIDAY | SAT | SUN | | | | 0 |
| DA#43393365 | Tyona Wharry | 1 | a | 0.2 | | | | | | | | | | | | | | | 0.2 |
| | Angel Chavez | 1 | h | 0.3 | | | | | | | | | | | | | | | 0.3 |
| DA#43705992 | Kareen Reyes Marquez | 1 | b,c | | 0.7 | | | | | | | | | | | | | | 0.7 |
| BA518285 | Tiuana Drone | 1 | a | | 0.2 | | | | | | | | | | | | | | 0.2 |
| BA518285 | Hankay | 2 | b | | 0.25 | | | | | | | | | | | | | | 0.25 |
| | Sgt. Young Glendale PD | 1 | g | | | | | | 0.2 | | | | | | | | | | 0.2 |
| DA#43126706 | Mulvaney | 1 | a,b | | | | | | 1.5 | | | | | | | | | | 1.5 |
| DA#43126706 | Mulvaney | 1 | d | | | | | | | 1 | | | | | | | | | 1 |
| DA#43578686 | Anderson | 1 | b | | | | | | | | | 1 | | | | | | | 1 |
| DA # 43812173 | Maya | 1 | d | | | | | | | | | 0.75 | | | | | | | 0.75 |
| DA#430315484 | Guevara | 1 | b | | | | | | | | | | | | | 0.75 | | | 0.75 |
| DA#43578686 | Anderson | 1 | a,b | | | | | | | | | | | | | | 0.7 | | 0.7 |
| DA#43578686 | Anderson | 1 | d | | | | | | | | | | | | | | | 1 | 1 |
| | ICAN | 1 | g | | | | | | | | | | | | | | | 1.5 | 1.5 |
| DA#43812173 | Singin Kahn | 1 | h | | | | | | | | | | | | | | | 0.5 | 0.5 |
| | Fred Kangavari | 1 | h | ✓ | ✓ | | | | ✓ | ✓ | | ✓ | | | | ✓ | ✓ | 0.25✓ | 0.25 |
| **Subtotal** | **Claimable** | | | **0.5** | **1.15** | **0** | **0** | **0** | **1.7** | **1** | **0** | **1.75** | **0** | **0** | **0** | **0.75** | **0.7** | **3.25** | **10.8** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 8.5 | 7.85 | | | | 7.3 | 8 | 9 | 7.25 | | | | 8.25 | 8.3 | 5.75 | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | |
| Vacation /Holiday | | 5 | | | | | | | | | | | 9 | | | | | | 9 |
| **Subtotal** | **Non-Claimable** | | | **8.5** | **7.85** | **0** | **0** | **0** | **7.3** | **8** | **9** | **7.25** | **9** | **0** | **0** | **8.25** | **8.3** | **5.75** | **79.2** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **9** | **0** | **0** | **9** | **9** | **9** | 90 |

✓ 10.80 WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | |
| **(02) Court Costs for Out of Jurisdiction Cases** | |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5, and all other non-claimable duties.** | |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **0** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/10/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/4/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| November 16-31, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g LE/govt. inquiry re: missing child/ abduction inv--no case #

h Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Govt. agency inquiry re: Hague--no case #

**(03)**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | RDO | SAT | SUN | | | | HLDY | HLDY | SAT | SUN | | | | | | 0 |
| DA#4118837 | Dandoyer | 1 | b | 0.9 | | | | | | | | | | | | | | | | 0 |
| DA#4118837 | Dandoyer | 1 | d | | | | | 0.7 | | | | | | | | | | | | 0.7 |
| DA # 43187736 | Strong | 1 | b,d | | | | | | 1.75 | | | | | | | | | | | 1.75 |
| DA # 43629626 | DelaCruz | 1 | b.d | | | | | | 1 | | | | | | | | | | | 1 |
| DA # 43812173 | Maya | 1 | a,d | | | | | | 0.5 | | | | | | | | | | | |
| DA # 43753643 | Semu | 1 | a | | | | | | 0.4 | | | | | | | | | | | |
| 23-009 | Raygoza | 2 | c | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| DA # 43027309 | Yu | 1 | a,b | | | | | | | 0.5 | | | | | 0.5 | | | | | 1 |
| DA#430315484 | Guevara | 1 | d | | | | | | | | | | | | 1 | | | | | 1 |
| 23-000 | Houdeshell | 2 | c | | | | | | | | | | | | 0.75 | 1 | | | | 1.75 |
| DA#43753643 | Semu | 1 | a | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| DA # 43027309 | Yu | 1 | e | | | | | | | | | | | | | 1 | | | | |
| DA # 43753643 | Semu | 1 | a,b,c | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| DA # 43759581 | Fernandez | 1 | b | | | | | | | | | | | | | 1 | | | | 1 |
| DA # 43759581 | Fernandez | 1 | b | | | | | | | | | | | | | | 0.75 | | | |
| 23TRR000678 | Gonzalez | 1 | f | | | | | | | | | | | | | | | 1.5 | | |
| 43393365 | Wharry | 1 | b | ✓ | | | | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | 1.2 ✓ | | 1.2 |
| **Subtotal** | **Claimable** | | | 0.9 | 0 | 0 | 0 | 0.7 | 4.15 | 0.5 | 0 | 0 | 0 | 0 | 2.25 | 4 | 0.75 | 2.7 | 0 | 15.95 |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | 8.1 | | | | 8.3 | 4.85 | 8.5 | | | | | 6.75 | 5 | 8.25 | 6.3 | | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | 5 | | | | |
| Vacation/Holiday | | 5 | | | | | | | | | 9 | 9 | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | 8.1 | 0 | 0 | 0 | 8.3 | 4.85 | 8.5 | 9 | 9 | 0 | 0 | 6.75 | 10 | 8.25 | 6.3 | | 79.05 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 9 | 14 | 9 | 9 | 0 | 95 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 98 |

✓ 15.95 WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/10/23

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/4/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: 11/1/2023-11/15/2023 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau |
|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

| | (01) Compliance with Court Orders | (02) Court Costs for Out of Jurisdiction Cases | (03) Secure Appearance of Offender |
|---|---|---|---|
| a | Communication with LE or other for assistance re: custody violations and/or locating missing child | Hague—receipt and processing | Communication with LE re: arrest on warrant |
| b | eCER filing submission—review of reports, request follow-up from IO. | Hague—communication with party, attorney, AG or CA. | Communication, arrangement, approval re: extradition |
| c | eCER filing submission—obtaining court orders. running e-scars | Hague—preparation and review, letters, petition, and court documents | Review of case for extradition |
| d | eCER filing submission—preparing declination | Hague—file preparation | Obtain court records for filings and warrants. |
| e | eCER filing submission—preparing filing | Hague—court filing | **(4) Return of Children to Custodian** |
| f | 3130—out of state, review/approval of documents. | Hague—court appearance at proceeding | Communications with LE re: returning child to legal custodian |
| g | Assistance with 3130 order, obtain court records, prepare court documents, intake | Hague-research | |
| h | Law enforcement inquiry regarding missing child/child al | Government agency inquiry regarding Hague- no case number | |
| i | Private citizen inquiry regarding missing child/child abduction investigation- no case number | Private citizen inquiry regarding Hague-no case number | |

**Conversions of tir**

6 Minutes = .1 hour
12 Minutes = .2 hou
15 Minutes = .25 hc
18 Minutes = .3 hou
24 Minutes = .4 hou
30 Minutes = .5 hou

0 • C
20 • 60 +
13 • 00 +
33 • 60 G

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Code | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | HOLIDAY | WK | WK | | | | 0 |
| AGI-23-36 | Du v. Lu | 2 | b | 0.4 | | | | | | | | | | | | | | | 0.4 |
| AGI-23-56 | POLANIA v. ARANGO | 2 | d | 0.5 | | | | | | | | | | | | | | | 0.5 |
| AGI-23-54 | LOPEZ v. MORALES | 2 | d | 0.5 | | | | | | | | | | | | | | | 0.5 |
| AGI-23-53 | CHAVEZ v. ROJAS | 2 | d | 0.5 | | | | | | | | | | | | | | | 0.5 |
| AGI-23-23 | Chavez v. Salazar | 2 | d | 1.5 | | | | | | | | | | | | | | | 1.5 |
| AGI-23-23 | Chavez v. Salazar | 2 | e | 1 | | | | | | | | | | | | | | | 1 |
| DA # 23-005 | Cortez v. Quiroz | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| AGI-23-60 | GOMEZ AMEZCUA | 2 | b | | 0.2 | | | | | | | | | | | | | | 0.2 |
| AGI-23-60 | GOMEZ AMEZCUA | 2 | a | | 1 | | | | | | | | | | | | | | 1 |
| DA # 23-003 | Trevino | 2 | b | | 0.3 | | | | | | | | | | | | | | 0.3 |
| 23STHC00009 | Cordero | 2 | b | | 0.1 | | | | | | | | | | | | | | 0.1 |
| AGI-23-23 | Salazar Riveros | 2 | b | | 0.4 | | | | | | | | | | | | | | 0.4 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | 0.3 | | | | | | | | | | | | | 0.3 |
| 23STHC00010 | Strankay | 2 | b | | | 0.4 | | | | | | | | | | | | | 0.4 |
| AGI-23-38 | Lopez | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| 23STJC00011 | CHAVEZ FERNANDEZ | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | 0.2 | | | | | | | | | | 0.2 |
| | Anderson | 1 | i | | | | | | 0.4 | | | | | | | | | | 0.4 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | 0.4 | | | | | | | | | | 0.4 |
| | Houdeshell | 2 | i | | | | | | 0.5 | | | | | | | | | | 0.5 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | 0.6 | | | | | | | | | 0.6 |
| 23STHC00010 | Strankay | 2 | d | | | | | | | 1 | | | | | | | | | 1 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | 0.6 | | | | | | | | 0.6 |
| 23STHC00011 | Chavez Fernandez | 2 | f | | | | | | | | 2.5 | | | | | | | | 2.5 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23STHC00011 | Chavez Fernandez | 2 | c | | | | | | | | | | 0.4 | | | | | | | 0.4 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | | | 0.6 | | | | | | | 0.6 |
| Da # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | 0.3 | | | 0.3 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| DA # 23-004 | Khacheryan | 2 | b | | | | | | | | | | | | | | 0.7 | | | 0.7 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| DA # 23-008 | Houdeshell | 2 | a | | | | | | | | | | | | | | 0.7 | | | 0.7 |
| DA # 23-004 | Khacheryan | 2 | b | | | | | | | | | | | | | | | 0.6 | | 0.6 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | | 0.5 | | 0.5 |
| 2323PDFL00222 | Rush | 1 | a | | | | | | | | | | | | | | | 0.5 | | 0.5 |
| AGI-23-53 | Rojas | 2 | b | | | | | | | | | | | | | | | 0.5 | | 0.5 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | | | | | | | | | | | | | | | 0.2 | | 0.2 |
| | Garcia | 2 | h | | | | | | | | | | | | | | | | 0.1 | 0.1 |
| AGI-23-53 | Rojas | 2 | b | | | | | | | | | | | | | | | | 0.2 | 0.2 |
| DA # 23-003 | Trevino | 2 | b | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | 0.4 ✓ | 0.4 |
| **Subtotal** | **Claimable** | | | **4.5** | **2.5** | **1.1** | **0** | **0** | **1.5** | **1.6** | **3.1** | **1** | **0** | **0** | **0** | **2.3** | **2.3** | **0.7** | **20.6** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 3.5 | 5.5 | 6.9 | | | 6.5 | 6.4 | 4.9 | 7 | 8 | | | 5.7 | 5.7 | 7.3 | 67.4 |
| **Subtotal** | **Non-Claimable** | | | **3.5** | **5.5** | **6.9** | **0** | **0** | **6.5** | **6.4** | **4.9** | **7** | **8** | **0** | **0** | **5.7** | **5.7** | **7.3** | **67.4** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **88** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | | **88** |

20.6 ✓ WK

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0.9** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **19.7** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **67.4** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **88** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/20/2023.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 11/22/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 11/16/2023-11/30/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance with 3130 order, obtain court records, prepare court documents, intake
h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Government agency inquiry regarding Hague- no case number
Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | WK | WK | | | | HOLIDAY | HOLIDAY | WK | WK | | | | | | |
| | Varga | 1 | a | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| DA # 23-003 | Trevino | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.5 |
| 23STHC00011 | Chavez Fernandez | 2 | b | 0.5 | | | | | | | | | | | | | | | | 0.6 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | 0.6 | | | | | | | | | | | | 0.4 |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| DA # 23-008 | Houdeshell | 2 | c | | | | | | | 1 | | | | | | | | | | 1 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| | Oliver | 2 | i | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| | Oliver | 2 | b | | | | | | | | | | | | 0.6 | | | | | 0.6 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | | | | | 1 | | | | | 1 |
| 23STHC00011 | Chavez Fernandez | 2 | c | | | | | | | | | | | | 1 | | | | | 1 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| | Straton | 1 | i | | | | | | | | | | | | | 0.1 | | | | 0.1 |
| DA #30963538 | Semu | 1 | a | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| Da # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | 0.6 | | | | 0.6 |
| 23STHC00011 | Chavez Fernandez | 2 | f | | | | | | | | | | | | | 2 | | | | 2 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| | Oliver | 2 | i | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| DA # 23-008 | Houdeshell | 2 | a | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| AGI-23-27 | DULKU | 2 | b | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | | 0.1 | | | | 0.1 |
| Da # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | 0.7 | | | 0.7 |
| AGI-23-24 | Lopez | 2 | b | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | 0.1 | | | 0.1 |
| AGI-23-39 | Martinez | 2 | b | | | | | | | | | | | | | | | 0.4 | | 0.4 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | | 0.4 | | 0.4 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Subtotal** | **Claimable** | | | | ~~0.6~~ 0.7 | 0 | | | 0.6 | 0.4 | 1.1 | | | | | 3.5 | 4.5 | 1.4 | 0.8 | | ~~12.9~~ 13.00 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 7.4 | 8 | | | 7.4 | 7.6 | 6.9 | 8 | 8 | | | 4.5 | 3.5 | 6.6 | 7.2 | | 75.1 |
| **Subtotal** | **Non-Claimable** | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **0** | **88** |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0.7** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **12.6** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **75.1** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **88.4** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/4/23.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/8/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 11/01/2023-11/15/2023 | [redacted] | [redacted] | Paralegal | Special Ops. Target Crimes Div. | 15626 CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abd

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
16 • 15 +
10 • 50
26 • 65 ✓

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | HOLIDAY | WK | WK | | | | |
| AGI-23-59LA2023402385 | Salazar, Carlos | 2 | a | 0.7 | | | | | | | | | | | | | | | 0.7 |
| AGI-23-53-LA2023402305 | Rojas Mendez, Alba | 2 | b | | | | | | 0.2 | | | 0.5 | | | | | 0.3 | | |
| AGI-23-53-LA2023402305 | Rojas Mendez, Alba | 2 | a | | | | | | | | | 0.6 | | | | | | | |
| 23STPB04720 | Velasquez Guzman, Herminio | 1 | g | | | | | | | | | 0.6 | | | | | | | |
| Gabriella and Khlija Milner-San Bernardino | Seratt, Trafton - social worker | 1 | h | | | 0.5 | | | | | 0.8 | | | | | | | | |
| BH010750 and SQ007328 | Passman, Lee | 2 | h | | | | | | | 0.6 | | 0.5 | | | | | | 0.3 | |
| BH010750 and SQ007328 | Passman, Lee | 2 | h | | | | | | | | | | | | | | 0.9 | | |
| 23-007 (outgoing Hague to Mexico) | Raygoza, Israel | 1 | i | | | | | | | | | 0.3 | | | | | | 0.9 | |
| | Lawrence Irange | 1 | i | | 0.6 | 0.9 | | | | | | | | | | | | | |
| 23STHC00010 | Strankay, Robert | 2 | f | | | | | | 0.5 | 0.25 | 0.2 | 4 | | | | 0.6 | | | |
| AGI-21-32-LA2021401805 | Luis Humberto Alvarado Perez | 2 | b | | | | | | | | | 0.4 | | | | 0.4 | 0.6 | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | ✓ | ✓ | ✓ | | | ✓ | | | ✓ | | | | ✓ | ✓ | ✓ | |
| **Subtotal** | **Claimable** | | | **0.7** | **0.6** | **1.4** | **0** | **0** | **0.7** | **0.85** | **1** | **6.9** | **0** | **0** | **0** | **1** | **1.8** | **1.2** | **16.15** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 7.3 | 7.4 | 6.6 | | | 7.3 | 7.15 | 7 | 1.1 | | | | 7 | 6.2 | 6.8 | |
| | | | | | | | | | | | | | 8 | | | | | | 8 |
| **Subtotal** | **Non-Claimable** | | | **7.3** | **7.4** | **6.6** | | | **7.3** | **7.15** | **7** | **1.1** | | | | **7** | **6.2** | **6.8** | **63.85** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **0** | **0** | **0** | **8** | **8** | **8** | **80** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

✓16.15 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0.7 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 0 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 0.7 |

Note: Please enter VK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 11-16-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 11/22/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 11/16/2023 - 11/30/2023 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h Law enforcement inquiry regarding missing child/child abduction investigation- no case number

i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague- no case number

i Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | WK | WK | | | | HOLIDAY | HOLIDAY | WK | WK | | | | | |
| (outgoing Hague to Mexico) | Raygoza, Israel | 2 | d | 0.8 | 0.7 | | | 0.9 | | | | | | | | | | | 2.4 |
| AGI-22-13-LA2022400455 | Takhar, Harinder | 2 | b | | 0.3 | | | | | | | | | | | | | | 0.3 |
| AGI-22-13-LA2022400455 | Takhar, Harinder | 2 | g | | 0.6 | | | | | | | | | | | | | | 0.6 |
| AGI-23-56-LA2023402358 | Polania Reyes, Herbert | 2 | b | | | | | | | 0.5 | | | | | | | | | 0.5 |
| 3130 assistance | (no name) left behind parent/father | 1 | i | | 0.5 | | | | | | | | | | | | | | 0.5 |
| AGI-23-53-LA2023402305 | Rojas, Irene | 2 | b | | 0.6 | | | | | | | | | | | | | | 0.6 |
| 23STHC00011 | Chavez Fernandez, Luis Alvaro | 2 | b | | | | | 0.2 | | | | | | | | | | | 0.2 |
| NA122540 | Officer Alfredo Flores | 2 | b | | 0.2 | | | | | | | | | | | | | | 0.2 |
| 23STHC00010 | Strankay, Robert | 2 | b | | | | | | 0.5 | | | | | | | | | | 0.5 |
| YF006345 | Cravens, Kevin | 1 | g | | | | | | 1 | 1 | | | | | | | | | 2 |
| AGI-23-34-LA2023401366 | Martin, Giles | 2 | b | | | | | | 0.5 | | | | | | | | | | 0.5 |
| NA121849 | Gonzalez | 2 | b | | | | | | | | | | | | 0.2 | | | | 0.2 |
| AGI-23-56 | POLANIA, Herbert | 2 | b | | | | | | | | | | | | | 0.5 | | | 0.5 |
| AGI-23-60-LA2023402399 | Gomez Delgadillo, Jaime | 2 | b | | | | | | | | | | | | | | 0.6 | | 0.6 |
| AGI-23-54-LA2023402315 - | Haboud, Shadia | 2 | b | | | | | | | | | | | | | | 0.2 | | 0.2 |
| AGI-23-39-LA0223401979 | Vicente, Jerusa | 2 | b | | | | | | | | | | | | | | | 0.2 | 0.2 |
| AGI-23-39-LA0223401979 | Vicente, Jerusa | 2 | c | | | | | | | | | | | | | | | 1 | 1 |
| | | | | ✓ | 2.4 ✓ | | | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | ✓ | |
| **Subtotal** | **Claimable** | | | 0.8 | 2.9 | 0 | 0 | 1.1 | 2 | 1.5 | 0 | 0 | 0 | 0 | 2.0 | 0.5 | 0.8 | 1.2 | 11 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 7.2 | 5.1 | | | 6.9 | 6 | 6.5 | | | | | 7.0 | 7.5 | 7.2 | 6.8 | |
| SA109099 | De La Paz, Marco | 5 | | | | | | | | | 8 | 8 | | | | | | | 16 |
| **Subtotal** | **Non-Claimable** | | | 7.2 | 5.1 | | | 6.9 | 6 | 6.5 | | | | | 7.8 | 7.5 | 7.2 | 6.8 | 61 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 8 | 88 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | 88 |

✓ 10.50 w/H

| | |
|---|---|
| (01) Compliance with Court Orders | 2.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 8.5 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 16 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 27 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12-7-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/9/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| November 1-15. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enforcement inquiry no case #.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • 0
12 • 20 -
1 • 00 +
13 • 20

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | RDO | | | | | WK | WK | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| 23 STHC 00010 | Hague - Strankay v Mengistu | 2b | B | | | 1.4 | | | | 0.5 | | | | | | | | | 1.9 |
| 23 STHC 00010 | Hague - Strankay v Mengistu | 2c | B | | | 0.5 | | | | | | | | | | | | | 0.5 |
| 23 STHC 00010 | Hague - Strankay v Mengistu | 2f | B | | | | | | | | | 8 | | | | | | | 8 |
| LAPD Det. Mike Morris | | 1 | H | | | 1 | | | | | | | | | | | | | 1 |
| LAPD Det. J. Juarez | | 1 | H | | | | | | | 0.8 | | | | | | | | | 0.8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 2.9 | 0 | 0 | 0 | 1.3 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 12.2 |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | 5 | | 9 | 9 | 6.1 | 0 | 0 | 0 | 7.7 | 9 | 1 | 0 | 0 | 0 | 8 | 9 | 9 | 67.8 |
| Search Warrant | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | vacation | 6 | | | | | | | | | | | 9 | | | | | | 9 |
| **Subtotal** | **Non-Claimable** | **0** | | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 76.8 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 89 |
| | | | | | | | | | | | | | | | | | | 0 | 89 |

12.20 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 1.8 |
| (02) Court Costs for Out of Jurisdiction Cases | 10.4 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 76.8 |
| (06) Other - Non Claimable | 9 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *report of my time, and the function performed as shown above.*

Employee Signature 11-16-2023

[redacted] *that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 11-22-2023

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| november 16-31. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h private citizen inquiry regarding missing child/child abduction investigation- no

h. Law enforcement inquiry NO case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague - no case number

i Private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | WK | WK | RDO | | | | | WK | WK | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| LASD Det. Filing | | 1 | h | | | | | | | | | | | | | | | 1 | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | ✓ | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **1** |
| | | | | | | | | | | | | | | | | | | | | |
| | PC 278, 278.5 Post Filing | 5 | | 9 | 9 | 0 | 0 | 0 | 9 | 0 | 0 | 0 | | 0 | 8 | 9 | 9 | 8 | 0 | 61 |
| | Other - Search Warrants | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| | other vacation/holiday | 6 | | | | | 0 | 0 | 0 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | | 27 |
| **Subtotal** | **Non-Claimable** | | | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **0** | **0** | **0** | | **88** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **0** | **0** | **0** | **0** | **9** | **9** | **9** | **0** | **0** | **0** | **8** | **0** | **9** | **9** | | **89** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **89** |

1.00 ✓ WH

| | |
|---|---|
| (01) Compliance with Court Orders, | 1 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities | 89 |
| | 0 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*...my time, and the function performed as shown above.*

12-2-2023

*...best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

Supervisor Signature

12/7/23

# Los Angeles County District Attorney
## Custody of Minor Time St

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code |
|---|---|---|---|---|---|---|
| November/01/2023 - November/15/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents
- g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement
- h law enforcement inquiry regarding missing child/child abduction investigation-no case number
- i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Gov't agency inquiry regarding Hauge no case number
- i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

3 • 00 +
1 • 00 +
4 • 00 G +

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | |
| | | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | | | OFF | WK | WK | | | | | HOLIDAY | WK | WK | RDO | OFF | OFF | 0 |
| 23STHC00011 | Chavez Fernandez | 2 | c,f | | | | | | | | 3 | | | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | 9 | 9 | | | 8 | 9 | 6 | 9 | 9 | | | | | 9 | 86 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 6 | 0 | 9 | 0 | 0 | 0 | 9 | 9 | 86 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Daily Grand Total | | | | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 0 | 9 | 0 | 0 | 0 | 9 | 9 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 89 |

✓3.00 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 3 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 86 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] and the function performed as shown above. 11/16/23

Employee Signature

Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the

[redacted] 11/21/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | [redacted] | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| November/16/2023 - November/30/2023 | | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5 Post Filing -Non Claimable**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance with 3130 order, obtain court records, prepare court documents, intake
h law enforcement inquiry regarding missing child/child abduction investigation-no case number
i private Citizen inquiry regarding missing child/child abduction investigation-no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Gov't agency inquiry regarding Hauge-no case number
i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | Grand Total |
| | | | | | | WK | WK | RDO | OFF | OFF | HOLIDAY | HOLIDAY | WK | WK | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 23STHC00011 | Chavez Fernandez | 2 | d | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 23STHC00011 | Chavez Fernandez | 2 | f | | | | | | | | | | | | | 1 | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0.5** | **1** | **0** | **0** | **0** | **1.5** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | 9 | 8 | 8 | | 9 | 9 | 9 | 9 | | | 7.5 | 8 | 9 | 9 | | 103.5 |
| Saturday Seminar; SW Duty OT; worked RDO;Off | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **9** | **9** | **8** | **8** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **7.5** | **8** | **9** | **9** | **0** | **103.5** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **9** | **9** | **8** | **8** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **0** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **105** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **1.5** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **103.5** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **105** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *and the function performed as shown above.* 10/1/2023

Employee signature

[redacted] *To the best of my knowledge and belief, this time record is true and correct, and the functions were* 10/7/23

Supervisor's signature

1.00 WH

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Numbe |
|---|---|---|---|---|---|
| Nov-23 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversion:**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
70 • 00 +
62 • 50 +
132 • 50 +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | SAT | SUN | RDO | | | | OFF | SAT | SUN | RDO | | | 0 |
| 2023-A-1484 | Du, Guixin | 1 | c,g | | 3 | | | | | | | | | | | | | | 3 |
| 2023-G-1283 | Leong, I Teng | 1 | g | 2 | | | | | | | | | | | | | | | 2 |
| 2021-A-1428 | Mengistu, Emnet | 4 | c,d,g,m,v | | | 3 | | | | 7 | 2 | 8 | | | | | | | 20 |
| 2023-G-0984 | Liam, Campos | 1 | g | 1 | | | | | | 3 | | 2 | | | | | | | 6 |
| 2023-G-1577 | Vicente,Isaias | 1 | c,u,w | | | 2 | | | | | 3 | | | | | | 2 | | 7 |
| 2023-G-1560 | Izaguirre, Olvera | 1 | g | 4 | | | | | | | 1 | | | | | | | | 5 |
| 2023-G-1401 | Gonzalez, Jose | 1 | g,l, | 3 | 7 | | | | | | 4 | | | | | | | | 14 |
| 2023-G-1453 | Williams, Arien | 1 | w | | | 5 | | | | | | | | | | | 8 | | 13 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | | | | | ✓ | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 0 | 70 |
| Training | | 5 | | | | | | | | | | | | | | | | 10 | 10 |
| Day Off | | 5 | | | | | | | | | | | 10 | | | | | | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 10 | 20 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

70 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 50 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 20 |
| (5) Non Claimable | 20 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/14/23
Employee Signature

[redacted] *been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 11/14/23
Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Nov-23 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | SAT | SUN | RDO | | | HOL | HOL | SAT | SUN | RDO | | | | | 0 |
| 2021-A-1428 | Mengistu, Emnet | 1 | c,g | 2 | | | | | 4 | | | | | | | | | | | 6 |
| 2023-G-1453 | Williams, Arien | 1 | u,w | | 4.5 | | | | 1 | | | | | | | | 2 | 4 | | 11.5 |
| 2023-A-1063 | Pittman, Ronald | 1 | g | | | | | | 2 | | | | | | | | | | | 2 |
| 2023-G-1401 | Gonzalez, Jose | 1 | c,u,w | 6 | 4 | | | | | 4 | | | | | | | 2 | | | 16 |
| 2023-G-1577 | Vicente, Isaias | 1 | c,u,w | 2 | 1.5 | | | | 3 | | | | | | | | 2 | 4 | | 12.5 |
| 2023-G-1642 | Rodriguez, Tanayry | 1 | u,v | | 2.5 | | | | | 6 | | | | | | | | | | 8.5 |
| 2015-G-0316 | Kent, Rose | 1 | z | | | | | | | | | | | | | | 4 | 2 | | 6 |
| 20 | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | ✓ | ✓ | | | | | | | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 10 | 12.5 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | | 62.5 |
| Training | | 5 | | | | | | | | | 10 | 10 | | | | 10 | | | | 30 |
| | | 5 | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 0 | 0 | | 30 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 12.5 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 92.5 |

62.50 WK ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 62.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 30 |
| Claimable + Non-Claimable Total | 92.5 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 11/30/23

Employee Signature

Supervisor: *I hereby certify the employee's* [redacted] *to the best of my knowledge and belief, this time record is true and correct, and the*

12/4/23

Supervisor Signature

Los Angeles County District Attorney

Cus

| Pay Period: NOVEMBER 2023 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Numl 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversic**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0.C

69.00
26.00
95.006

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2022-G-1138 | MEZA | 4 | M,Y | 2 | | RDO | SAT | SUN | 2 | 0.5 | | 5 | RDO | SAT | SUN | 2 | | | 11.5 |
| 2023-0265 | SWINTON | 4 | Y,Z | | | | | | | | 1 | | | | | 1.5 | | | 2.5 |
| 2023-G-0188 | SERRANO | 1 | Y,Z | 1 | | | | . | | 2 | 2 | 2 | | | | | | | 7 |
| 2023-G-1486 | GIANNELLA | 1 | Y,Z | | | | | | 3 | 0.5 | | | | | | 0.5 | | | 4 |
| 2023-g-1286 | TRUSS | 1 | Y,Z | | | | | | | | 3 | | | | | | | 1 | 4 |
| 2023-G-0962 | LEE | 4 | Y,Z | 1 | | | | | | 3 | | 0.5 | | | | | 1 | | 5.5 |
| 2023-G-0815 | LUNA | 1 | Y,Z | | 2 | | | | 2 | | 2 | 0.5 | | | | | | 2 | 8.5 |
| 2020-G-0905 | KRULICK | 4 | Y,Z | | | | | | | 1 | 1 | | | | | | 3 | | 5 |
| 2023-A-1484 | ZHANG | 4 | M,Y | 4 | | | | | 2 | | | 2 | | | | 1 | | 2 | 11 |
| 2023-A-1560 | IZAGUIRRE | 4 | M,Y | | | | | | | 2 | | | | | | 3 | 1 | 4 | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 8 | 2 | 0 | 0 | 0 | 9 | 9 | 9 | 10 | 0 | 0 | 0 | 8 | 5 | 9 | 69 |
| OTHER | N/A | 5 | | 2 | | | | | 1 | 1 | 1 | | | | | 2 | 5 | 1 | 13 |
| SGT MEETING | N/A | 5 | | | 8 | | | | | | | | | | | | | | 8 |
| VACATION | N/A | 5 | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 2 | 8 | | | | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 5 | 1 | 21 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

69 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 23.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 45.5 |
| (5) Non Claimable | 21 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I her* [redacted] *rt of my time, and the function performed as shown above.*

11/15/23

Employee Signature

[redacted] *ls have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

11/15/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: NOVEMBER | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-1742 | Lubuzova | 1 | Y,Z | 1.25 | RDO | SAT | SUN | | | | | RDO | SAT | SUN | | | 1 | 2 | | 4.25 |
| 2023-G-1011 | LAROPOLOVA | 2 | Y,Z | | | | | | | | | | | | | | | 0.5 | | 0.5 |
| 2023-G-1712 | CANCHOLA | 3 | Y,Z | | | | | | | | | | | | | | 3.5 | | | 3.5 |
| 2023-G-1724 | COULTER | 4 | Y,Z | 2.25 | | | | | | | | | | | | | 1.5 | 2 | | 5.75 |
| 2023-A-1063 | PITTMAN | 1 | Y,Z | 3.5 | | | | | | | | | | | | | | | | 3.5 |
| 2023-G-0984 | LOPEZ | 3 | X,Y,Z | | | | | | | | | | | | | | | 2 | | 2 |
| 2023-A-1165 | KIRDAIN | 4 | X,Y,Z | | | | | | | | | | | | | | 2 | | | 2 |
| 2023-G-1537 | RITTER | 4 | X,Y,Z | 2 | | | | | | | | | | | | | 2 | 0.5 | | 4.5 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | ✓ | ✓ | | 26 WH ✓ |
| Subtotal | Claimable | | | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 7 | | ~~30~~ |
| | | | | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | 5 | | 1 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | 3 | | 64 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 1 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 0 | 3 | | 64 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | | 90 |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 90 |

| | |
|---|---|
| (01) Compliance with Court Orders | 7.75 |
| (02) Court Costs for Out of Jurisdiction Cases | 0.5 |
| (03) Secure Appearance of Offender | 5.5 |
| (04) Return of Children to Custodian | 12.25 |
| (5) Non Claimable | 60 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that* [redacted] *the function performed as shown above.*

11/30/23

Employee Signature

Supervisor: *I hereby cer* [redacted] *that, to the best of my knowledge and belief, this time record is true and correct, and the*

11/30/23

Supervisor Signatur

**Los Angeles Coun**
**Cust**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Numbe |
|---|---|---|---|---|---|
| Nov-23 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out Of State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversion**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
90 • 00
80 • 00
170 • 00

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | 0 |
| 2023-G-1447 | Kara Norkus | 1 | u,v | 3 | 3 | | | | | 5 | 2 | 3 | | | | 2 | 3 | 4 | 25 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v | 2 | | | | | | 3 | 3 | 5 | | | | 2 | | | 15 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | | | | | | | | | | | | | | | | | 0 |
| 2023-G-1142 | Adrien Aguilar | 1 | u | | 2 | | | | 4 | 2 | 2 | 1 | | | | 3 | 4 | 3 | 21 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | c, | | | | | | | | | | | | | 3 | | | 3 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v | 3 | 5 | | | | 1 | | 1 | | | | | | 1 | 3 | 14 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v, | 2 | | | | | 5 | | 2 | 1 | | | | | 2 | | 12 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | | 90 |

90 ✓ WM

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify tha* [redacted]

11/15/23

Employee Signature

Supervisor: *I he* [redacted] *ined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

11/15/23

Supervisor Sig

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Nov-23 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | X | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | RDO | WK | WK | | | | Holiday | H/RDO | WK | WK | | | | | | 0 |
| 2023-G-1447 | Kara Norkus | 1 | w,u,v | 2 | | | | | 2 | 2 | | | | | .5 | 3 | 2 | 5 | | 21 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v | 2 | | | | 10 | 4 | | | | | | | 4 | 2 | | | 12 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u | 2 | ~~10~~ | | | ~~13~~ | 3 | | | | | | 1 | | | | | ~~29~~ 16 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | | | | | | | 5 | | | | | | | 3 | | | 8 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | | | | | | 1 | | | | | | 4 | | 3 | | | 8 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v,w | 1 | | | | | | 3 | | | | | | | | | | 4 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | 3 | | | | | | | | | | | | 3 | | 5 | | 11 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | OT | | | 10 ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 10 | ~~10~~ | 0 | 0 | ~~13~~ | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | | 93 80 |
| | | | | | | | | | | | | | | | | | | | | 0 WH |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 ✓ |
| Subtotal | Non-Claimable | | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 0 | 0 | 13 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 93 |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 93 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby cert* [redacted] *ned as shown above.*

Employee Signature 11/30/23

Supervisor: *I hereby certify the er* [redacted] *knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 12/11/23

# Los Angeles County District Attorney

Custo

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 11/01/2023 - 11/15/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C

78 • 00 +
58 • 50 +
136 • 506+

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-1436 | DONAJI CASAS | 1 | w,u,b | 10 | | RDO | WK | WK | RDO | 2 | | | RDO | WK | WK | RDO | 2 | 4 | 18 |
| 2023-G-1391 | CHONTE BURKE | 1 | u | | 2 | | | | | | | | | | | | | | 2 |
| 2023-G-1538 | DEANDRE CRISS | 1 | w | | 4 | | | | | | | 1 | | | | | 3 | 2 | 10 |
| 2023-G-1562 | REKISHA GREEN | 1 | w | | 4 | | | | | | | | | | | | | | 4 |
| 2023-A-0795 | PIERINA RIVEROS SALAZAR | 1 | c,m | | | | | | 4 | 8 | 10 | 4 | | | | | | | 26 |
| 2023-A-1478 | EMNET MENGUSTU | 1 | c,d,j | | | | | | | | | 5 | | | | | | | 5 |
| 2023-G-1399 | WILLIAM SHARPE | 1 | w,u | | | | | | | | | | | | | | 5 | 3 | 8 |
| 2023-A-1617 | CHAVEZ ROJAS MENDEZ HAGUE | 1 | c,w | | | | | | | | | | | | | | | 5 | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 10 | 0 | 0 | 0 | 4 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 14 | 78 |
| Vacation | | 5 | | | | 10 | | | | | | | | | | | | | 10 |
| Holiday | | 5 | | | | | | | | | | | 10 | | | | | | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 20 |
| | | | | | | | | | | | | | | | | | | 3 | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 4 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 14 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 98 |

78 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 78 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 20 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I he* [redacted] *f my time, and the function performed as shown above.*

11/15/23

Employee Signature

Supervisor: *I hereby certify th* [redacted] *xamined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

11/15/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 11/16/2023 - 11/30/2023 | [redacted] | [redacted] | Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-A-1617 | GABRIEL CHAVEZ - HAGUE | 1 | w,i | 6 | 6 | WK | WK | RDO | 3 | 1 | | | WK | WK | RDO | | | | XXX | 16 |
| 2023-G-1021 | TERAEJA FLEMMING | 1 | y | | 1 | | | | | | | | | | | | | | | 1 |
| 2023-G-1642 | TANAYRY RODRIGUEZ | 1 | m | | 5.5 | | | | | | | | | | | | 1 | | | 6.5 |
| 2023-G-1436 | DONAJI CASAS | 1 | u | | | | | | 1 | 3 | | | | | | | 2 | | | 6 |
| 2023-G-1538 | DEANDRE CRISS | 1 | u | | | | | | 3 | 3 | | | | | | | 2 | 1 | | 9 |
| 2023-G-1562 | REKISHA GREEN | 1 | f | | | | | | | 2 | | | | | | | | | | 2 |
| 2023-A-1616 | ARELY MORALES | 1 | c | | | | | | | 1 | | | | | | | 2 | 3 | | 6 |
| 2023-G-1391 | CHONTE BURKE | 1 | u | | | | | | | | | | | | | | 2 | | | 2 |
| 2023-G-1399 | WILLIAM SHARPE | 1 | u | | | | | | 3 | | | | | | | | 1 | | | 4 |
| 2023-A-1577 | ISIAS VICENTE | 1 | u | | | | | | | | | | | | | | | 1 | | 1 |
| 2023-G-1453 | ARIEN WILLIAMS | 1 | u | | | | | | | | | | | | | | | 1 | | 1 |
| 2023-G-1712 | ADRIAN DANIEL DORADO | 1 | x | | | | | | | | | | | | | | | 4 | | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | ✓ | ✓ | | | | | | | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 6 | 12.5 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | | 58.5 |
| TRAINING | | 5 | | 4 | | | | | | | | | | | | 10 | | | | 14 |
| HOLIDAY | | 5 | | | | | | | | | 10 | 10 | | | | | | | | 20 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 0 | 0 | | 34 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 12.5 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 92.5 |

58.50 wH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 58.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 34 |
| Claimable + Non-Claimable Total | 92.5 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *d accurate report of my time, and the function performed as shown above.*

11/30/23

Employee Signature

Supervisor: *I hereby certify the employee's daily tim* [redacted] *of my knowledge and belief, this time record is true and correct, and the*

12/11/23

Supervisor Signature

# Los Angeles County District Attorney

**Custody of Minor Time Study**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code |
|---|---|---|---|---|---|---|
| December 1-15, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**

- **(05) PC 278, 278.5, and all other non-claimable duties.**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g LE/govt. inquiry re: missing child/ abduction inv--no case #
- h Private Citizen inqury re: missing child/abduction--no case#

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research

**(03)**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition

**(4) Return**

- a Communications with LE re: returning child

**Conversions of time Decimals**

| | | |
|---|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour | |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour | |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour | |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour | |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour | |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour | |

0 • C

16 • 55 +
10 • 65 +
27 • 20 G +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | SAT | SUN | | | | | | SAT | SUN | | | | | RDO | 0 |
| 23-009 | Raygoza | 2 | c | | | | 1.4 | | | | | | | | | | | | 1.4 |
| DA#43963564 | Trejo | 1 | b | | | | 1.5 | | | | | | | | | | | | 1.5 |
| DA#43881313 | Bell | 1 | b,d | | | | | 1 | | | | | | | | | | | 1 |
| 43393365 | Wharry | 1 | e | | | | | 1.5 | | | | | | | | | | | 1.5 |
| DA#43963564285 | Trejo | 1 | e | | | | | 1.75 | | | | | | | | | | | 1.75 |
| AGI-23-53 | Chavez | 2 | c | | | | | | | 0.5 | | | | | | | | | 0.5 |
| 43459048 | Wilks | 1 | a,b | | | | | | | 1.25 | | | | **0.5** | | | | | 1.75 |
| DA # 43759581 | Fernandez | 1 | b | | | | | | | | | | | **0.6** | | | | | 0.6 |
| | Stratten | 1 | h | | | | | | | 0.25 | 0.75 | | | | | | | | 1 |
| DA # 43753643 | Semu | 1 | b | | | | | | | | 0.4 | | | | | | | | 0.4 |
| DA # 43027309 | Yu | 1 | d | | | | | | | | 0.7 | | | | | | | | 0.7 |
| 23CJCF00729 | Means | 1 | a,b | | | | | | | | | | | 0.25 | **1** | | | | 1.25 |
| 23CJCF00729 | Means | 1 | a,b | | | | | | | | | | | | | 1 | | | 1 |
| DA#43578686 | Poston | 1 | b,d | | | | | | | | | | | | | 1.7 | 0.25 | | 1.95 |
| 230414548 | Wilks | 1 | a,b | | | | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | 0.25 ✓ | | 0.25 |
| **Subtotal** | **Claimable** | | | | **0** | **0** | **2.9** | **4.25** | | **2** | **1.85** | **0** | **0** | **1.35** | **1** | **2.7** | **0.5** | | **16.55** ✓ 16.55 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | 6.1 | 4.75 | 9 | 7 | 6.15 | | | **7.65** | **8** | 6.3 | 8.5 | | WH |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | |
| Vacation /Holiday | | 5 | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | | **0** | **0** | **6.1** | **4.75** | **9** | **7** | **6.15** | **0** | **0** | **7.65** | **8** | **6.3** | **8.5** | | **63.45** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | **0** | **0** | **9** | **9** | **9** | **9** | **8** | **0** | **0** | **9** | **9** | **9** | **9** | | **80** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | |
| **(02) Court Costs for Out of Jurisdiction Cases** | |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5, and all other non-claimable duties.** | |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **0** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/4/24

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/4/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| December 16-31, 2023 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5 Post Filing -Non Claimable**

**(06) Other - Non Claimable**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g LE/govt. inquiry re: missing child/ abduction inv--no case #
h Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Govt. agency inquiry re: Hague--no case #

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SAT | SUN | | | | | | SAT | SUN | HLDY | | | VAC | RDO | SAT | SUN | 0 |
| DA#43187736 | Strong | 1 | a,b,c,d | | | 1.5 | | | | | | | | | | | | | | 1.5 |
| DA#43721928 | Scott | 1 | a,b | | | 0.7 | | | | | | | | | | | | | | 0.7 |
| DA # 43459048 | Wilks | 1 | b,d | | | 0.9 | | | | | | | | | | | | | | 0.9 |
| DA#430315484 | Guevara | 1 | d | | | | 1 | | | | | | | | | | | | | 1 |
| DA # 43705992 | Reyes | 1 | a,d | | | | 0.75 | | | | | | | | | | | | | |
| DA # 43605777 | Fernandez | 1 | b,d | | | | 0.5 | | | | | | | | | | | | | |
| DA#43667551 | Scott | 1 | b | | | | | 0.2 | | | | | | | | | | | | 0.2 |
| | Long Beach PD | 1 | g | | | | | 0.25 | | | | | | | | | | | | 0.25 |
| | LASD | 1 | g | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| | Bobbie Joe Smith | 1 | h | | | | | | | 0.25 | | | | | | | | | | 0.25 |
| DA # 43027309 | Yu | 1 | b | | | | | | | 0.7 | | | | | | | | | | |
| 23CJCF01055 | Felix | 1 | a,b,e | | | | | | | | | | | 0.25 | 2.5 | | | | | 2.75 |
| 43275687 | Livingstone | 1 | b | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| | Private Citizen | 1 | h | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ~~0.4~~ 0.25 | | | | | |
| **Subtotal** | **Claimable** | | | 0 | 0 | 3.1 | 2.25 | 0.45 | 0.4 | 0.95 | 0 | 0 | 0 | 0.25 | 3.65 | | 0 | 0 | 0 | 11.05 |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | | | 5.9 | 6.75 | 8,55 | 8.6 | 7.05 | | | | 8.75 | 5.35 | | | | | 50.95 |
| After Hours Duty | | 5 | | | | 5 | | | | | | | | | | | | | | 5 |
| Vacation/Holiday | | 5 | | | | | | | | | | | 9 | | | 9 | | | | 18 |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 10.9 | 6.75 | 8.55 | 8.6 | 7.05 | | | 9 | 8.75 | 5.35 | 9 | | | | 79.05 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 0 | 14 | 9 | 9 | 9 | 8 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 85 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 85 |

✓ 10.65 WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/4/24

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/4/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: 12/1/2023-12/15/2023 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau |
|---|---|---|---|---|

| Reimbursable Activity Codes | | (01) Compliance with Court Orders | | (02) Court Costs for Out of Jurisdiction Cases | | (03) Secure Appearance of Offender | Conversions |
|---|---|---|---|---|---|---|---|
| CLAIMABLE | a | Communication with LE or other for assistance re: custody violations and/or locating missing child | a | Hague—receipt and processing | a | Communication with LE re: arrest on warrant | 6 Minutes = . |
| (01) Compliance with Court Orders | b | eCER filing submission—review of reports, request follow-up from IO. | b | Hague—communication with party, attorney, AG or CA. | b | Communication, arrangement, approval re: extradition | 12 Minutes = |
| (02) Court Costs for Out of Jurisdiction Cases | c | eCER filing submission—obtaining court orders. running e-scars | c | Hague—preparation and review, letters, petition, and court documents | c | Review of case for extradition | 15 Minutes = |
| (03) Secure Appearance of Offender | d | eCER filing submission—preparing declination | d | Hague—file preparation | e | Obtain court records for filings and warrants. | 18 Minutes = |
| (04) Return of Children to Custodian | e | eCER filing submission—preparing filing | e | Hague—court filing | | (4) Return of Children to Custodian | 24 Minutes = |
| NON CLAIMABLE | f | 3130—out of state, review/approval of documents. | f | Hague—court appearance at proceeding | a | Communications with LE re: returning child to legal custodian | 30 Minutes = |
| | g | Assistance with 3130 order, obtain court records, prepare court documents, intake | g | Hague-research | | | |
| | h | Law enforcement inquiry regarding missing child/child al | h | Government agency inquiry regarding Hague- no case number | | | |
| 05—PC 278, 278.5 and other non-claimable activities | i | Private citizen inquiry regarding missing child/child abduction investigation- no case number | i | Private citizen inquiry regarding Hague-no case number | | | |

0 • C
9 • 40
10 • 40
✓19 • 30

| Case Number | Case Name | Activity Code | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | | | | | | WK | WK | | | | | | 0 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | 0.6 | | | | | | | | | | | | | | | 0.6 |
| AGI-23-53 | CHAVEZ | 2 | b | 0.6 | | | | | | | | | | | | | | | 0.6 |
| AGI-23-53 | CHAVEZ | 2 | c | | | | 0.5 | | | | | | | | | | | | 0.5 |
| AGI-23-53 | CHAVEZ | 2 | b | | | | 0.2 | | | | | | | | | | | | 0.2 |
| AGI-23-27 | DULKU | 2 | b | | | | 0.2 | | | | | | | | | | | | 0.2 |
| AGI-23-38 | LOPEZ | 2 | b | | | | 0.1 | | | | | | | | | | | | 0.1 |
| AGI-23-53 | CHAVEZ | 2 | b | | | | | 0.4 | | | | | | | | | | | 0.4 |
| AGI-23-27 | DULKU | 2 | b | | | | | 0.3 | | | | | | | | | | | 0.3 |
| AGI-23-24 | Haboud Alban | 2 | c | | | | | | 0.5 | | | | | | | | | | 0.5 |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | 0.4 | | | | | | | | | 0.4 |
| AGI-23-53 | Rojas Mendez | 2 | b | | | | | | | 0.5 | | | | | | | | | 0.5 |
| AGI-23-53 | Rojas Mendez | 2 | c | | | | | | | 0.5 | | | | | | | | | 0.5 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | 0.2 | | | | | | | | 0.2 |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | | 0.3 | | | | | | | | 0.3 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | 0.2 | | | | | 0.2 |
| AGI-23-53 | Chavez Rojas | 2 | b | | | | | | | | | | | 0.3 | | | | | 0.3 |
| AGI-23-38 | LOPEZ | 2 | b | | | | | | | | | | | 0.3 | | | | | 0.3 |
| AGI-23-53 | CHAVEZ ROJAS | 2 | b | | | | | | | | | | | | 0.4 | | | | 0.4 |
| AGI-23-27 | DULKU | 2 | b | | | | | | | | | | | | 0.6 | | | | 0.6 |
| AGI-23-54 | LOPEZ | 2 | b | | | | | | | | | | | | | 0.3 | | | 0.3 |
| AGI-23-24 | Haboud Alban | 2 | b | | | | | | | | | | | | | 0.4 | | | 0.4 |
| DA # 43174969 | MEANS | 1 | g | | | | | | | | | | | | | 0.5 | | | 0.5 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | 0.5 | | 0.5 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | 0.6 ✓ | 0.6 |
| Subtotal | Claimable | | | 1.2 | 0 | 0 | 1 | 0.7 | 0.5 | 1.4 | 0.5 | 0 | 0 | 0.8 | 1 | 1.2 | 0.5 | 0.6 | 9.4 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 6.8 | | | 7 | 7.3 | 7.5 | 6.6 | 7.5 | | | 7.2 | 7 | 6.8 | 7.5 | 7.4 | 78.6 |
| **Subtotal** | **Non-Claimable** | | | **6.8** | **0** | **0** | **7** | **7.3** | **7.5** | **6.6** | **7.5** | **0** | **0** | **7.2** | **7** | **6.8** | **7.5** | **7.4** | **78.6** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **88** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0.5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **8.5** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **78.6** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **87.6** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *eport of my time, and the function performed as shown above.* 12/20/2023.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 12/22/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 12/16/2023-12/31/2023 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i **Private citizen inquiry regarding missing child/child abdu**

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i **Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | HOLIDAY | | | | | WK | WK | |
| AGI-23-54 | LOPEZ | 2 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 22AVEX00415 | HARRIS-GRANT | 1 | g | | | 2 | | | | | | | | | | | | | | 2 |
| 23STHC00011 | Chavez Salazar | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| AGI-23-27 | DULKU | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| AGI-23-27 | DULKU | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| AGI-23-27 | DULKU | 2 | d | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| DA # 23-006 | Cortez | 2 | b | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| | Avila | 1 | h | | | | | 0.6 | | | | | | | | | | | | 0.6 |
| AGI-23-53 | CHAVEZ | 2 | b | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| 23STHC00011 | Chavez Salazar | 2 | b | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| AGI-23-24 | LOPEZ | 2 | b | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| | Avila | 1 | h | | | | | | 0.1 | | | | | | | | | | | 0.1 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | 1 | | | | | 1 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| 23STHC00011 | Chavez Salazar | 2 | a | | | | | | | | | | | | 0.3 | | | | | 0.3 |
| DA # 43275687 | Livingstone | 1 | a | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| | Elbaz | 2 | i | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| DA # 43187045 | Villegas | 1 | g | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| AGI-23-24 | Haboud Alban | 2 | c | | | | | | | | | | | | | 1 | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Subtotal | Claimable | | | | | | 3.3 | 0 | 2 | 1.1 | 0 | | | | 0 | 2.2 | 1.8 | 0 | | | 10.4 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | 4.7 | 8 | 6 | 6.9 | 8 | | | 8 | 8 | 5.8 | 6.2 | 8 | | | 69.6 |
| Subtotal | Non-Claimable | | | | | | 4.7 | 8 | 6 | 6.9 | 8 | | | 8 | 8 | 5.8 | 6.2 | 8 | | | 69.6 |
| | | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | 3.2 |
| (02) Court Costs for Out of Jurisdiction Cases | 7.2 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 69.6 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *ccurate report of my time, and the function performed as shown above.* 12/28/23.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 1/2/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 12/01/2023 - 12/15/2023 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
12 • 30 +
10 • 00 +
22 • 30 G +

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | | | Vac | | | WK | WK | | | | | | |
| 23STHC00011 | Chavez, Luis | 2 | b | 0.5 | | | | | | | | | | | | | | | 0.5 |
| AGI-23-53-LA2023402305 | Rojas Mendez, Alba | 2 | b | 0.6 | | | | | | | | | | 0.2 | | | | | 0.8 |
| AGI-23-51-LA2023402205 | Lopez Landeros, Paulina | 2 | b | 0.6 | | | | | | | | | | | | | | | 0.6 |
| Outgoing Hague to Italy | Walker, Michael | 2 | b | 0.3 | | | | | | | | | | | | | | | 0.3 |
| Outgoing Hague to Mexico | Raygoza, Israel | 2 | d | | | | 0.7 | | | 0.5 | 0.6 | | | | | | | | 1.3 |
| YA000645 | Fonoimoana, Falyn | 2 | b | | | | 0.9 | | | | | | | | | | | | 0.9 |
| AGI-23-27-SD2023401150 San Bernardino Cty. | Dulku, Talwinder | 2 | b | | | | | 0.6 | | | | | | | | | | | 0.6 |
| AGI-23-18-LA2023400783 | Caro, Ivo | 2 | b | | | | | 0.5 | | | | | | | | | | | 0.5 |
| Outgoing Hague to Mexico | Raygoza, Israel | 2 | b | | | | | | | 0.8 | 0.3 | | | | | | | | 1.1 |
| BH010750 | Passman, Leigh | 2 | c | | | | | | | | 0.9 | | | | | | | | 0.9 |
| AGI-23-39-LA0223401979-Martinez Vicente | Vicente, Jerusa | 2 | c | | | | | | | | | | | | 0.6 | | | | 0.9 |
| 23AVPT00214 | Age, Ronnisha | 1 | g | | | | | | | | | | | | | 0.9 | 0.6 | | 2.1 |
| 23AVRO01285 | Age, Ronnisha | 1 | g | | | | | | | | | | | | | 0.9 | 0.6 | | 2.1 |
| BF056476I | Garnica, Jennifer | 3 | e | | | | | | | | | | | | | | | 0.7 | 0.7 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | ✓ | | | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | |
| **Subtotal** | **Claimable** | | | **2** | | | **1.6** | **1.1** | | **1.3** | **1.8** | | | **0.2** | **0.6** | **1.8** | **1.2** | **0.7** | **12.3** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 6 | | | 6.4 | 6.9 | | 6.7 | 6.2 | | | 7.8 | 7.4 | 6.2 | 6.8 | 7.3 | |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **6** | | | **6.4** | **6.9** | | **6.7** | **6.2** | | | **7.8** | **7.4** | **6.2** | **6.8** | **7.3** | **67.7** |
| | | | | | | | | | 8 (vac) | | | | | | | | | | 8 |
| **Daily Grand Total** | | | | **8** | **0** | **0** | **8** | **8** | **0** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **80** |
| | | | | | | | | | | | | | | | | | | **6.4** | **88** |

✓ 12.30 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 4.2 |
| (02) Court Costs for Out of Jurisdiction Cases | 8.2 |
| (03) Secure Appearance of Offender | 0.7 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 0 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 13.1 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *y time, and the function performed as shown above.*

12-19-2023

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 12/26/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 12/16/2023 - 12/31/2023 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h Law enforcement inquiry regarding missing child/child abduction investigation- no case number

i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague- no case number

i Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | Vac | | | | | WK | WK | HOLIDAY | | | | | WK | WK | |
| AGI-23-30-LA2023401202 | Golub, Oleksandr | 2 | b | | | | 0.7 | | | | | | | | | | | | | 0.7 |
| CAU intake flyer | Attorney Tellez | 1 | h | | | | 0.25 | | | | | | | | | | | | | 0.25 |
| CAU intake flyer | Smith, Keisha | 1 | h | | | | 0.5 | | | | | | | | | | | | | 0.5 |
| CAU intake flyer | Canchola, Maria | 1 | h | | | | 0.3 | | | | | | | | | | | | | 0.3 |
| AGI-23-54-LA2023402315 | Lopez, Uriel Diego | 2 | b | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-23-56 | Polania Reyes, Herbert | 2 | b | | | | 0.3 | | | | | | | | | | | | | 0.3 |
| 23-005 Outgoing Hague to Italy | Walker, Michael | 2 | b | | | | | 0.6 | | 0.7 | | | | | 0.5 | | | | | 1.8 |
| 23CJCF00729 | Means, Alfred | 3 | e | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| AGI-23-39-LA2023401979 | Vicente, Jerusa | 2 | c | | | | | | 0.6 | 0.75 | | | | | | | | | | 1.35 |
| No case no. - Outgoing Hague to Scotland | Elbaz, Jonathan | 2 | b | | | | | | | 0.7 | | | | | | | | | | 0.7 |
| BQ033803 - 19CCJP00569D - 19CCJP00569E | Hernandez, Danielle and Angela | 3 | e | | | | | | | 0.7 | | | | | | | | | | 0.7 |
| 18CCJP00639H (2 defendants) | Shabazz,Yasmin Means, Alfred | 3 | e | | | | | | | | | | | 0.4 | | | | | | 0.4 |
| CAU intake flyer | Reed, Amber | 1 | h | | | | | | | | | | | 0.4 | | | | | | 0.4 |
| 43187045 | Villeges, Carlos | 1 | g | | | | | | | | | | | | | 0.9 | | | | 0.9 |
| CAU intake flyer | Porche J. | 1 | g | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| 23STHC00011 | Chavez Fernandez v. Salazar Riveros | 2 | b | | | | ✓ | ✓ | ✓ | 2.85 ✓ | | | | 0.5 ✓ | ✓ | ✓ | 0.3 ✓ | | | 0.8 |
| **Subtotal** | **Claimable** | | | | | | 2.25 | 0.6 | 1.1 | 2.45 | | | | 1.3 | 0.5 | 1.1 | 0.3 | | | ~~9.3~~ |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | | 0 | 5.75 | 7.4 | 6.9 | 5.85 | | | 8 | 6.7 | 7.5 | 6.9 | 7.7 | | | |
| **Subtotal** | **Non-Claimable** | | | | | 0 | 5.75 | 7.4 | 6.9 | 5.85 | | | 8 | 6.7 | 7.5 | 6.9 | 7.7 | | | ~~54.7~~ 90.7 |
| | | | | | | 8 (vac) | | | | | | | | | | | | | | 64 |
| **Daily Grand Total** | | | | 0 | 0 | 8 (vac) | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | ~~72~~ 80 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

✓ 10.05 WN

| | |
|---|---|
| (01) Compliance with Court Orders | 2.3 |
| (02) Court Costs for Out of Jurisdiction Cases | 5.85 |
| (03) Secure Appearance of Offender | 1.6 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 0 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 9.75 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1-3-2024

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 1-9-24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| December 1-15, 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

2 • 70 +

2 • 70G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | RDO | | | | | | WK | WK | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| LASD Det. Regarding filing | | 1 | a | | | | | 0.25 | | | | | | | | | | | 0.25 |
| LASD Det. Regarding filing | | 1 | a | | | | | | | 0.75 | | | | | | | | | 0.75 |
| LAPD DET. Regarding filing | | 1 | a | | | | | | | | 0.5 | | | | | | | | 0.5 |
| LAPD Det. Tim Wolleck | | 1 | a | | | | | | | | | | | | | 0.5 | | | 0.5 |
| LASD Det. Regarding filing | | | | | | | | | | | | | | | | 0.7 | | | 0.7 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | ✓ | | ✓ | ✓ | | | | | ✓ | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0.25** | **0** | **0.75** | **0.5** | **0** | **0** | **0** | **0** | **1.2** | **0** | **0** | **2.7** |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | 5 | | 9 | 0 | 0 | 8 | 8.75 | 9 | 8.25 | 8.5 | 0 | **0** | **8** | **9** | 7.8 | 9 | 9 | 94.3 |
| **Search Warrant** | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 0 |
| | vacation | 6 | | | | | | | | | | | **0** | | | | | | |
| **Subtotal** | **Non-Claimable** | **0** | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **94.3** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | 97 |

✓2.70 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 2.7 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 94.3 |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | 97 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*e function performed as shown above*

Dec 16 2023

Employee Signature

*to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted]

1/4/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| december 16-31. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h private citizen inquiry regarding missing child/child abduction investigation- no

h. Law Enf. assistance no Case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague - no case number

i Private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | RDO | | | | | WK | WK | | | | | | WK | WK | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | | | |
| | **PC 278, 278.5 Post Filing** | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | **0** | **0** | 0 | 0 | 0 | 0 | 0 |
| | **Other - Search Warrants** | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **8** | **0** | **0** | 0 | 0 | 0 | 8 | 16 |
| | other vacation/holiday | 6 | | | | | 9 | 9 | 9 | 9 | 0 | 0 | **8** | **9** | **9** | 9 | 9 | | | 8 |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **9** | **16** | **9** | **9** | **9** | **9** | **0** | **8** | **72** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **9** | **16** | **9** | **9** | **9** | **9** | **0** | **8** | 96 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **96** |

| | |
|---|---|
| **(01) Compliance with Court Orders,** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities** | **96** |
| | **0** |
| **Claimable + Non-Claimable Total** | **96** |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*of my time, and the function performed as shown above.*

Employee Signature 12-31-2023

[redacted]

*st of my knowledge and belief, this time record is true and correct, and the functions were*

Supervisor Signature 1/4/24

730

740

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| December/01/2023 - December/15/2023 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDL |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | |
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | | WK | WK | | | | | | WK | WK | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | 9 | | | 8 | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | 97 |
| worked RDO (12/11/23) | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **97** |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **97** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **97** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **97** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *d as shown above.* 12/15/23

Employee Signature

[redacted] *ot, to the best of my knowledge and belief, this time record is true and correct, and the* 12/22/23

Supervisor Signature

# Los Angeles County District Attorney

**Custody of Minor Time Study**

| Pay Period: December/16/2023 - December/31/2023 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): DDAIII | Bureau SP/TC/CAU | Unit Number | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h law enforcement inquiry regarding missing child/child abduction investigation-no case number
- i private Citizen inquiry regarding missing child/child abduction investigation-no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Gov't agency inquiry regarding Hauge-no case number
- i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | | | | OFF | OFF | OFF | OFF | WK | WK | HOLIDAY | OFF | OFF | OFF | OFF | WK | WK | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 80 |
| (Days off) | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **80** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 80 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *shown above.* 1/5/24

Employee Signature

[redacted] *and that, to the best of my knowledge and belief, this time record is true and correct, and the functions* 1/9/24

Supervisor Signature

# Los Angeles County District Attorney

Custody of Minor Tim... Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Dec-23 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions o**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0 • C
50 • 00
80 • 00
130 • 00

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | SAT | SUN | RDO | | | OFF | OFF | SAT | SUN | RDO | | | | | 0 |
| 2023-G-1724 | Coulter, Kamille | 1 | uv | 8 | | | | | | | | | | | 2 | | | 6 | 16 |
| 2015-G-0316 | Kent, Rose | 1 | z | 2 | | | | | | | | | | | 3 | | 5 | 1 | 11 |
| 2023-G-1453 | Williams, Arien | 1 | iuv | | | | | | | | | | | | 5 | 3 | 3 | | 11 |
| 2023-G-1401 | Gonzalez, Jose | 1 | io | | | | | | | | | | | | | 7 | 2 | 3 | 12 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | | | | | | | | ✓ | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 50 |
| TRAINING | | 5 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | 40 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

✓50 WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | **50** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **40** |
| **Claimable + Non-Claimable Total** | **90** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.* [redacted] 12/15/23

Employee Signature

Supervisor: *I hereby cer[redacted] examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 12/18/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Dec-23 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) Compliance with Court Orders
(02) Court Costs for Out of Jurisdiction Cases
(03) Secure Appearance of Offender
(04) Return of Children to Custodian

**NON CLAIMABLE**
(5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions of time Decimals**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
36 Minutes = .6 hour
42 Minutes = .7 hour
45 Minutes = .75 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | | | SAT | SUN | 0 |
| 2015-G-0316 | Kent, Rose | 1 | z | | | | 3 | 1 | 2 | | | | | | 3 | | 2 | | | 11 |
| 2023-G-1401 | Gonzalez, Jose | 1 | mnos | | | | 3 | | 8 | 2 | | | | 8 | 4 | | | | | 25 |
| 2023-G-1724 | Coulter, Kamille | 1 | vu | | | | 2 | 7 | | 7 | | | | 2 | 3 | 3 | 8 | | | 32 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | | 2 | 2 | | 1 | | | | | | | | | | 5 |
| 2023-G-1453 | Williams, Arlen | 1 | u | | | | | | | | | | | | | 7 | | | | 7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | | 80 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 80 |

80 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 80 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

*Employee: I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 12/29/23
Employee Signature

[redacted] examined and that, to the best of my knowledge and belief, this time record is true and correct, and the
Supervisor Signature 1/8/24

# Los Angeles County District Attorney

Custody of Minor Time Study

| Pay Period: DECEMBER 2023 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions c**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
64 • 00
28 • 00
92 • 00

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 202G-1142 | DIAZ | 4 | M,Y | RDO | SAT | SUN | 0.5 | 2 | 1 | | RDO | SAT | SUN | | 3 | | | RDO | 6.5 |
| 2023-A-1164 | YOLOMYRIVNA-HAGUE | 4 | Y,Z | | | | | | | | | | | | | 1.5 | | | 1.5 |
| 2023-G-1173 | HOVHANNISYAN | 1 | Y,Z | | | | 2 | . | | 2 | | | | 3 | | | | | 7 |
| 2023-G-1198 | HODGE | 1 | Y,Z | | | | | | 3 | | | | | | 1 | 0.5 | | | 4.5 |
| 2023-G-0985 | TANNER | 1 | X,Y,Z | | | | | 2 | | | | | | | | | | | 2 |
| 2023-G-0980 | CORONA | 4 | Y,Z | | | | 1.5 | | | | | | | 4 | 1 | | | | 6.5 |
| 2023-G-0179 | LUNA | 1 | X,Y,Z | | | | | | 2 | | | | | 2 | | 2 | | | 6 |
| 2023-G-0805 | JOHNSON | 4 | Y,Z | | | | 1 | | 1 | | | | | | | | 3 | | 5 |
| 2023-G-0881 | ELCAN | 1 | M,Y | | | | | | 2 | | | | | | 2 | 1 | | | 5 |
| 2023-A-0791 | LEON | 4 | M,Y | | | | | 3 | | | | | | | | 3 | 1 | | 7 |
| 2023-A-1141 | GYUNASHYAN-HAGUE | 1 | X,Y,Z | | | | 3 | | | | | | | | 1 | | | | 4 |
| 2023-A-1333 | AURELIA CPD ASSIST | 1 | Y,Z | | | | | 2 | | | | | | | 2 | | 1 | | 5 |
| 2023-G-1453 | ARQUETTE | 4 | Y,Z | | | | 2 | 1 | | | | | | 1 | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 10 | 10 | 9 | 2 | 0 | 0 | 0 | 10 | 10 | 8 | 5 | | 64 |
| OTHER | N/A | 5 | | | | | | | 1 | | | | | | | 2 | 5 | | 8 |
| SGT MEETING | N/A | 5 | | | | | | | | 8 | | | | | | | | | 8 |
| VACATION | N/A | 5 | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | | 0 | | | | 1 | 8 | 0 | 0 | 0 | 0 | 0 | 2 | 5 | 0 | 16 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

64 ✓ WM

| | |
|---|---|
| (01) Compliance with Court Orders | 33.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 30.5 |
| (5) Non Claimable | 16 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *d accurate report of my time, and the function performed as shown above.*

12/14/23

Employee Signature

[redacted] *en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

12/14/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: DECEMBER | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-0961 | WILLIAMS | 1 | Y,Z | SAT | SUN | | 3 | 2 | | RDO | SAT | SUN | HOLIDAY | | | | RDO | SAT | SUN | 5 |
| 2023-G-1538 | CRISS | 2 | Y,Z | | | 2 | 2 | 1 | | | | | | | | | | | | 5 |
| 2023-A-1616 | ARELY | 3 | Y,Z | | | 2 | 1 | | | | | | | | | | | | | 3 |
| 2023-G-1199 | THOMAS | 4 | Y,Z | | | | 1 | 2 | | | | | | | | | | | | 3 |
| 2023-G-1447 | NORKUS | 1 | X,Y,Z | | | 2 | | | | | | | | | | | | | | 2 |
| 2023-G-1548 | PEDRO | 3 | X,Y,Z | | | 2 | | 3 | | | | | | | | | | | | 5 |
| 2023-G-1562 | GREEN | 4 | X,Y,Z | | | 2 | 1 | 2 | | | | | | | | | | | | 5 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Subtotal | Claimable | | | 0 | 0 | 10 | 8 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 28 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | 5 | | | | | 2 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 52 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 2 | 0 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | | 52 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | | 80 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

28 w/H

| | |
|---|---|
| (01) Compliance with Court Orders | 7 |
| (02) Court Costs for Out of Jurisdiction Cases | 5 |
| (03) Secure Appearance of Offender | 8 |
| (04) Return of Children to Custodian | 8 |
| (5) Non Claimable | 52 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *e report of my time, and the function performed as shown above.*

1/8/24

Employee Signature

[redacted] *ve been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

1/8/24

Supervisor Signature

# Los Angeles County District Attorney
Custody o

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Dec-23 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of t**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
80 • 00
60 • 00
140 • 00

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | | RDO | 0 |
| 2023-G-1447 | Kara Norkus | 1 | u,v,w | | | | 3 | 5 | 3 | 5 | | | | 4 | 2 | 2 | 3 | | 27 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,w | | | | 3 | | | 3 | | | | | 2 | | | | 8 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | u,v,w | | | | | 5 | | | | | | | | 2 | | | 7 |
| 2023-G-1142 | Adrien Aguilar | 1 | u | | | | 4 | | 4 | 2 | | | | | | 3 | 4 | | 17 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | c, | | | | | | | | | | | 4 | 3 | 3 | | | 10 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v | | | | | | 1 | | | | | | 3 | | 1 | | 5 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v, | | | | | | 2 | | | | | 2 | | | 2 | | 6 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | | | | | | | | | 0 |
| 2023-G-0985 | Tanner v. Grisset | 1,4 | u,v,w | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | | 80 |

80.00 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I he* [redacted] *he function performed as shown above.*

12/14/23

Employee Signature

Supervisor: *I hereby certify the* [redacted] *en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

12/14/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Dec-23 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | RDO | WK | WK | Holiday | | | | RDO | WK | WK | 0 |
| 2023-G-1447 | Kara Norkus | 1 | w,u,v | | | 3 | | | 2 | | | | | 3 | 5 | 3 | | | | 16 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v | | | 3 | | | 4 | | | | | | | 4 | | | | 11 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u,v | | | 3 | | | 3 | | | | | 2 | 1 | | | | | 9 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | | | | | | | | | | | | | | | | | 0 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | | | | 2 | | 1 | | | | | | 4 | | | | | 7 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v,w | | | 1 | | | | | | | | 2 | | | | | | 3 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | | | | | | | | | | | | | 3 | | | | 3 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | 4 | | | | | | | | | | | | | 4 |
| 2023-G-0985 | Tanner-Grisset | 1,4 | u,v,w | | | | 4 | | | | | | | 3 | | | | | | 7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | ✓ | | ✓ | | | | | ✓ | ✓ | ✓ | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 10 | 10 | 0 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | | 60 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 0 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 60 |

✓60 WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 60 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby* [redacted] *formed as shown above.*

Employee Signature 12/28/23

Supervisor: *I hereby certify the empl* [redacted] *hat, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 1/8/24

**Los Angeles Count**
**Custo**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 12/1/2023 - 12/15/2023 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
**(01) Compliance with Court Orders**
**(02) Court Costs for Out of Jurisdiction Cases**
**(03) Secure Appearance of Offender**
**(04) Return of Children to Custodian**

**NON CLAIMABLE**
**(5) Non Claimable**

**Task Codes:**

**a** Duty Calls
**b** After Hours Calls
**c** HAGUE Cases
**d** Child Transport to Court
**e** Child Transport to LBP
**f** DCFS Cases
**g** Reports Written
**h** Arrests
**i** PCW
**j** Search Warrants
**k** PING Warrants
**l** Arrest Warrants
**m** Operations Plans
**n** Travel Arrangement
**o** Court Appearances
**p** CAU I/O Criminal Filings
**q** Out-Of-State Assist (UCCJEA)
**r** Out-of-State Court
**s** Out-Of-State Court Document
**t** Out-Of-State Court Document
**u** Investigation
**v** Surveillance
**w** Case Work Up
**x** Case Assignment
**y** Review
**z** Review Court

**Conversions**
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
44 • 00 +
61 • 00 +
105 • 00 ✓

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | | | | | RDO | RDO | WK | WK | RDO | | | | | 0 |
| ADRIAN DORADO | 2023-G-1712 | 1 | w,u | 3 | | | | | | | | | | | 2 | 2 | | 2 | 9 |
| DONAJI CASAS | 2023-G-1436 | 1 | v,u,g | 4 | | | | | | | | | | | 2 | | | 1 | 7 |
| GABRIEL CHAVEZ | 2023-A-1617 | 1 | w,u,v | 3 | | | | | | | | | | | | | | | 3 |
| JEREMIAH GRIMES | 2020-G-1480 | 1 | o | | | | | | | | | | | | 4 | | | | 4 |
| KARA NORKUS | 2023-G-1447 | 1 | e,j | | | | | | | | | | | | | | 6 | | 6 |
| DEANDRE CRISS SR | 2023-G-1538 | 1 | u | | | | | | | | | | | | | 3 | 3 | | 6 |
| ARELY MORALES | 2023-A-1616 | 1 | c | | | | | | | | | | | | | 2 | | 4 | 6 |
| CHRISTINA LOUISE DELGADO | 2023-G-1285 | 1 | w,u | | | | | | | | | | | | | | | 3 | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | | | | | | | | ✓ | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 7 | 9 | 10 | 44 |
| TRAINING | | 5 | | | | 10 | 10 | 10 | 10 | | | | | | | | | | 40 |
| STATS AND TRACKING | | 5 | | | | | | | | | | | | | 2 | 3 | 1 | | 6 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 1 | 0 | 46 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

44 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **44** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **46** |
| **Claimable + Non-Claimable Total** | **90** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *report of my time, and the function performed as shown above.*

Employee Signature 12/15/23

Supervi[redacted]*ecords have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

12/18/23

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 12/16/2023 - 12/31/2023 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | RDO | WK | WK | RDO | RDO | | | | WK | WK | 0 |
| 2023-A-1616 | ARELY MORALES | 1 | c,u,w | | | 5 | | 1 | 2 | | | | | | 3 | | | | | 11 |
| 2023-G-1712 | ADRIAN DORADO | 1 | u,w | | | 3 | 2 | 1 | 2 | | | | | | 3 | 3 | | | | 14 |
| 2023-G-1285 | CHRISTINE DELGADO | 1 | u | | | 2 | 1 | 1 | 2 | | | | | | | | | | | 6 |
| 2023-A-1164 | LJUDMILA VOLOYMYRIVNA | 1 | c,u,w | | | | 5 | 2 | | | | | | | | | 5 | | | 12 |
| 2023-A-1141 | LILIT ALEKSANYAN | 1 | c,u,w | | | | 2 | | | | | | | | | | | | | 2 |
| 2023-A-1617 | GABRIEL CHAVEZ | 1 | c | | | | | 2 | 2 | | | | | | | 3 | | | | 7 |
| 2023-G-1399 | WILLIAM SHARPE | 1 | u | | | | | | 2 | | | | | | 2 | 3 | 2 | | | 9 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | ✓ | ✓ | ✓ | | | | | | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 10 | 10 | 7 | 10 | 0 | 0 | 0 | 0 | 0 | 8 | 9 | 7 | 0 | | 61 |
| | | 5 | | | | | | 3 | | | | | | 10 | 2 | 1 | 3 | | | 19 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 10 | 2 | 1 | 3 | 0 | | 19 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | 61 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 19 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *...rate report of my time, and the function performed as shown above.*

Employee Signature 12/31/23

Supervisor: *I here[redacted] have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 1/8/24

✓ 61 WH

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| February 1-15, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5, and all other non-claimable duties.

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents
g LE/govt. inquiry re: missing child/ abduction inv--no case #
h Private Citizen inqury re: missing child/abduction--no case#

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re. returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

28 • 90
17 • 00
45 • 90 ✓

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | SAT | SUN | | | | | RDO | SAT | SUN | | | | | 0 |
| 44614994 | Bates | 1 | b | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 44302235 | Aguilar | 1 | b | | 1 | | | | | | | | | | | | | | 1 |
| 44762432 | Kane | 1 | b | | | | | 2.5 | | | | | | | | | | | 1 |
| 44302235 | Agular | 1 | b | | | | | | | | | | | | | | | | 0 |
| 44614994 | Bates | 1 | b | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 44415244 | Jenkins | 1 | b | | | | | 1 | | | | | | | | | | | 1 |
| | Inglewood PD | 1 | g | | | | | 1 | | | | | | | | | | | 1.75 |
| 44762432 | Kane | 1 | d | | | | | | 1 | | | | | | | | | | 0.6 |
| 43027309 | Yu | 1 | a | | | | | | 0.5 | | | | | | | | | | 0.5 |
| 44614994 | Bates | 1 | d | | | | | | 1 | | | | | | | | | | 1 |
| | County Counsel | 1 | g | | | | | | 0.25 | | | | | | | | | | 0.25 |
| | Riverside DA | 1 | g | | | | | | 0.3 | | | | | | | | | | 1.25 |
| 44302235 | Agular | 1 | b | | | | | | 1 | | | | | | | | | | 1 |
| 44639730 | Mitchell | 1 | b | | | | | | | 0.7 | | | | | | | | | 0.7 |
| 44767958 | Howard | 1 | b | | | | | | | 1 | | | | | | | | | |
| | Mallard | 1 | h | | | | | | | 0.75 | | | | | | | | | |
| 24CJCF00893 | Benitez | 1 | a | | | | | | | | 4 | | | | | | | | |
| 24CJCF00893 | Benitez | 1 | b | | | | | | | | | | | | 0.5 | | | | |
| 43027309 | Yu | 1 | e | | | | | | | | | | | | 4 | | | | |
| 44767958 | Howard | 1 | e | | | | | | | | | | | | | 2 | 1 | | |
| 44362210 | Gordon | 1 | b | | | | | | | | | | | | | 1 | | | |
| 44767958 | Howard | 1 | e | | | | | | | | | | | | | 1 | | | |
| 4411078 | Johnson | 1 | b | | | | | | | | | | | | | | 1 | | |
| 43027309 | Shadeslocum | 1 | b | | | | | | | | | | | | | | 0.5 | | |
| 44639730 | Mitchell | 1 | d | | ✓ | | | ✓ | ✓ | ✓ | ✓ | | | | 4.5 | ✓ | ✓ | 1 ✓ | |
| **Subtotal** | **Claimable** | | | | 1.5 | | | 4.9 | 4.05 | 2.45 | 4 | | | | 0.9 | 4 | 2.5 | 1 | 19.2 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | 6.5 | | | 4.1 | 4.95 | 6.55 | 5 | | | | 8.1 | 5 | 6.5 | 8 | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | 0 |
| Vacation /Holiday | | 5 | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | 9 | 6.5 | | | 4.1 | 4.95 | 6.55 | 5 | | | | 8.1 | 5 | 6.5 | 8 | 67.8 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 8 | | | 9 | 9 | 9 | 9 | 0 | | | 9 | 9 | 9 | 9 | 87 |

28.90 ✓
WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5, and all other non-claimable duties. | |
| 0 | 0 |
| Claimable + Non-Claimable Total | 0 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *ort of my time, and the function performed as shown above.* 3/7/24

Employee Signature

[redacted] *and that, to the best of my knowledge and belief, this time record is true and correct, and the* 3/7/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| February 16-29, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable
- (06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance w 3130 order, obtain court records, prepare court docs, intake
h LE inquiry re: missing child/child abd inv--no case #
i Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Govt. agency inquiry re: Hague--no case #
i Private Citizen inquiry regarding Hague - no case #

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | SAT | SUN | HLDY | | | | RDO | SAT | SUN | | | | | XXX | XXX | 0 |
| 44110785 | Johson | 1 | d | 1 | | | | | | | | | | | | | | | | 0 |
| 44362210 | Gordon | 1 | d | 1.5 | | | | | | | | | | | | | | | | 0 |
| BA208900 | Serrano | 3 | b | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| 24STHC00001 | Vicente | 2 | c | | | | | 1.5 | | | | | | | | | | | | 1.5 |
| | City Attorney | 1 | h | | | | | | 0.5 | | | | | | | | | | | |
| | Riverside DA | 2 | h | | | | | | 0.75 | | | | | | | | | | | |
| BA208900 | Serrano | 3 | b | | | | | | 0.6 | | | | | | | | | | | 0.6 |
| 24CJCF01667 | Khachaturova | 1 | b | | | | | | | | | | | | 1.25 | | | | | 1.25 |
| | Riversode DA | 2 | h | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 44033719 | Savarino | 1 | b | | | | | | | | | | | | | 1 | | | | 1 |
| 18NWPT00278 | Conchola | 1 | g | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| 44033719 | Savarino | 1 | d | | | | | | | | | | | | | 1 | | | | 1 |
| 24CJCF01667 | Khachturova | 1 | b | | | | | | | | | | | | | | 2 | | | 2 |
| 44037855 | Sandate | 1 | b | | | | | | | | | | | | | | 0.7 | | | |
| AG-23-54 | Lopez | 2 | c | | | | | | | | | | | | | | 1.5 | | | |
| DA# 24001 | Payan | 2 | c | | | | | | | | | | | | | | 0.8 | | | |
| 24STHC00003 | Guyunshyan | 2 | c | ✓ | | | | ✓ | ✓ | | | | | | ✓ | ✓ | 1.4 ✓ | | | |
| **Subtotal** | **Claimable** | | | **2.5** | **0** | **0** | **0** | **2** | **1.85** | **0** | | | | **0** | **1.75** | **2.5** | **6.4** | | | **17** |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | 5.5 | | | | 7 | 7.15 | 9 | | | | | 7.25 | 6.5 | 2.6 | | | |
| After Hours Duty | | 5 | | | | | | | | | | | | | 5 | | | | | |
| Vacation/Holiday | Vacation | 5 | | | | | | | | | | | | 9 | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **5.5** | **0** | **0** | **9** | **7** | **7.15** | **9** | | | | **9** | **12.25** | **6.5** | **2.6** | | | **68** |
| **Daily Grand Total** | | | | **8** | | | **9** | **9** | **9** | **9** | | | | **9** | **14** | **9** | **9** | | | **85** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **85** |

17 ✓ WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] y time, and the function performed as shown above

3/7/24

Employee Signature

Su[redacted] that, to the best of my knowledge and belief, this time record is true and correct, and the functions were

3/7/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: 2/1/2024-2/15/2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau |
|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- 05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child al
- i Private citizen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague-research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague-no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re. extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

Conver:

- 6 Minut
- 12 Minu
- 15 Minu
- 18 Minu
- 24 Minu
- 30 Minutes = .5 hour
- 60 Minutes = 1 hour

0 • C

13 • 55 +
10 • 20 +
23 • 75 ✓

| Case Number | Case Name | Activity Code | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | WK | WK | | | | | | WK | WK | | | | | 0 |
| DA # 23-006 | Cortez | 2 | b | 0.6 | | | | | | | | | | | | | | | 0.6 |
| DA # 23-008 | Houdeshell | 2 | b | 0.4 | | | | | | | | | | | | | | | 0.4 |
| DA # 23-003 | Trevino | 2 | b | 0.8 | | | | | | | | | | | | | | | 0.8 |
| | Payan | 2 | i | 0.7 | | | | | | | | | | | | | | | 0.7 |
| | Payan | 2 | i | 0.5 | | | | | | | | | | | | | | | 0.5 |
| 23STHC00011 | Chavez Fernandez | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| DA # 23-006 | Cortez | 2 | b | | | | | 0.1 | | | | | | | | | | | 0.1 |
| 114CS145111 | Espinoza | 1 | g | | | | | 0.5 | | | | | | | | | | | 0.5 |
| BA493706 | Raines | 1 | g | | | | | | 0.4 | | | | | | | | | | 0.4 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | 0.2 | | | | | | | | | 0.2 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | 0.6 | | | | | | | | | 0.6 |
| AGI-23-68 | SEAGA | 2 | b | | | | | | | 0.3 | | | | | | | | | 0.3 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | 0.25 | | | | | | | | | 0.25 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | 1 | | | | | | | | 1 |
| 24STPT00146 | Thompson | 1 | g | | | | | | | | 1 | | | | | | | | 1 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | 2 | | | | | | | | |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | 0.7 | | | | | | | |
| DA # 23-004 | Khacheryan | 2 | b | | | | | | | | | | | | | 0.3 | | | |
| BF049529 | Maritnez | 1 | g | | | | | | | | | | | | | 0.4 | | | |
| TF004770 | Carrera | 1 | g | | | | | | | | | | | | | 0.4 | | | |
| TF05688 | Porter | 1 | g | | | | | | | | | | | | | 0.4 | | | 0.4 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | 0.2 | | | 0.2 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | 0.8 | | 0.8 |
| AGI-23-38 | Lopez | 2 | b | | | | | | | | | | | | | | 0.1 | | 0.1 |
| AGI-24-05 | Gallardo | 2 | b | | | | | | | | | | | | | | 0.1 | | 0.1 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | | 0.1 | | 0.1 |
| AGI-21-27 | Oropera | 2 | b | | | | | | | | | | | | | | | 0.5 | | 0.5 |
| AGI-23-56 | Polania | 2 | b | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | 0.1 ✓ | 0.1 |
| **Subtotal** | **Claimable** | | | **3.1** | **0** | **0** | **0** | **0.6** | **0.4** | **1.35** | **4** | **0.7** | **0** | **0** | **0** | **1.7** | **1.6** | **0.1** | **13.55** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 4.9 | 8 | | | 7.4 | 7.6 | 6.65 | 4 | 7.3 | | | 8 | 6.3 | 6.4 | 7.9 | 74.45 |
| **Subtotal** | **Non-Claimable** | | | **4.9** | **8** | **0** | **0** | **7.4** | **7.6** | **6.65** | **4** | **7.3** | **0** | **0** | **8** | **6.3** | **6.4** | **7.9** | **74.45** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **88** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | | **88** |

13.55 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **2.3** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **7.45** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **74.5** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **84.2** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certi* [redacted] *ime, and the function performed as shown above*

3/4/24.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted]

3/13/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 2/16/2024-2/29/2024 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

(03) Secure Appearance of Offender

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h Law enforcement inquiry regarding missing child/child abduction investigation- no case number

i **Private citizen inquiry regarding missing child/child abdu**

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague- no case number

**Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | | WK | WK | HOLIDAY | | | | | WK | WK | | | | | | | |
| DA # 23-003 | Trevino | 2 | b | 0.4 | | | | | | | | | | | | | | | | 0.4 |
| 23STHC00011 | Chavez Fernandez | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| BA518285 | Drone | 1 | g | 0.2 | | | | | | | | | | | | | | | | 0.2 |
| DA # 23-003 | Trevino | 2 | b | | | | | 0.8 | | | | | | | | | | | | 0.8 |
| DA # 24-001 | Payan | 2 | b | | | | | | 0.6 | | | | | | | | | | | 0.6 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | 0 3 | | | | | | | | | | | 0.3 |
| AGI-23-68 | SEAGA | 2 | b | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| KF008906 | Valle | 1 | g | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | 0.7 | | | | | | | | | 0.7 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | 0.1 | | | | | | 0 1 |
| AGI-23-68 | Seaga | 2 | b | | | | | | | | | | | | 0.3 | | | | | 0.3 |
| AGI-23-24 | Lopez | 2 | b | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| AGI-23-53 | Gyunashyan | 2 | b | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| AGI-23-30 | Golub | 2 | b | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| AGI-23-54 | Lopez Morales | 2 | b | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| AGI-23-53 | Chavez Rojas | 2 | b | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| DA # 24-001 | Payan | 2 | a | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| DA # 24-001 | Payan | 2 | b | | | | | | | | | | | | 0.5 | | | | | 0.5 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | 0.3 | | | | | 0.3 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | | | | | | | 0.6 | | | 0.6 |
| AGI-23-24 | Lopez | 2 | b | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| KF008906 | Valle | 1 | g | | | | | | | | | | | | | | 0.3 | | | 0.3 |
| DA # 24-001 | Payan | 2 | b | | | | | | | | | | | | | | 0.1 | | | 0.1 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | 2 | | | 2 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | 0.3 | | | 0.3 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | 0.1 | | | 0.1 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Subtotal** | **Claimable** | | | | 0.7 | 0 | 0 | 0 | 0.8 | 1.8 | 0 | 0.7 | 0 | 0 | 0.1 | 2.1 | 0.4 | 3.6 | 0 | 0 | 10.2 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 7.3 | | | 8 | 7.2 | 6.2 | 8 | 7.3 | | | 7.9 | 5.9 | 7.6 | 4.4 | | | 69.8 |
| **Subtotal** | **Non-Claimable** | | | | 7.3 | | 0 | 8 | 7.2 | 6.2 | 8 | 7.3 | | | 7.9 | 5.9 | 7.6 | 4.4 | | | 69.8 |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 80 |

10.20 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0.9** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **9.3** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **69.8** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above*

[redacted] 3/8/24.

Employee Signature

Supervisor [redacted] *e best of my knowledge and belief, this time record is true and correct, and the functions were*

3/11/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 02/01/2024 - 02/15/2024 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h Law enforcement inquiry regarding missing child/child abduction investigation- no case number

i Private citizen inquiry regarding missing child/child abdu i

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague- no case number

Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

13 • 70 +
13 • 10 +
26 • 80G ✓

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | WK | WK | | | | | | WK | WK | | | | | | |
| 23-007 (outgoing Hague to Hong Kong) | I Teng Leong | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| 23-002 | Blumenfeld, Ori | 2 | b | 0.4 | | | | | | | | | | | | | | | | 0.4 |
| No case number | Payan, Manny | 2 | 1 | 0.3 | | | | | | | | | | | | | | | | 0.3 |
| CAU Flyer | English, Deerica | 1 | g | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| 114CS145111 - NF011277 | Plantillas Gutierrez, Hugo Cesar | 1 | g | | 0.75 | | | | | | | | | | | | | | | 0.75 |
| 2011999 (case belongs to San Diego County | Carter, Brian | 2 | h | | | | | 0.3 | | | | | | | | | | | | 0.3 |
| Outgoing Hague/Scotland filed by State Dept. | Elbaz, Johnathan | 2 | b | | | | | 0.3 | | | | | | | | | | | | 0.3 |
| BA493706 | Raines, Jerome | 1 | g | | | | | 0.7 | | | | | | | | | | | | 0.7 |
| AG# 23-56-LA2023402358 | Polania Reyes, Herbert | 2 | b | | | | | | 0.6 | | 0.5 | | | | | | | | | 1.1 |
| 23-007 Outgoing Hague to Mexico | Raygoza, Israel | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| AG#16-47-LA2016601955 | Chavez, Eduardo | 2 | b | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| AG#22-37-LA2022401666 | Simpson, Lauren | 2 | b | | | | | | 0.6 | | | | | | | | | | | 0.6 |
| AG#22-05-LA2022400153 | Miramontes Villa, Juan | 2 | b | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| AG#23-23 (LA2023400889 | Chavez, Luis | 2 | b | | | | | | | 0.75 | | | | | | | | | | 0.75 |
| Outgoing Hague to Hong Kong | Promutico, Skyler | 2 | b | | | | | | | 0.8 | 0.5 | 0.9 | | | | | | | | 2.2 |
| 24 CJCF 00590 | Johnson, Amber | 3 | e | | | | | | | | | 0.9 | | | 0.8 | | | | | 1.7 |
| AGI-23-56 | Polania, Herbert | 2 | b | | | | | | | | | | | | | | | 0.6 | | 0.6 |
| 22STHC00008 | Simpson, Lauren | 2 | b | | | | | | | | | | | | | | 0.7 | 0.5 | | 1.2 |
| AGO-23-11 | Raygoza, Israel | 2 | b | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | 0.5 ✓ | 0.6 ✓ | ✓ | | 1.1 |
| **Subtotal** | **Claimable** | | | **0.8** | **1.15** | | | **1.3** | **2.4** | **1.55** | **1** | **1.8** | | | **0.8** | **0.5** | **1.3** | **1.1** | | **13.7** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | 7.2 | 6.85 | | | 6.7 | 5.6 | 6.45 | 7 | 6.2 | | | 7.2 | 7.5 | 6.7 | 6.9 | | ~~60.6~~ |
| **Subtotal** | **Non-Claimable** | | | ~~7.2~~ | ~~6.85~~ | | | ~~6.7~~ | ~~5.6~~ | ~~6.45~~ | 7 | ~~6.2~~ | | | ~~7.2~~ | ~~7.5~~ | ~~6.7~~ | ~~6.9~~ | | ~~60.6~~ |
| | | | | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 88 |
| | | | | | | | | | | | | | | | | | | | | 88 |

13.70 WH ✓

74.3

74.3

| | |
|---|---|
| (01) Compliance with Court Orders | 1.15 |
| (02) Court Costs for Out of Jurisdiction Cases | 10.85 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 5.5 |
| 0 | |
| Claimable + Non-Claimable Total | 17.5 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *and the function performed as shown above*

2/20/24

Employee Signature

Supervisor *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

2/21/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 02/16/2024 - 02/29/2024 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case
- i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | HOLIDAY | | | | | WK | WK | | | | | | |
| BF049529 | Martinez, Mark | 1 | g | 0.7 | | | | | | | | | | | | | | | 0.7 |
| TF004770 | Rodriguez, Patricia | 1 | g | 0.7 | | | | | | | | | | | | | | | 0.7 |
| CAU Intake Roster (no case number) | Dr. Grant | 1 | i | | | | | 0.3 | | | | | | | | | | | 0.3 |
| 22-13-LA2022400455 | Takhar, Harinder Singh | 2 | b | | | | | 0.5 | 0.3 | | | | | | | | | | 0.8 |
| BF049529 | Green, Michael | 2 | g | | | | | | 0.8 | | | | | | | | | | 0.8 |
| KF008906 (San Bernardino County case) | Valle v. Newell | 1 | g | | | | | | 0.6 | | | | | | | | | | 0.6 |
| BH010750 | Passman, Leigh | 2 | b | | | | | | 0.6 | | | | | | | | | | 0.6 |
| BH010750 | Passman, Leigh | 2 | g | | | | | | 1 | | | | | | | | | | 1 |
| AGI-24-05 | Gallardo, Luis | 2 | b | | | | | | | 0.3 | | | | | | | | | 0.3 |
| AGI- 23-11 | Raygoza, Israel | 2 | b | | | | | | | | 0.2 | | | | | | | | 0.4 |
| AGI-23-68 | Seaga, Christian Metry | 2 | b | | | | | | | 0.4 | | | | | | | | | 0.6 |
| AGI-23-68 | Seaga, Christian Metry | 2 | a | | | | | | | 0.7 | | | | | | | | | 0.7 |
| 22-13-LA2022400455 | Takhar, Harinder Singh | 2 | b | | | | | | | 0.5 | | | | | | | | | 0.5 |
| AGI-23-39 | Vicente, Jerusa | 2 | e | | | | | | | | 0.3 | | | | | | | | 0.75 |
| CAU Intake Roster (no case number) | Jiduah, A. | 1 | i | | | | | | | | 0.3 | | | 0.3 | | | | | 0.6 |
| AGI-23-39 | Vicente, Jerusa | 2 | b | | | | | | | | | | | | 0.2 | | | | 0.2 |
| AGI-23-30 | Golub, Oleksandr | 2 | b | | | | | | | | | | | | | 1 | 0.6 | | 1.6 |
| AGI-23-35 | Gyunashyan, Henrik | 2 | b | | | | | | | | | | | | | 0.7 | 0.7 | | 1.6 |
| KF008906 (San Bernardino County case) | Valle v. Newell | 1 | g | | | | | | | | | | | | | 0.6 | 0.8 | | 1.4 |
| | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | |
| **Subtotal** | **Claimable** | | | **1.4** | | | | **0.8** | **3.3** | **1.9** | **0.8** | | | 0.3 | **0.2** | **2.3** | **2.1** | | **13.1** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | 6.6 | | | | 7.2 | 4.7 | 6.1 | 7.2 | | | 7.7 | 7.8 | 5.7 | 5.9 | | 58.9 |
| **Subtotal** | **Non-Claimable** | | | **6.6** | | | | **7.2** | **4.7** | **6.1** | **7.2** | | | **7.7** | **7.8** | **5.7** | **5.9** | | **58.9** |
| | Johnson, Amber | 5 | | | | | | | | | | | | | | | | | |
| | Maley, Marcus | 5 | | | | | | | | | | | | | | | | | |
| | sanchez, Albert | 5 | | | | | 8(holiday) | | | | | | | | | | | | 8 |
| **Daily Grand Total** | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | | 80 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | 80 |

13 10 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | 4.3 |
| **(02) Court Costs for Out of Jurisdiction Cases** | 9.85 |
| **(03) Secure Appearance of Offender** | 0 |
| **(04) Return of Children to Custodian** | 0 |
| **05—PC 278, 278.5 and other non-claimable activities** | 8 |
| **0** | 0 |
| **Claimable + Non-Claimable Total** | 22.15 |

Note: Please enter OK for week end and RDO for your day off.

[redacted] *performed as shown above.* 2-29-24

Employee Signature

Sup[redacted] *of my knowledge and belief, this time record is true and correct, and the* 3/1/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| February 1-15 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

| | | (01) Compliance with Court Orders | (02) Court Costs for Out of Jurisdiction Cases | (03) Secure Appearance of Offender |
|---|---|---|---|---|
| **CLAIMABLE** | a | Communication with LE or other for assistance re: custody violations and/or locating missing child | Hague—receipt and processing | Communication with LE re: arrest on warrant |
| (01) Compliance with Court Orders | b | eCER filing submission—review of reports, request follow-up from IO. | Hague—communication with party, attorney, AG or CA. | Communication, arrangement, approval re: extradition |
| (02) Court Costs for Out of Jurisdiction Cases | c | eCER filing submission—obtaining court orders. running e-scars | Hague—preparation and review, letters, petition, and court documents | Review of case for extradition |
| (03) Secure Appearance of Offender | d | eCER filing submission—preparing declination | Hague—file preparation | Obtain court records for filings and warrants. |
| (04) Return of Children to Custodian | e | eCER filing submission—preparing filing | Hague—court filing | **(4) Return of Children to Custodian** |
| **NON CLAIMABLE** | f | 3130—out of state, review/approval of documents. | Hague—court appearance at proceeding | Communications with LE re: returning child to legal custodian |
| (05) PC 278, 278.5 Post Filing -Non Claimable | g | Assistance with 3130 order, obtain court records, prepare court documents, intake | Hague—research | |
| (06) Other - Non Claimable | h | law enfocement inquiry regarding missing child/child abduction | law enfocement inquiry regarding missing child/child abduction | |
| | i | private citizen inquirey regarding missing child/child | private citizen inquirey regarding missing child/child | |

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.C

7.95

7.95GV

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | WK | WK | | | | | | WK | WK | RDO | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Pasadena Consultation | | 1 | h | 0.7 | | | | | | | | | | | | | | | 0.7 |
| | | 1 | b | | 1.25 | | | | | | | | | | | | | | 1.25 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Inglewood Consultation barracaded father | | 1 | h | | | | | 3 | | | | | | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Glendale PD consultation | | 1 | h | | | | | | 3 | | | | | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | ✓ | ✓ | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0.7** | **1.25** | **0** | **0** | **3** | **3** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | 7.95 |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | 5 | | 8.3 | 7.75 | 0 | 0 | 5 | 6 | 9 | 9 | 9 | **0** | **0** | **0** | 9 | 9 | 9 | 81.05 |
| **Search Warrant** | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 5 | 5 |
| | vacation | 6 | | | | | | 5 | | | | | **0** | | | | | | |
| **Subtotal** | **Non-Claimable** | **0** | | **8.3** | **7.75** | **0** | **0** | 5 | **6** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **14** | **85.05** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **14** | 94 |

7.95 WH ✓

86.05

| | |
|---|---|
| **(01) Compliance with Court Orders** | **7.95** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **81.05** |
| **(06) Other - Non Claimable** | **5** |
| **Claimable + Non-Claimable Total** | **94** |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*report of my time and the function performed as shown above*

FEB 16 24

Employee Signature

[redacted]

*at, to the best of my knowledge and belief, this time record is true and correct, and the*

2/22/24

Supervisor Signature

# Custody of Minor Time Study

| Pay Period: February 1-15 2024 | Employee Number: [redacted] | Employee Name: [redacted] | Employee Classification (Title): | Bureau | Unit Number | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders running = SCM

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enforcement inquiry regarding missing child/child abduction

i private citizen inquiry regarding missing child/child

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h law enforcement inquiry regarding missing child/child abduction

i private citizen inquiry regarding missing child/child

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 WK | 4 WK | 5 | 6 | 7 | 8 | 9 | 10 WK | 11 WK | 12 RDO | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | 1 | h | 0.7 | | | | | | | | | | | | | | | 0.7 |
| Pasadena Consultation PASADENA PD | | 1 | h | | 1.25 | | | | | | | | | | | | | | 1.25 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 3 |
| | | 1 | h | | | | | 3 | | | | | | | | | | | 0 |
| Inglewood Consultation barricaded father | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | 3 | | | | | | | | | | 3 |
| | | 1 | h | | | | | | | | | | | | | | | | 0 |
| Glendale PD consultation | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | ✓ | | | | | | | | | | | 7.95 |
| Subtotal | Claimable | | | 0.7 | 1.25 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | post filing | 5 | | 8.3 | 7.75 | 0 | 0 | 5 | 6 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 81.05 |
| Search Warrant | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 5 |
| | vacation | 6 | | | | | | | | | | | 0 | | | | | | 86.05 |
| Subtotal | Non-Claimable | 0 | | 8.3 | 7.75 | 0 | 0 | 5 | 6 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 14 | 86.05 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 14 | |

| | |
|---|---|
| (01) Compliance with Court Orders | 7.95 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 81.05 |
| (06) Other - Non Claimable | .5 |
| Claimable + Non-Claimable Total | 94 |

Note: Please enter WK for week end and RDO for your day off

[redacted] ...ate report of my time and the function performed as shown above

FOB 16 24

...al, to the best of my knowledge and belief, this time record is true and correct, and the

Supervisor Signature

2/22/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| February 16-29, 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow up from IO

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction

i private citizen inquiry regarding missing child/child abduction investigation- no

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague - no case number

i private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | | | | | | WK | WK | RDO | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | | | |
| | **PC 278, 278.5 Post Filing** | 80 | | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | **0** | **0** | **9** | 9 | 9 | 0 | 0 | 80 |
| | **Other - Search Warrants** | 9 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | **0** | **0** | **5** | 0 | 0 | 0 | 0 | 4 |
| | other vacation/holiday | 0 | | | | | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | | | 5 |
| **Subtotal** | **Non-Claimable** | **89** | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **4** | **0** | **0** | **14** | **9** | **9** | **0** | **0** | **89** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **13** | **0** | **0** | **14** | **9** | **9** | **0** | **0** | **89** |

**Pay Period Total** **89**

| | |
|---|---|
| (01) Compliance with Court Orders, | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities | 89 |
| | 0 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

Employee Signature

*...rate report of my time, and the function performed as shown above.*

3/6/24

[redacted]

Supervisor Signature

*...at, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

3/6/24

751

761

81

**Los Angeles County District Attor**
**Custody of Minor Time S**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code |
|---|---|---|---|---|---|---|
| February/01/2024 - February/15/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hague no case number

i Private Citizen inquiry regarding Hauge no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0 C

0.25 +

0.20 +

0.45 G

| | | | | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | | | WK | WK | RDO | | | | | WK | WK | | | | | 0 |
| LA2023400889 | CHAVEZ SALAZAR | 2 | b | | | | | | | 0.25 | | | | | | | | | 0.25 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0.25** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0.25** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | 9 | | | | 9 | 8.75 | 9 | 9 | | | 8 | 9 | 9 | 9 | 88.75 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | SW Duty | 5 | | | | 8 | | 5 | | | | | | | | | | | 13 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | worked RDO | 5 | | | | | | 8 | | | | | | | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **9** | **9** | **8** | **0** | **13** | **9** | **8.75** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **109.75** |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **9** | **9** | **8** | **0** | **13** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **Pay Period Total** **110** |

0.25 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0.25 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 109.75 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 110 |

Note: Please enter WK for week end and RDO for your day off

[redacted]

Employee Signature 2/16/24

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted]

Supervisor Signature 2/21/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| February/16/2024 - February/29/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | OFF | WK | WK | RDO | | | | | WK | WK | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| LA2023400889 | CHAVEZ SALAZAR | 2 | b | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0 | 0 | 0 | 0.2 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 8.8 | 9 | | | 70.8 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | off | 5 | | 9 | | | | | | | | | | | | | | | | 9 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | sw duty | 5 | | | | | | | | | | | | 5 | | | | | | 5 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | Saturday Seminar | 5 | | | | | | | | | | 4 | | | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 4 | 0 | 13 | 9 | 8.8 | 9 | 0 | 0 | 88.8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 4 | 0 | 13 | 9 | 9 | 9 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 89 |

0.2 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0.2 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 88.8 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off

[redacted]

Employee Signature

3/1/24

*...edge and belief, this time record is true and correct, and the functions*

[redacted]

3/6/24

**Los Angeles County**
**Custody**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Feb-24 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions o**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0.0
59.00
76.00
135.006

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | VAC | VAC | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | | 0 |
| 2023-G-1453 | Williams, Arien | 1 | l,m,o,u,v | | | | | | 4 | | | 4 | | | | 3 | | 2 | 13 |
| Duty Calls | Duty Calls | 1 | a,b | | | | | | 1 | 1 | | 1 | | | | 1 | | 2 | 6 |
| 2023-G-1724 | Coulter, Kamille | 1 | u | | | | | | | 3 | 1 | 2 | | | | 1 | | | 7 |
| 2023-A-1577 | Vicente, Augustine | 1 | c,u | | | | | | | 2 | | | | | | 1 | | | 3 |
| 2024-G-0038 | Jenkins, Khalil | 1 | u,w | | | | | | 5 | | 3 | | | | | 2 | | 2 | 12 |
| 2024-G-0122 | Arellano, Rebecca | 1 | u,w | | | | | | | 2 | | | | | | 2 | | 2 | 6 |
| 2023-G-1537 | Davall, Jessica | 1 | v | | | | | | | | 4 | | | | | | 10 | | 14 |
| 2024-G-0038 | Jenkins, Khalil | 1 | g | | | | | | | | 2 | | | | | | | 2 | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | 9✓ | 7✓ | ✓ | 6✓ | | | | 9✓ | ✓ | 8✓ | 0 |
| Subtotal | Claimable | | | | 0 | 0 | 0 | 0 | 10 | 8 | 10 | 7 | 0 | 0 | 0 | 10 | 10 | 10 | 65 |
| Vacation | | 5 | | 10 | 10 | | | | | 2 | | 3 | | | | | | | 25 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 10 | 10 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 25 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **90** |

59✓ WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | **65** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **25** |
| **Claimable + Non-Claimable Total** | **90** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/15/24

Employee Signature

Supervisor: *I hereby certify the employe* [redacted] *and that, to the best of my knowledge and belief, this time record is true and correct, and the* 3/11/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Feb-24 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | 2 | | | | 2 |
| 2024-G-0265 | DeRoos, Jennifer ✓ | 1 | w,x,u | | | | | 7 | 4 | | | | | | | | | | | 11 |
| 2024-G-0122 | Arellano, Rebecca ✓ | 1 | u,o,g | 3 | | | | 2 | 1 | | | | | | | | | | | 6 |
| 20243-G-1724 | Coulter, Kamille ✓ | 1 | v,w,u,m,g | 1 | | | | 1 | | 2 | 6 | | | 10 | | 3 | | | | 23 |
| 2023-G-1724 | Williams, Arien ✓ | 1,4 | e,g,m,q | 1 | | | | | 2 | 8 | | | | | 2 | | | | | 13 |
| 2015-G-0316 | Kent, Rose | 1 | o | | | | | | 2 | | 2 | | | | | | | | | 4 |
| 2024-G-0172 | Polk, Kenyetta ✓ | 1 | u | | | | | | | | 2 | | | | | | 4 | | | 6 |
| 2023-G-1401 | Gonzalez, Jose ✓ | 1 | g | | | | | | | | | | | | | 2 | | | | 2 |
| 2024-G-0131 | Lopez, Lilibeth ✓ | 1 | c,u,w,x | | | | | | | | | | | | 5 | 2 | | | | 7 |
| 2024-G-0285 | Narcisse, Alicia ✓ | 1 | c,u,w,x | 4 | | | | | | | | | | | 3 | 1 | 4 | | | 12 |
| 2023-A-1164 | Golub, Ljudmila ✓ | 1 | l.V | | | | | | | | | | | | | | 2 | | | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | 8 ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 9 | 0 | 0 | 0 | 10 | 9 | 10 | 10 | 0 | 0 | ~~10~~ | 10 | ~~10~~ | 10 | 0 | | 88 |
| | | 5 | | 1 | | | | | 1 | | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 2 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 90 |

86 U.M ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 88 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 2 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

*Employee: I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 2/29/24

Employee Signature

Supervisor: *I hereby* [redacted] *been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

3/11/24

Supervisor Signature

**Los Angeles Count**
**Custo**

| Pay Period: FEBRUARY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
53.50 +
52.50 G

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2020-G-0587 | RAINES | 4 | M,Y | 5 | RDO | SAT | SUN | 0.5 | | 2 | | RDO | SAT | SUN | 3 | | 0.5 | | 11 |
| 2024-G-0038 | JENKINS | 4 | Y,Z | | | | | 2 | | 1.5 | | | | | 1.5 | 1.5 | | | 6.5 |
| 2024-G-0122 | NAJAR | 4 | Y,Z | 1 | | | | 1 | | 3.5 | | | | | 1.5 | 0.5 | 2.5 | | 10 |
| 2023-G-1453 | WILLIAMS | 1 | Y,Z | 4 | | | | 1.5 | | 0.5 | | | | | 1 | 0.5 | | | 7.5 |
| 2023-G-1401 | GONZALEZ | 4 | X,Y,Z | | | | | 0.5 | | 2 | | | | | 0.5 | 2 | 2 | | 7 |
| 2023-G-0805 | JOHNSON | 4 | Y,Z | | | | | 1 | | 0.5 | | | | | 1 | 1.5 | 3 | | 7 |
| 2017-G-1577 | DAVIS | 1 | X,Y,Z | | | | | 1.5 | | | | | | | | 2 | 1 | | 4.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | ✓ | | ✓ | | | | | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 10 | 0 | 0 | 0 | 8 | 0 | 10 | 0 | 0 | 0 | 0 | 8.5 | 8 | 9 | 0 | 53.5 |
| TRAINING | N/A | 5 | | | | | | 2 | 10 | | 10 | | | | 1.5 | 2 | 1 | | 26.5 |
| SGT MEETING | N/A | 5 | | | | | | | | | | | | | | | | | 0 |
| VACATION | N/A | 5 | | | | | | | | | | | | | | | | 10 | 10 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 2 | 10 | 0 | 10 | 0 | 0 | 0 | 1.5 | 2 | 1 | 10 | 36.5 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | Pay Period Total 90 |

53.50 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 12 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 41.5 |
| (5) Non Claimable | 36.5 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby cer[redacted]ort of my time, and the function performed as shown above.*

Employee Signature [redacted] 1/14/24

[redacted] *s have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

1/14/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: FEBRUARY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | RDO | SAT | SUN | HOLIDAY | | | | RDO | SAT | SUN | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| OTHER | | 5 | | | | | 10 | | | | | | | | | | | | | 10 |
| VACATION | N/A | 5 | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 70 |
| SGT MEETING | | 5 | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 80 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify* [redacted] *and the function performed as shown above.*

3/11/24

Employee Signature

Sup[redacted] *ave been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

3/11/24

Sup[redacted]

Los Angeles Cou[illegible] District Attorney
Cu

| Pay Period: FEBUARY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Num 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversi**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hou
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0 • C
7 • 50
10 • 00
17 • 50G

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | | 0 |
| 2024-G-0095 | RODRIGUEZ,PATRICIA | 1 | u | | | | | | | | | | | 4.5 | | | | | 4.5 |
| 2023-G-1173 | HOVHANNISYAN,YULYA | 1 | u,g | | | | | 3 | | | | | | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | ✓ | | | | | | ✓ | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4.5 | 0 | 0 | 0 | 0 | 7.5 |
| Other (Consumer Protection) | | 5 | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 90 |
| Other (ICEP) | | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 7 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 0 | 17 | 97 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 0 | 0 | 3 | 0 | 0 | 10 | 10 | 0 | 4.5 | 0 | 10 | 0 | 17 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 104.5 |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **7.5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **97** |
| **Claimable + Non-Claimable Total** | **104.5** |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*me, and the function performed as shown above.*

2/15/24

Supervisor: *I hereby* [redacted] *examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

3/11/24

Supervisor Signa[redacted]

R50 WM ✓

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: FEBRUARY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | SAT | SUN | RDO | | | | | SAT | SUN | MON | | | | | | 0 |
| 2023-G-1724 | COULTER,KAMILLE | 4 | v,u,m | | | | | | | | | | | 10 | | | | | | 10 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | ✓ | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 10 |
| Other (Consumer Protection) | | 5 | | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | 80 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | | 80 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 90 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 10 |
| (5) Non Claimable | 80 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*e report of my time, and the function performed as shown above.*

2/26/24

Employee Signature

Supervisor *I hereby certify the emplo* *that, to the best of my knowledge and belief, this time record is true and correct, and the*

3/11/24

Supervisor Signature

10 WH ✓

**Los Angeles County**
**Custo**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Feb-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0 • C
90 • 00
80 • 00
170 • 000

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | | 0 |
| 2023-G-1447 | Kara Norkus | 1 | u,v,w | 1 | | | | 2 | | | 1 | | | | | | 1 | | 5 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,w | 6 | | | | 6 | 7 | 6 | 3 | 6 | | | 5 | 4 | 4 | 10 | 57 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | u,v,w | | | | | | | | 3 | | | | | | | | 3 |
| 2023-G-1142 | Adrien Aguilar | 1 | u | | | | | | | 1 | | | | | | 3 | 2 | | 6 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | c, | | | | | | | 1 | | | | | | | | | 1 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v | 2 | | | | | 2 | | | | | | 5 | | 2 | | 11 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v, | | | | | 2 | | | 1 | | | | | 2 | | | 5 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | 1 | 1 | | | | | | 1 | | 3 |
| 2023-G-0985 | Tanner v. Grisset | 1,4 | u,v,w | | | | | | 1 | 1 | | | | | | 1 | | | 3 |
| 2023-G-1724 | Kamille Coulter | 1,4 | v | 1 | | | | | | | 1 | | | | | | | | 2 |
| 2024-G-0095 | Patricia Rodriguez | | | | | | | | | | | | 4 | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 6 | 4 | 0 | 10 | 10 | 10 | 10 | 100 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **6** | **4** | **0** | **10** | **10** | **10** | **10** | **100** |

90 ✓ WM

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **100** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *rformed as shown above.* 2/15/24

Employee Signature

Supervisor: *I here* [redacted] *been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 3/11/24

Supervisor Sig

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Feb-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | | N//A | N/A | 0 |
| 2024-G-0134 | Amber Johnson | 1 | w,u,v,g,b,f,i | | | | | 1 | | | | | | | 3 | 1 | 2 | | | 7 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,k,o,g | | | | 8 | 6 | 7 | 10 | | | | 5 | | 3 | 2 | | | 41 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u,v | | | | | | | | 3 | | | | 1 | | 2 | | | 6 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | | | | | | | | | | | 3 | | 4 | | | | 7 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | | | | | 1 | | | | | | | 1 | | | | | 2 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v,w | | | | 2 | | | | | | | | 2 | | 2 | | | 6 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | | | | | 2 | 3 | | | | | 2 | | 2 | | | | 9 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | | | | | 2 | | 2 | | | 4 |
| 2023-G-0985 | Tanner-Grisset | 1,4 | u,v,w | | | | | | | | | | | | | | | | | 0 |
| 2023-G-1724 | Kamille Coulter | 1.4 | v | | | | | | | | | | | 7 | 1 | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | Holiday | ✓ | ✓ | ✓ | OT ✓ | | | | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 3 | 0 | 0 | 17 | 10 | 10 | 10 | | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 3 | 0 | 0 | 17 | 10 | 10 | 10 | 0 | | Pay Period Total: 90 |

8 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby ce* [redacted] *rmed as shown above.* 2/29/24

Employee Signatur[redacted]

Supervisor: *I here* [redacted] *have been examined and that to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signa[redacted] 3/11/24

**Los Angeles County**
**Custody**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 2/1/2024 - 2/15/2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
**(01) Compliance with Court Orders**
**(02) Court Costs for Out of Jurisdiction Cases**
**(03) Secure Appearance of Offender**
**(04) Return of Children to Custodian**

**NON CLAIMABLE**
**(5) Non Claimable**

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions of**
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0.0
50.00
77.00
127.006

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | RDO | WK | WK | | | | | RDO | WK | WK | RDO | | | | 0 |
| 2023-G-1712 | ADRIAN DORADO | 1 | u | 4 | | | | 3 | 3 | 1 | | | | | | | 1 | | 12 |
| DUTY CALLS | DUTY CALLS | 1 | a | 2 | | | | | 4 | 2 | | | | | | 3 | 3 | | 14 |
| 2024-G-0091 | RICHEY GAZADER | 1 | u | 3 | | | | 4 | | 5 | | | | | | 2 | | | 14 |
| 2020-A-1610 | Zoe McLellan | 1 | u | | | | | | 2 | | | | | | | | | | 2 |
| 2024-G-0169 | DAVID DAVTIAN | 1 | x | | | | | | | 2 | | | | | | 5 | 3 | | 10 |
| 2024-A-0028 | MARTHA AGUILAR | 1 | c | | | | | | | | | | | | | | 2 | | 2 |
| 2023-G-1537 | JESSICA DUVALL | 1 | v | | | | | | | | | | | | | | | 10 | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | 7✓ | | | | ✓ | 5✓ | 8✓ | | | | | | 7✓ | 6✓ | ✓ | 0 |
| Subtotal | Claimable | | | 9 | 0 | 0 | 0 | 7 | 9 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 9 | 10 | 64 |
| Training | | 5 | | | | | | | | | 10 | | | | | | | | 10 |
| | | 5 | | 1 | | | | 3 | 1 | | | | | | | | 1 | | 6 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 1 | 0 | 0 | 0 | 3 | 1 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 16 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **64** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **16** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

*and accurate report of my time, and the function performed as shown above.*

[redacted] 2/15/24

Em

Sup *e records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 3/11/24

Sup

SOUTH ✓

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 02/16/2024 - 02/29/2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

a Duty Calls; b After Hours Calls; c HAGUE Cases; d Child Transport to Court; e Child Transport to LBP; f DCFS Cases; g Reports Written; h Arrests; i PCW; j Search Warrants; k PING Warrants; l Arrest Warrants; m Operations Plans; n Travel Arrangement; o Court Appearances; p CAU I/O Criminal Filings; q Out-Of-State Assist (UCCJEA); r Out-of-State Court; s Out-Of-State Court Document; t Out-Of-State Court Document; u Investigation; v Surveillance; w Case Work Up; x Case Assignment; y Review; z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | RDO | | | | | WK | WK | | | | | XXX | XXX | 0 |
| 2024-A-0028 | MARTHA AGUILAR | 1 | c,u,v | 3 | | | | 2 | 4 | 2 | | | | | | | | | | 11 |
| 2024-A-0169 | DAVID DAVTIAN | 1 | c,u,v | 3 | | | | 1 | 2 | 2 | | | | | | | | | | 8 |
| DUTY CALLS | DUTY CALLS | 1 | a | 2 | | | | 1 | | | | | | | | | | | | 3 |
| 2024-G-0091 | RICHEY GAZADER | 1 | u | | | | | 1 | | | | | | | | | 1 | | | 2 |
| 2023-G-1538 | DEANDRE CRISS | 1 | u | | | | | 2 | 6 | | | | | | | | | | | 8 |
| 2023-G-1712 | ADRIAN DORADO | 1 | g | | | | | 3 | | | 3 | | | | | 4 | | | | 10 |
| 2023-G-1453 | ARIEN WILLIAMS | 1 | d | | | | | | | 4 | | | | | | | | | | 4 |
| 2023-A-1164 | LIUDMILA GOLUB | 1 | c, u | | | | | | | 1 | | | | | 1 | 2 | 5 | | | 9 |
| 2023-A-1141 | LILIT ALEKSANYAN | 1 | c, u | | | | | | | 1 | 1 | | | | 1 | 2 | | | | 5 |
| 2023-G-1724 | KAMILLE COULTER | 1 | v,i,e | | | | | | | | | | | 10 | | | | | | 10 |
| 2024-A-0285 | ALICIA NARCISS | 1 | x | | | | | | | | 2 | | | | | | | | | 2 |
| 2023-G-1285 | CHRISTINE DELGADO | 1 | g | | | | | | | | | | | | 4 | | | | | 4 |
| 2023-A-0882 | EMILIANO LOPEZ | 1 | c,u,v | 6 ✓ | | | | 9 ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | 2 ✓ | 2 ✓ | | | 4 |
| Subtotal | Claimable | | | 8 | 0 | 0 | 0 | 10 | 12 | 10 | 6 | 0 | 0 | 10 | 6 | 10 | 8 | 0 | 0 | 80 |
| | | 5 | | 2 | | | | | | | 4 | | | | 4 | | 2 | | | 12 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 12 |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 12 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 92 |

87 w H ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 80 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 12 |
| Claimable + Non-Claimable Total | 92 |

Note: Please enter WK for week end and RDO for your day off.

Emp[redacted] *e and accurate report of my time, and the function performed as shown above.* 2/29/24

Emp[redacted]

Supervisc[redacted] *aily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 3/11/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| January 1-15, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5, and all other non-claimable duties.**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g LE/govt. inquiry re: missing child/ abduction inv--no case #
h Private Citizen inquiry re: missing child/abduction--no case#

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

19 • 20 +
21 • 65 +
40 • 85 ✓

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HLDY | | | | VAC | SAT | SUN | | | | | RDO | SAT | SUN | HLDY | 0 |
| 43141034 | David Davtian | 1 | b | | 1 | | | | | | | | | | | | | | 1 |
| 23CJF01055 | Osuna | 1 | e | | | 0.5 | | | | | | | | | | | | | 0.5 |
| 43275687 | Livingstone | 1 | b | | | 0.5 | | | | | | | | | | | | | 1 |
| 43362402 | Taylor | 1 | b | | | 1.5 | | | | | | | | | | | | | 1.5 |
| 43641747 | Van Nuys PD | 1 | h | | | | 0.4 | | | | | | | | | | | | 0.4 |
| 43362402 | Taylor | 1 | b | | | | 1 | | | | | | | | | | | | 1 |
| 43275687 | Livingstone | 1 | a,b | | | | 1 | | | | | | | | | | | | 1.75 |
| | Gumbus | 1 | b | | | | 0.5 | | | | | | | | | | | | 0.6 |
| 220063578 | Stoian | 1 | b | | | | 1.5 | | | | | | | | | | | | 1.5 |
| 43275687 | Livingstone | 1 | b | | | | 0.75 | | | | | | | | | | | | 0.75 |
| 44244214 | Barrara | 1 | b | | | | | | | | | 0.7 | | | | | | | 0.7 |
| 44415244 | Jenkins | 1 | a,b | | | | | | | | | 1.5 | | | | | | | 1.25 |
| 44214402 | Dolce | 1 | b,d | | | | | | | | | | 1 | | | | | | 1 |
| 44515620 | Johnson | 1 | b | | | | | | | | | | 2.25 | | | | | | 2.25 |
| 44511953 | Herrera | 1 | b | | | | | | | | | | | 0.75 | | | | | |
| 44244214 | Barrara | 1 | b | | | | | | | | | | | 0.7 | | | | | |
| 44415244 | Jenkins | 1 | b | | | | | | | | | | | 0.75 | | | | | |
| 43048410 | Leyva | 1 | b | | | | | | | | | | | 0.75 | | | | | |
| 43048410 | Juarez | 1 | b,d | | | | | | | | | | | 0.9 | | | | | |
| 441515620 | Johnson | 1 | b | | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | 1.25 ✓ | | | | | ✓ WH 19.20 |
| **Subtotal** | **Claimable** | | | | 1 | 2.5 | 5.15 | | | | 0 | 2.2 | 3.25 | 5.1 | | | | | 19.2 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 8 | 6.5 | 3.85 | | | | 9 | 6.8 | 5.75 | 3.9 | | | | | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | |
| Vacation /Holiday | | 5 | | 9 | | | | 8 | | | | | | | | | | 8 | 25 |
| **Subtotal** | **Non-Claimable** | | | 9 | 8 | 6.5 | 3.85 | 8 | | | 9 | 6.8 | 5.75 | 3.9 | | | | 8 | 68.8 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 9 | 9 | 9 | 8 | | | 9 | 9 | 9 | 9 | | | | 8 | |

| | |
|---|---|
| **(01) Compliance with Court Orders** | |
| **(02) Court Costs for Out of Jurisdiction Cases** | |
| **(03) Secure Appearance of Offender** | 0 |
| **(04) Return of Children to Custodian** | 0 |
| **(05) PC 278, 278.5, and all other non-claimable duties.** | |
| **0** | 0 |
| **Claimable + Non-Claimable Total** | 0 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *me, and the function performed as shown above* 2/7/24

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[redacted] 2/7/24

Supervisor Signature

764

774

**Los Angeles County District Attorney**
**Custody of Minor Time Study**

| Pay Period: | Employee Number: | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| January 16-31, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re custody violations and/or locating missing child
b eCER filing submission – review of reports, request follow up from IO
c eCER filing submission – obtaining court orders running e-scars
d eCER filing submission – preparing declination
e eCER filing submission – preparing filing
f 3130 – out of state, review/approval of documents
g Assistance w 3130 order, obtain court records, prepare court docs, intake
h LE inquiry re: missing child/child abd inv no case #
i Prv cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague – receipt and processing
b Hague – communication with party, attorney, AG or CA
c Hague – preparation and review, letters, petition, and court documents
d Hague – file preparation
e Hague – court filing
f Hague – court appearance at proceeding
g Hague – research
h Govt agency inquiry re Hague--no case #
i Private Citizen inquiry regarding Hague – no case #

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | SAT | SUN | | | | | RDO | SAT | SUN | | | | |
| 44877422 | Dandoyer | 1 | b | 0.5 | | | | | | | | | | | | | | | | 0 |
| 44358081 | Lopez | 1 | a | 1 | | | | | | | | | | | | | | | | 0 |
| 24STHC00001 | Vicente | 2 | c | | 0.75 | | | | | | | | | | | | | | | 0.75 |
| 44738966 | Lewis | 1 | b,d | | 1.5 | | | | | | | | | | | | | | | 1.5 |
| 44877422 | Dandoyer | 1 | b,d | | 1 | | | | | | | | | | | | | | | |
| 44415244 | Jenkins | 1 | b | | 1.25 | | | | | | | | | | | | | | | 1 |
| 44244214 | Barrara | 1 | b | | 1 | | | | | | | | | | | | | | | 0.2 |
| 44738966 | Lewis | 1 | d | | | 0.2 | | | | | | | | | | | | | | 0.3 |
| 44358081 | Lopez | 1 | d | | | 0.3 | | | | | | | | | | | | | | 0.7 |
| 44877422 | Dandoyer | 1 | d | | | 0.7 | | | | | | | | | | | | | | 0.4 |
| 4360577 | Fernandez | 1 | b | | | 0.4 | | | | | | | | | | | | | | 0.5 |
| 43753643 | Semu | 1 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 8A208900 | Serrano | 3 | b | | | 0.5 | | | | | | | | | | | | | | |
| | Hensley | 1 | i | | | | 0.2 | | | | | | | | | | | | | |
| 44515620 | Johnson | 1 | a,b,e | | | | | | | | | 6 | | | | | | | | |
| | Whittier PD | 1 | h | | | | | | | | | | 0.5 | | | | 0.5 | | | |
| 4360577 | Fernandez | 1 | d | | | | | | | | | | | | | | 1 | 0.5 | | |
| 44346188 | Burrell | 1 | a,b,c | | | | | | | | | | | | | | | | 0.75 | |
| 44346188 | Burrell | 1 | e | | | | | | | | | | | | | | | | 1.1 | |
| 43027309 | Yu | 1 | e | | | | | | | | | | | | | | | | 1 | |
| 23-24 | Alban | 2 | c | | | | | | | | | | | | | | | | 0.5 | |
| 44614994 | Bates | 1 | b | | | | | | | | | | | | | | | | | |
| Subtotal | Claimable | | | 1.5 | 5.5 | 2.6 | 0.2 | 0 | 0 | 0 | 0 | 6 | 0.5 | 0 | 0 | 0 | 1.5 | 0.5 | 3.35 | 21.65 |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | 7.5 | 3.5 | 6.4 | 7.8 | | | 9 | 9 | 3 | 8.5 | | | | 7.5 | 8.5 | 5.65 | |
| After Hours Duty | | 5 | | | 5 | | | | | | | | | | | | | | | 5 |
| Vacation/Holiday | | 5 | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 7.5 | 8.5 | 6.4 | 7.8 | | | 9 | 9 | 3 | 8.5 | | | | 7.5 | 8.5 | 5.65 | 81.35 |
| Daily Grand Total | | | | 9 | 14 | 9 | 8 | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 103 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 103 |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

[redacted] 2/7/24
Employee Signature

...and belief, this time record is true and correct, and the functions were performed

[redacted] 2/7/24
Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| January 16-31, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders, running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance w 3130 order, obtain court records, prepare court docs, intake
h LE inquiry re. missing child/child abd inv – no case #
i Priv. cit. inquiry re: missing child- no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Govt. agency inquiry re: Hague--no case #
i Private Citizen inquiry regarding Hague – no case #

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | SAT | SUN | | | | | RDO | SAT | SUN | | | | 0 |
| 44877422 | Dandoyer | 1 | b | 0.5 | | | | | | | | | | | | | | | | 0 |
| 44358081 | Lopez | 1 | a | 1 | | | | | | | | | | | | | | | | 0 |
| 24STHC00001 | Vicente | 2 | c | | 0.75 | | | | | | | | | | | | | | | 0.75 |
| 44738966 | Lewis | 1 | b,d | | 1.5 | | | | | | | | | | | | | | | 1.5 |
| 44877422 | Dandoyer | 1 | b,d | | 1 | | | | | | | | | | | | | | | |
| 44415244 | Jenkins | 1 | b | | 1.25 | | | | | | | | | | | | | | | |
| 44244214 | Barrara | 1 | b | | 1 | | | | | | | | | | | | | | | 1 |
| 44738966 | Lewis | 1 | d | | | 0.2 | | | | | | | | | | | | | | 0.2 |
| 44358081 | Lopez | 1 | d | | | 0.3 | | | | | | | | | | | | | | 0.3 |
| 44877422 | Dandoyer | 1 | d | | | 0.7 | | | | | | | | | | | | | | 0.7 |
| 4360577 | Fernandez | 1 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| 43753643 | Semu | 1 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| BA208900 | Serrano | 3 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| | Hensley | 1 | i | | | | 0.2 | | | | | | | | | | | | | |
| 44515620 | Johnson | 1 | a,b,e | | | | | | | | | 6 | | | | | | | | |
| | Whittier PD | 1 | h | | | | | | | | | | 0.5 | | | | | | | |
| 4360577 | Fernandez | 1 | d | | | | | | | | | | | | | | 0.5 | | | |
| 44346188 | Burrell | 1 | a,b,c | | | | | | | | | | | | | | 1 | 0.5 | | |
| 44346188 | Burrell | 1 | e | | | | | | | | | | | | | | | | 0.75 | |
| 43027309 | Yu | 1 | e | | | | | | | | | | | | | | | | 1.1 | |
| 23-24 | Alban | 2 | c | | | | | | | | | | | | | | | | 1 | |
| 44614994 | Bates | 1 | b | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | | | | ✓ | ✓ | 0.5 ✓ | |
| **Subtotal** | **Claimable** | | | 1.5 | 5.5 | 2.6 | 0.2 | 0 | 0 | 0 | 0 | 6 | 0.5 | 0 | 0 | 0 | 1.5 | 0.5 | 3.35 | 21.65 |
| (05) PC 278, 278.5 Post Filing, other non claimable | | 5 | | 7.5 | 3.5 | 6.4 | 7.8 | | | 9 | 9 | 3 | 8.5 | | | | 7.5 | 8.5 | 5.65 | |
| After Hours Duty | | 5 | | | 5 | | | | | | | | | | | | | | | 5 |
| Vacation/Holiday | | 5 | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | 7.5 | 8.5 | 6.4 | 7.8 | | | 9 | 9 | 3 | 8.5 | | | | 7.5 | 8.5 | 5.65 | 81.35 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 14 | 9 | 8 | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 103 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 103 |

✓ WH. 21.65

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off

[redacted] performed as shown above. 2/7/24

Employee Signature

Supervisor. *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above*

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: 01/01/2024-01/15/2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

| | (01) Compliance with Court Orders | (02) Court Costs for Out of Jurisdiction Cases | (03) Secure Appearance of Offender | Conversions of t |
|---|---|---|---|---|
| a | Communication with LE or other for assistance re: custody violations and/or locating missing child | Hague—receipt and processing | Communication with LE re: arrest on warrant | 6 Minutes = .1 hou |
| b | eCER filing submission—review of reports, request follow-up from IO. | Hague—communication with party, attorney, AG or CA. | Communication, arrangement, approval re: extradition | 12 Minutes = .2 hc |
| c | eCER filing submission—obtaining court orders. running e-scars | Hague—preparation and review, letters, petition, and court documents | Review of case for extradition | 15 Minutes = .25 h |
| d | eCER filing submission—preparing declination | Hague—file preparation | Obtain court records for filings and warrants. | 18 Minutes = .3 hc |
| e | eCER filing submission—preparing filing | Hague—court filing | **(4) Return of Children to Custodian** | 24 Minutes = .4 hc |
| f | 3130—out of state, review/approval of documents. | Hague—court appearance at proceeding | Communications with LE re: returning child to legal custodian | 30 Minutes = .5 hc |
| g | Assistance with 3130 order, obtain court records, prepare court documents, intake | Hague-research | | |
| h | Law enforcement inquiry regarding missing child/child al | Government agency inquiry regarding Hague- no case number | | |
| i | Private citizen inquiry regarding missing child/child abduction investigation- no case number | Private citizen inquiry regarding Hague-no case number | | |

0 • C

16 • 60 +

16 • 45 +

33 • 05G +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Code | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HOLIDAY | | | | | WK | WK | | | | | | WK | WK | HOLIDAY | 0 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | f | | | 1.7 | | | | | | | | | | | | | 1.7 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | | | 1 | | | | | | | | | | | | | 1 |
| DA # 23-006 | CORTEZ | 2 | b | | | 0.25 | | | | | | | | | | | | | 0.25 |
| DA #23-003 | TREVINO | 2 | b | | | 0.1 | | | | | | | | | | | | | 0.1 |
| DA # 23-003 | TREVINO | 2 | b | | | | 1 | | | | | | | | | | | | 1 |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | 0.5 | | | | | | | | | | | | 0.5 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | | | | 1 | | | | | | | | | | | | 1 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | | | | | 2 | | | | | | | | | | | 2 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | a | | | | | 0.4 | | | | | | | | | | | 0.4 |
| AGI-24-03 | BUNUEL | 2 | a | | | | | | | | 0.25 | | | | | | | | 0.25 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | | | | | | | | 1 | | | | | | | | 1 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | f | | | | | | | | 2.5 | | | | | | | | 2.5 |
| AGI-23-53 | CHAVEZ | 2 | b | | | | | | | | 0.2 | | | | | | | | 0.2 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | d | | | | | | | | 0.4 | | | | | | | | 0.4 |
| AGI-23-69 | AQUINO | 2 | b | | | | | | | | | 0.3 | | | | | | | 0.3 |
| DA # 23-006 | CORTEZ | 2 | b | | | | | | | | | 0.5 | | | | | | | |
| DA # 23-006 | CORTEZ | 2 | b | | | | | | | | | | 0.2 | | | | | | |
| AGI-23-54 | LOPEZ | 2 | b | | | | | | | | | | 0.3 | | | | | | |
| AGI-23-27 | DULKU | 2 | b | | | | | | | | | | 0.2 | | | | | | |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | | | | 0.4 | | | | | | |
| | BETTY | 2 | i | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | | | | | | | | | | | 0.6 | | | | | 0.6 |
| 23STHC00011 | CHAVEZ FERNANDEZ | 2 | b | | | | | | | | | | | | **0.7** | | | | 0.7 |
| AGI-23-59 | SALAZAR | 2 | b | | | | | | | | | | | | **0.1** | | | | 0.1 |
| DA # 23-006 | CORTEZ | 2 | b | | | | | | | | | | | | 0.4 | | | | 0.4 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGI-23-24 | LOPEZ | 2 | b | | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | 0.1 ✓ | | | | 0.1 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 3.05 | 2.5 | 2.4 | 0 | 0 | 4.35 | 0.8 | 1.1 | 1.1 | 1.3 | 0 | 0 | 0 | 16.6 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 8 | 8 | 4.95 | 5.5 | 5.6 | | | 3.65 | 7.2 | 6.9 | 6.9 | 6.7 | | | 8 | 71.4 |
| **Subtotal** | **Non-Claimable** | | | 8 | 8 | 4.95 | 5.5 | 5.6 | 0 | 0 | 3.65 | 7.2 | 6.9 | 6.9 | 6.7 | 0 | 0 | 8 | 71.4 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 88 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | 88 |

✓ 16.6 w/ T

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **15** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **71.4** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **86.4** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *...port of my time, and the function performed as shown above.*

1/19/2024.

Employee Signature

Supervis[redacted] *...d that, to the best of my knowledge and belief, this time record is true and correct, and the*

1/25/24

Supervisor Signature

# Los Angeles County District Attorney

## Custody of Minor Time Study

| Pay Period: 01/16/2024-01/31/2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau | Unit Number | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i **Private citizen inquiry regarding missing child/child abdu**

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA
- c Hague—preparation and review, letters, petition, and court documents
- d Hague file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i **Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | | | | | WK | WK | | | | | | WK | WK | | | | |
| 23STHC00011 | Chavez Fernandez | 2 | b | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| AGI-23-51 | AYALA LOPEZ | 2 | b | | 0.3 | | | | | | | | | | | | | | | 0.3 |
| AGO-23-11 | Raygoza | 2 | b | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| AGI-23-27 | DULKU BALLESTEROS | 2 | b | | 0.6 | | | | | | | | | | | | | | | 0.6 |
| 18AVPT0023 | Ware | 1 | g | | 1 | | | | | | | | | | | | | | | 1 |
| DA # 23-006 | Cortez | 2 | b | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| AGI-23-27 | DULKU BALLESTEROS | 2 | b | | | 0.2 | | | | | | | | | | | | | | 0.2 |
| DA # 23-006 | Cortez | 2 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | 0.2 | | | | | | | | | | | | | | 0.2 |
| 21STFL12324 | Chase | 1 | g | | | 0.75 | | | | | | | | | | | | | | 0.75 |
| 21STPT01900 | Burke | 1 | g | | | 0.75 | | | | | | | | | | | | | | 0.75 |
| KF011070 | Semu | 1 | g | | | 0.3 | | | | | | | | | | | | | | 0.3 |
| AGI-23-54 | Lopez | 2 | b | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-23-27 | DULKU BALLESTEROS | 2 | b | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | 0.4 | | | | | | | | | | | | | 0.4 |
| | Avetyan | 2 | i | | | | 0.4 | | | | | | | | | | | | | 0.4 |
| AGI-23-53 | CHAVEZ ROJAS | 2 | b | | | | 0.3 | | | | | | | | | | | | | 0.3 |
| Da # 23-008 | HOUDESHELL | 2 | b | | | | 0.4 | | | | | | | | | | | | | 0.4 |
| 21STPT01900 | Burke | 1 | g | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| 21STFL12324 | Chase | 1 | g | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| | Avetyan | 2 | i | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| | Avetyan | 2 | i | | | | | | | | 0.1 | | | | | | | | | 0.1 |
| | Casandra | 1 | i | | | | | | | | 0.5 | | | | | | | | | 0.5 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | 0.1 | | | | | | | | | 0.1 |
| AGI-23-38 | Lopez | 2 | b | | | | | | | | 0.25 | | | | | | | | | 0.25 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | 0.2 | | | | | | | | | 0.2 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGI-23-38 | Lopez | 2 | b | | | | | | | | | 0.2 | | | | | | | | 0.2 | |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | 0.4 | | | | | | | | 0.4 | |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | | | 0.25 | | | | | | | | 0.25 | |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | | | 0.2 | | | | | | | 0.2 | |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | 0.3 | | | | | | | 0.3 | |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | 0.2 | | | | | | 0.2 | |
| AGI-24-05 | GALLARDO | 2 | a | | | | | | | | | | | 0.3 | | | | | | 0.3 | |
| da # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | 0.5 | | | 0.5 | |
| | Montelongo | 1 | i | | | | | | | | | | | | | | 0.5 | | | 0.5 | |
| | Aveytan | 2 | i | | | | | | | | | | | | | | | 0.1 | | 0.1 | |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | | | | 0.3 | | 0.3 | |
| AGI-24-05 | GALLARDO | 2 | b | | | | | | | | | | | | | | | 0.1 | | 0.1 | |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | | 0.1 | | 0.1 | |
| AGI-23-24 | Lopez | 2 | c | | | | | | | | | | | | | | | 1.4 | | 0.1 | |
| AGI-23-54 | LOPEZ MORALES | 2 | b | | | | | | | | | | | | | | | | 0.1 | 0.1 | |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | | | 0.5 | 0.5 | |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | | | | | | | | | | 0.5 | 0.1 | |
| | Montelongo | 1 | i | | | | | | | | | | | | | | | | 0.1 | 0.1 | |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | | | 0.5 | 0.5 | |
| AGI-23-24 | Lopez | 2 | b | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | 0.25 | 0.25 | ✓ |
| **Subtotal** | **Claimable** | | | | **3.1** | **2.7** | **1.9** | **0** | **0** | **0.8** | **1.15** | **0.85** | **0.5** | **0.5** | **0** | **0** | **1** | **2** | **1.95** | **16.45** | 16.45 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 8 | 4.9 | 5.3 | 6.1 | | | 7.2 | 6.85 | 7.15 | 7.5 | 7.5 | | | 7 | 6 | 6.05 | 79.55 | WH |
| **Subtotal** | **Non-Claimable** | | | | | **5.3** | **6.1** | **0** | **0** | **7.2** | **6.85** | **7.15** | **7.5** | **7.5** | **0** | **0** | **7** | **6** | **6.05** | **66.65** | |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **96** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **96** | |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **4.1** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **10.65** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **79.55** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **94.3** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *urate report of my time, and the function performed as shown above.*

2/8/24.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

2/15/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 01/01/24 - 01/15/2024 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- 05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders, running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0

11.65 +
12.60 +
✓24.256 +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HOLIDAY | | | | | WK | WK | | | | | | WK | WK | HOLIDAY | |
| 21WHPT00505 | Trevino Hinojosa, Blanca | 2 | b | | 0.3 | | | | | | | | | | | | | | 0.3 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | 0.2 | | | | | | | | | | | | | | 0.2 |
| AGI-23-39-LA2023401979 | Vicente, Jerusa | 2 | c | | | | | 0.7 | | | 0.7 | | 0.6 | | | | | | 2 |
| 23STHC00011 | Chavez Fernandez | 2 | a | | | | | 0.4 | | | | | | | | | | | 0.4 |
| AGI-23-56- LA2023402358) | Polania, Herbert Reyes | 2 | b | | | | | | | | 0.6 | | | | | | | | 0.6 |
| AGI-24-03-LA2024400025) | Bunuel, Diego Luis | 2 | b | | | | 0.3 | | | | 0.6 | | | | | | | | 0.9 |
| AGI-23-69--LA202340402818 | Aquino, Jorge Alfredo | 2 | c | | | | | | | | | 0.6 | 0.5 | | | | | | 1.1 |
| AGI-23-35-LA2023401406 | Gyunashyan, Henrick | 2 | b | | | 0.3 | | | | | | 0.5 | | | | | | | 0.8 |
| 23CJCF01076, 23CWCS08878, 23STRO08643, | Villegas, Carlos | 1 | c | | | | | | | | | 0.9 | | | | | | | 0.9 |
| 17STRO01884-(DV 2017), BQ055005-DV | Villegas, Carlos | 1 | c | | | | | | | | | 0.9 | | | | | | | 0.9 |
| BA501241 | Hernandez, Juan Gabriel | 1 | e | | | | | | | | | | 0.5 | | | | | | 0.5 |
| BQ033803 | Pedro, Pedro | 1 | g | | | | | | | | | | | 0.75 | | | | | 0.75 |
| 23-005 Outgoing Hague to Italy | Tuccitto, Simona | 2 | b | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 18NWPT00273 | Dorado, Adrian Daniel | 1 | i | | | | | | | | | | | 0.7 | | | | | 0.7 |
| No case number CAU intake flyer | Woods, Edmond | 1 | i | | | | | | | | | | | | 0.5 | | | | 0.5 |
| AGI-23-35-LA2023401406 | Gyunashyan, Henrick | 2 | c | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | 0.6 ✓ | | | | 0.6 |
| **Subtotal** | **Claimable** | | | | **0.5** | **0.3** | **0.3** | **1.1** | | | **1.9** | **2.9** | **1.6** | **1.95** | **1.1** | | | | **11.65** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 7.5 | 7.7 | 7.7 | 6.9 | | | 6.1 | 5.1 | 6.4 | 6.05 | 6.9 | | | | |
| | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | | **7.5** | **7.7** | **7.7** | **6.9** | | | **6.1** | **5.1** | **6.4** | **6.05** | **6.9** | | | | **60.35** |
| | | | | 8 | | | | | | | | | | | | | | 8 | 16 |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | | | **8** | |
| | | | | | | | | | | | | | | | | | | | **88** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **13.2** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **2.8** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **60.35** |
| **0** | |
| **Claimable + Non-Claimable Total** | **11.65** |

Note: Please enter WK for week end and RDO for your day off.

WH ✓11.65

*Employee: I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 1-22-2024

Employee Signature

Supervisor [redacted] *that, to the best of my knowledge and belief, this time record is true and correct, and the*

1/29/24

Supervisor

771

781

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 01/16/2024 - 01/31/2024 | [redacted] | [redacted] [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- 05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | VAC | VAC | VAC | VAC | WK | WK | | | | | | WK | WK | | | | |
| 21STFL12324 | Chase, Irvin | 1 | g | | | | | | | 0.7 | | | | | | | | | | |
| AGI-23-18-LA2023400783 | Leon Reyes, Fernanda | 2 | b | | | | | | | 0.5 | | | 0.5 | 0.6 | | | | | | |
| AGI-23-39-LA2023401979 | Vicente, Jerusa | 2 | e | | | | | | | 0.8 | | | | | | | | | | |
| 23-005 (outgoing Hague to Italy) | Walker, Michael | 2 | c | | | | | | | 0.7 | 0.7 | 0.5 | | 0.5 | | | | | | |
| AGI-23-59-LA2023402385 | Salazar diaz, Carlos alonso | 2 | b | | | | | | | 0.6 | | | 0.5 | | | | | | | |
| No case number | Ulloa, Rogelio | 1 | h | | | | | | | 0.2 | | | | | | | | | | |
| 23CJCF01055 | Feliz-Ozuna, Jose | 1 | e | | | | | | | | 0.9 | | | 0.6 | | | | | | |
| 24-05-LA2024400172 | Lopez, Lilibeth Giselle | 2 | a | | | | | | | | | | | 0.8 | | | | | | |
| 23-003 Outgoing Hague to Mexico | Trevino, Blanca | 2 | b | | | | | | | | | | | | | | 0.3 | | | |
| 23VEPT00317 (CAU Intake Flyer) | Donye' Demitri | 1 | i | | | | | | | | | | | | | | | | | |
| 19PDFL00621 | Hovhannisyan, Yulya | 1 | g | | | | | | | | | | | | | | 0.4 | 0.7 | | |
| AG-24-05-LA2024400172 | Gallardo, Luis Alberto | 2 | b | | | | | | | | | | | | | | | 0.3 | | |
| AGI23-39-LA2023401979 | Vicente, Jerusa | 2 | b | | | | | | | | | | | | | | | 0.3 | | |
| AGI-23-56-LA2023402358 | Polania, Herbert | 2 | b | | | | | | | | | | | | | | | | 0.5 | |
| 23-002 Outgoing Hague to Australia | Blumenfeld, Ori | 2 | b | | | | | | | | | | | | | | | | 0.5 | |
| 23-007 Outgoing Hague to Hong Kong | Leong, I teng | 2 | b | | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | 0.5 ✓ | |
| **Subtotal** | **Claimable** | | | | | | | | | 3.5 | 1.6 | 0.5 | 1 | 2.5 | | | 0.7 | 1.3 | 1.5 | 12.6 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | | | | | | 4.5 | 6.4 | 7.5 | 7 | 5.5 | | | 7.3 | 6.7 | 6.5 | |
| | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | | | | | | | 4.5 | 6.4 | 7.5 | 7 | 5.5 | | | 7.3 | 6.7 | 6.5 | 51.4 |
| | | | | 8 (vac) | 8 (vac) | 8 (vac) | 8 (vac) | | | | | | | | | | | | | 32 |
| | | | | | | | | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 96 |

1260 ✓ WH

| | |
|---|---|
| (01) Compliance with Court Orders | 2.3 |
| (02) Court Costs for Out of Jurisdiction Cases | 5.85 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| 05—PC 278, 278.5 and other non-claimable activities | 0 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 9.75 |

Note: Please ~~enter~~ WK for week end and RDO for your day off.

*erformed as shown above.*

[redacted] 1-31-2024

Employee Signature

*t of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 2/7/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| January 1-15 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enfocement inquiry regarding missing child/child abduction

I private citizen inquirey regarding missing child/child

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h law enfocement inquiry regarding missing child/child abduction

I private citizen inquirey regarding missing child/child

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | | | | | WK | WK | | | | | | WK | WK | RDO | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| LAPD Det. Regarding filing | | 1 | h | | | | 0.8 | 1 | | | | | | | | | | | 1.8 |
| LASD Meeting regarding filing issues | | 1 | h | | | | | | | | | | 4 | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | | | | | ✓ | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0.8** | **1** | **0** | **0** | **0** | **0** | **4** | **0** | **0** | **0** | **0** | **0** | **5.8** |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | 5 | | 8 | 0 | 0 | 8.2 | 8 | 0 | 0 | 9 | 9 | **5** | **9** | **9** | 0 | 9 | | 74.2 |
| **Search Warrant** | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 0 |
| | vacation | 6 | | | | | | | | | | | **0** | | | | | | |
| **Subtotal** | **Non-Claimable** | **0** | | **8** | **9** | **9** | **8.2** | **9** | **0** | **0** | **9** | **9** | **5** | **9** | **9** | **0** | **0** | | **74.2** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **9** | **9** | **5** | **9** | **9** | **9** | **0** | | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | 5.8 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 74.2 |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *d accurate report of my time, and the function performed as shown above*

1-17-2024

Employee Signature

[redacted] *nd that, to the best of my knowledge and belief, this time record is true and correct, and the*

1/24/24

Supervisor Signature

0 • C

5 • 80

0 • 70

6 • 50G

5.8 WH

# Los Angeles County District Attorney
## Custody of Minor Time Study

January

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| ~~December~~ 16-31. 2023 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction

i private citizen inquiry regarding missing child/child abduction investigation- no

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague - no case number

i private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | WK | WK | | | | | | WK | WK | RDO | | | 0 |
| Jones- Suspect. LAPD investigation | | 1 | h | | | | | | | | | | | 0.7 | | | | | | 0.7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | ✓ | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0.7** | **0** | **0** | **0** | **0** | **0** | **0.7** |
| | | | | | | | | | | | | | | | | | | | | |
| | PC 278, 278.5 Post Filing | 5 | | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 8.3 | 0 | 0 | 0 | 9 | 9 | 97.3 |
| | Other - Search Warrants | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | other vacation/holiday | 6 | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **8.3** | **0** | **0** | **0** | **9** | **9** | **97.3** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | 98 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **98** |

WH 0.7 ✓

| | |
|---|---|
| (01) Compliance with Court Orders, | 0.7 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities | 97.3 |
| | 0 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*of my time, and the function performed as shown above.*

Employee Signature 2.1.24

Supervisor: *I hereby ce* [redacted] *lief, this time record is true and correct, and the functions were performed*

Supervisor Signatu 2/7/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| January/01/2024 - January/15/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0

8.75

1.10

✓ 9.856

| | | | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | RDO | | | | | WK | WK | | | | | | WK | WK | HOLIDAY | 0 |
| 23STHC00011 | Chavez Fernandez | 2 | d | | 0.5 | | | 1 | | | | | | | | | | | 1.5 |
| 23STHC00011 | Chavez Fernandez | 2 | f | | | 7 | | | | | | | | | | | | | 7 |
| 23STHC00011 | Chavez Fernandez | 2 | b | | | | | | | | | | | 0.25 | | | | | 0.25 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | ✓ | ✓ | | | | | | | ✓ | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0.5** | **7** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **0.25** | **0** | **0** | **0** | **0** | **8.75** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 8.5 | 2 | 9 | 8 | | | | 9 | 9 | 8.75 | 9 | | | | 63.25 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | Paid Holiday | 5 | | 8 | | | | | | | | | | | | | | 8 | 16 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | worked RDO | 5 | | | | | | | | | 8 | | | | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **8** | **8.5** | **2** | **9** | **8** | **0** | **0** | **8** | **0** | **9** | **8.75** | **9** | **0** | **0** | **8** | **87.25** |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **0** | **9** | **9** | **9** | **0** | **0** | **8** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **96** |

✓ 8.75 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 8.75 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 87.25 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 96 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] as shown above. 1/16/2024

Em[redacted]

Sup[redacted] nowledge and belief, this time record is true and correct, and the

1/23/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| January/16/2024 - January/31/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

6 Minutes = .1 hour | 36 Minutes = .6 hour
12 Minutes = .2 hour | 42 Minutes = .7 hour
15 Minutes = .25 hour | 45 Minutes = .75 hour
18 Minutes = .3 hour | 48 Minutes = .8 hour
24 Minutes = .4 hour | 54 Minutes = .9 hour
30 Minutes = .5 hour | 60 Minutes = 1 hour

| | | | | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | | | | | WK | WK | RDO | | OFF | ~~RDO~~ OFF | | | | | | | 0 |
| 23STHC00011 | Chavez Fernandez | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| 23STHC00011 | Chavez Fernandez | 2 | f | | | | 1 | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0.1** | **0** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1.1** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 8.9 | 9 | 9 | 8 | | | | 9 | | | 9 | | | 8 | 9 | 9 | 78.9 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | SW Duty | 5 | | 5 | | | | | | | | ~~9~~ 9 | ~~9~~ 9 | | | | | | | 23 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | (Days off) | 5 | | | | | | | | | | | | | | | | | | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | Worked RDO | 5 | | | | | | | | 8 | | | | | | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **13.9** | **9** | **9** | **8** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **109.9** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **14** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **111** |

✓ WH 1.1

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 1.1 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 109.9 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 111 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*performed as shown above.* 2/1/24

Su[redacted]

*best of my knowledge and belief, this time record is true and correct, and the functions*

2/8/24

**Los Angeles County**
**Custoc**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Jan-24 | [redacted] | [redacted] | Senior Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
**(01) Compliance with Court Orders**
**(02) Court Costs for Out of Jurisdiction Cases**
**(03) Secure Appearance of Offender**
**(04) Return of Children to Custodian**

**NON CLAIMABLE**
**(5) Non Claimable**

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out Of State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions**
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
63 • 40
40 • 00
103 • 406

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | 0 |
| 2023-G-1724 | Coulter, Kamille | 1 | o,u,v,i | | 4 | | 2 | 10 | | | | | 4 | | | | | | 20 |
| 2023-G-1453 | Williams, Aria | 1 | i | | 2 | | 3.8 | | | | | 3.8 | 3.2 | 4 | | | | | 16.8 |
| 2024-G-0038 | Jenkins, Khalil | 1 | w,u | | | | | | | | | | | 6 | 3 | | | | 9 |
| 2023-G-1401 | Gonzalez, Jose | 1 | m,n | | 3 | | 2 | | | | | | 2 | | 3.6 | | | ~~10~~ | 20.6 |
| 2023-G-0961 | Williams, David | 1 | | | | | | | | | | 6 | | | | | | | 6 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| No phone left | Ian Rigor looking or Albo | 1 | a | | | | | | | | | | | | ~~0.2~~ | | | | 0.2 |
| 562 345-2628 | Edmund ? Phone not working | 1 | a | | | | | | | | | | | | 0.2 | | | | 0.2 |
| Duty call no name or number left | No name, no phone | 1 | a | | | | | | | | | | ~~0.2~~ | | | | | | 0.2 |
| 424 200-3967 | Jackson, Andrew | 1 | a | | | | | | | | | | 0.2 | | | | | | 0.2 |
| 661 468-6885 | Bacon, Tierra | 1 | a | | | | 0.2 | | | | | 0.2 | 0.2 | | | | | | 0.6 |
| Duty call no name or number left | Unk female, no phone | 1 | a | | ✓ | | ✓ | ✓ | | | | ✓ | ~~0.2~~ | ✓ | 6.8 ✓ | | | | 0.2 |
| Subtotal | Claimable | | | 0 | 9 | 0 | 8 | 10 | 0 | 0 | 0 | 10 | ~~10~~ | 10 | ~~7~~ | 0 | 0 | ~~10~~ | ~~74~~ |
| 2021-F-0015 | Sanchez, Tirso | 5 | z | | 1 | | 2 | | | | | | 9.6 ✓ | | 3 | | | | 6 |
| 2023-A-0024 | Assits CRVT with search warrant | 5 | j | | | 10 | | | | | | | | | | | | | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 1 | 10 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 16 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

63.40 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 74 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 16 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 1/15/24

Employee Signature

Supervisor: *I hereby certify* [redacted] *een examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

1/16/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Jan-24 | [redacted] | [redacted] | Senior Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | 0 |
| 2023-G-1401 | Gonzalez, Jose | 1 | e,o,r,u,v, | 10 | 10 | 10 | 10 | | | | | | | | | | | | | 40 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 40 |
| Vacation | | 5 | | | | | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 60 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | 0 | 0 | | | 60 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 100 |

| | |
|---|---|
| (01) Compliance with Court Orders | 40 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 60 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

*d accurate report of my time, and the function performed as shown above*

[redacted] 3-27-2024

Employee Signature

[redacted] *been examined and that to the best of my knowledge and belief, this time record is true and correct, and the* 4/1/24

Supervisor Signature

40 WK ✓

Los Angeles Count
Custc

| Pay Period: JANUARY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0 • C
37 • 50 +
74 • 50 +
✓112 • 066 +

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-A-0028 | AGUILAR-HAGUE | 4 | X,Y,Z | HOLIDAY | VAC | VAC | VAC | RDO | SAT | SUN | 3 | 0.5 | 1 | | RDO | SAT | SUN | HOLIDAY | 4.5 |
| 2024-G-0017 | ROSS-SERVICE | 3 | X,Y,Z | | | | | | | | 3 | 1 | 1 | | | | | | 5 |
| 2023-G-0265 | GARRETT | 1 | Y,Z | | | | | | | | | 1 | | 3 | | | | | 4 |
| 2023-A-1165 | KIRDAIN | 1 | Y,Z | | | | | | | | | 2 | 2 | | | | | | 4 |
| 2023-G-1542 | CAMACHO | 1 | X,Y,Z | | | | | | | | 0.5 | | 2.5 | | | | | | 3 |
| 2023-G-1548 | PEDRO | 4 | Y,Z | | | | | | | | | 1.5 | | 4 | | | | | 5.5 |
| 2023-G-1562 | GREEN | 1 | X,Y,Z | | | | | | | | 0.5 | | 3 | 2 | | | | | 5.5 |
| 2023-G-1436 | CASAS | 4 | Y,Z | | | | | | | | 1 | 4 | | 1 | | | | | 6 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 10 | 9.5 | 10 | 0 | 0 | 0 | 0 | 37.5 |
| OTHER | | 5 | | 10 | 10 | 10 | 10 | | | | 2 | | 0.5 | | | | | 10 | 52.5 |
| SGT MEETING | | | | | | | | | | | | | | | | | | | 0 |
| VACATION | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 2 | 0 | 0.5 | 0 | 0 | 0 | 0 | 10 | 52.5 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

37.50 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 16.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 5 |
| (04) Return of Children to Custodian | 16 |
| (5) Non Claimable | 52.5 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify th* [redacted] *the function performed as shown above.*

1/11/24

Employee Signature

[redacted]

*have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

1/14/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: JANUARY | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-A-0079 | FLORES-HAGUE | 1 | Y,Z | 3 | 1 | | RDO | SAT | SUN | 2 | | 1 | 1 | RDO | SAT | SUN | 1.5 | | | 9.5 |
| 2024-A-0131 | GALLARDO | 2 | Y,Z | 2 | 1 | 2 | | | | | | | | | | | | | 3 | 8 |
| 2024-G-0044 | HERSHEY | 1 | Y,Z | | 0.5 | 2 | | | | 0.5 | 4 | 3 | 2 | | | | 1 | 0.5 | | 13.5 |
| 2024-G-0091 | GAZADER | 4 | Y,Z | 3 | 1 | | | | | | | 1.5 | 0.5 | | | | | | | 6 |
| 2014-G-0095 | RODRIQUEZ | 1 | X,Y,Z | | 0.5 | 1.5 | | | | 3 | | | | | | | 2 | 2 | | 9 |
| 2024-G-0133 | WATTS | 1 | X,Y,Z | ~~1.5~~ | 2 | | | | | | 1 | 2 | | | | | | 0.5 | | 5.5 |
| 2022-G-0318 | CHASE | 3 | X,Y,Z | | 1 | 2 | | | | | 2 | 1 | 3 | | | | | 2 | | 11 |
| 2020-G-0587 | RAINES | 3 | Y,Z | 2 | | | | | | 2.5 | | 1.5 | 0.5 | | | | 1.5 | | 4 | 12 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 7 | 7.5 | 0 | 0 | 0 | 8 | 7 | 10 | 7 | 0 | 0 | 0 | 6 | 5 | 7 | 28 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | 5 | | | 3 | 2.5 | | | | 2 | 3 | | 3 | | | | 4 | 5 | 3 | 22.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 3 | 2.5 | 0 | 0 | 0 | 2 | 3 | 0 | 3 | 0 | 0 | 0 | 4 | 5 | 3 | 22.5 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 100 |

74.50 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 37.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 8 |
| (03) Secure Appearance of Offender | 23 |
| (04) Return of Children to Custodian | 6 |
| (5) Non Claimable | 22.5 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a tru[redacted]he function performed as shown above.*

2/1/24

Employee Signature

Supervisor: *I h[redacted] and that, to the best of my knowledge and belief, this time record is true and correct, and the*

2/1/24

Supervisor S[redacted]

# Los Angeles County District Attorney

| Pay Period: JANUARY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | U |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes;**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

6 Minutes =
12 Minutes =
15 Minutes =
18 Minutes =
24 Minutes =
30 Minutes =

0 • C
0 • 00 +
7 • 50 +
7 • 506 +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | [illegible] | [illegible] | [illegible] | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | V | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (Consumer Protection) | | 5 | | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | **10** | **10** | **10** | 0 | | 0 | 70 |
| Other (Vacation) | | 5 | | | 10 | | | | | | | | | | | | | | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **0** | **10** | **0** | **0** | **0** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **80** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *of my time, and the function performed as shown above.*

1/12/24

Supervisor: *I hereby certify the* [redacted] *examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature

1/15/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: JANUARY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | 0 |
| 2022-G-0318 | Chase, Samuel | 1 | u,g | | | | | | | 1 | | | | | | | | | | 1 |
| 2023-G-1284 | Ware, Terrace | 1 | u,g | | | | | | | 1.5 | | | | | | | | | | 1.5 |
| 2024-G-0095 | Hovhannisyan, Yulya | 1 | u,g | | | | | | | | | | | | | | 5 | | | 5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | ✓ | | | | | | | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 2.5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 7.3 |
| Other (Consumer Protection) | | 5 | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 100 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | | 100 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 2.5 | 10 | 10 | 10 | 10 | 0 | 0 | 5 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 107.5 |

7.5 WHV

| | |
|---|---|
| (01) Compliance with Court Orders | 7.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 100 |
| Claimable + Non-Claimable Total | 107.5 |

Note: Please enter WK for week end and RDO for your day off.

Emp[redacted] *eport of my time, and the function performed as shown above.* 1/31/24

Emp[redacted]

Supervisor *I hereby certify the employee's dail[redacted] he best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 1/31/24

**Los Angeles County**
**Custody**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Jan-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Holiday | | | | RDO | WK | WK | | | | | RDO | WK | WK | Holiday | 0 |
| 2023-G-1447 | Kara Norkus ✓ | 1 | u,v,w | | 1 | 3 | 3 | | | | 1 | 4 | | 4 | | | | | 16 |
| 2023-G-1537 | Jessica Duvall ✓ | 1 | u,v,w | | 5 | 6 | 3 | | | | 3 | 2 | | | | | | | 19 |
| 2023-G-1642 | Tanayry Rodriguez ✓ | 1,4 | u,v,w | | | | | | | | 3 | | 1 | | | | | | 4 |
| 2023-G-1142 | Adrien Aguilar ✓ | 1 | u | | | | 4 | | | | | 3 | | | | | | | 7 |
| 2023-A-0791 | Camila Leon-Reyes ✓ | 1,3 | c, | | 3 | | | | | | | | 3 | 4 | | | | | 10 |
| 2022-A-0277 | Sogi Reema ✓ | 1,3 | c,g,u,v | | | | | | | | | | | | | | | | 0 |
| 2023-G-1419 | Kendra Weisner ✓ | 1 | u,v, | | | 1 | | | | | 1 | | 3 | 2 | | | | | 7 |
| 2023-A-1402 | Lopez-Rios ✓ | 1,4 | c,w,u | | | | | | | | 1 | | | | | | | | 1 |
| 2023-G-0985 | Tanner v. Grisset | 1,4 | u,v,w | | 1 | | | | | | | 1 | | | | | | | 2 |
| 2023-G-1724 | Kamille Coulter | 1,4 | v | | | | | | | | 1 | | 3 | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 70 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **0** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | | **70** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **70** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify t* [redacted] *the function performed as shown above.*

Employee Signature 1/4/24

Supervisor: *I hereby* [redacted] *ve been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 1/11/24

70 WH ✓

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Jan-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | 0 |
| 2024-G-0134 | Amber Johnson | 1 | w,u,v,g,b,f,i | | | | | | | | | | | OT | | | | 8 | 9 | 8 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,k,o,g | 6 | 5 | | | | | 8 | 5 | 6 | 4 | 8 | | | 5 | | | 47 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u,v | | 2 | | | | | | | 2 | | | | | | | 1 | 4 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | 1 | | | | | | | 3 | | | | | | | | | 4 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | 1 | | | | | | 2 | | | 2 | | | | | 2 | | 7 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v,w | | | | | | | | | 1 | | | | | | | | 1 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | | | | | | | | | 1 | | | | | | | | 1 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | 2 | | | | | | | | | | | | | | | | 2 |
| 2023-G-0985 | Tanner-Grisset | 1,4 | u,v,w | | 3 | | | | | | 1 | | 2 | | | | | | | 6 |
| 2023-G-1724 | Kamille Coulter | 1.4 | v | | | 10 | | | | | 1 | | 2 | | | | 5 | | | 18 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 8 | 0 | 0 | 10 | 10 | 10 | 98 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 8 | 0 | 0 | 10 | 10 | | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 98 |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify th* [redacted] *unction performed as shown above.* 1/31/24

Employee Signat[redacted]

Supervisor: *I hereby* [redacted] *have been examined and that to the best of my knowledge and belief, this time record is true and correct, and the* 3/11/24 1/31/24

Supervisor Signa[redacted]

100 ✓ WH

**Los Angeles Cou**
**Cu**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Num |
|---|---|---|---|---|---|
| 01/01/2024 - 01/15/2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversi**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hou
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hou

0 • 0
65 • 00
94 • 00
159 • 006

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Duty Calls 424-244-6666 | Ruby Davitian no 3130 | 1 | a | RDO | 1 | | | | WK | WK | RDO | | | | | WK | WK | | 1 |
| 2023-G-1712 | ADRIAN DORADO | 1 | u,g, | | 5 | 2 | 6 | 6 | | | | 2 | 3 | 2 | 2 | | | | 28 |
| 2023-A-1164 | LJUDMILA GOLUB | 1 | c | | 3 | | | 2 | | | | | | 2 | 3 | | | | 10 |
| Duty Calls | Duty Calls | 1 | a | | | | 2 | | | | | | | | | | | | 2 |
| 2023-G-1399 | WILLIAM SHARP | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2024-A-0028 | MARTHA AGUILAR CONTRERAS | 1 | w,u | | | | | | | | | 6 | | | | | | | 6 |
| 2023-G-1401 | JOSE GONZALEZ | 1 | r,j,e | | | | | | | | | | | | 2 | | | 10 | 12 |
| 2023-A-1141 | LILIT ALEKSANYAN | 1 | c | | | | | | | | | 2 | 1 | 2 | 3 | | | | 8 |
| 2023-G-1436 | DONAJI CASAS | 1 | y | | | | | | | | | | 3 | | | | | | 3 |
| 2023-G-1562 | REKISHA GREEN | 1 | f | | | | | | | | | | | 2 | | | | | 2 |
| 2023-G-1198 | JORDAN HODGE | 1 | g | | | | | | | | | | 3 | | | | | | 3 |
| 2023-G-0265 | SELINA GARRETT | 1 | g | | | | | | | | | | | 2 | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | 6 ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | 0 |
| Subtotal | Claimable | | | 0 | 9 | 2 | 8 | 8 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 10 | 77 |
| 1926 E. 126TH ST WILLOWBROOK (TARGET) | DAMIAN WESLEY | 5 | j | | | 8 | | | | | | | | | | | | | 8 |
| TRAINING / OTHER | Annual Training | 5 | | | 1 | | | 2 | | | | | | | | | | | 3 |
| BA518512 (FAMILY VIOLENCE) | Lewis Buckley | 5 | | | | | 2 | | | | | | | | | | | | 2 |
| Subtotal | Non-Claimable | | | 0 | 1 | 8 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

| | |
|---|---|
| (01) Compliance with Court Orders | 77 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 13 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *...te report of my time, and the function performed as shown above.* 1/15/24

Supervisor: *I hereby* [redacted] *...rds have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signa[redacted] 1/16/24

WH 65.

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 01/16/2024 - 01/31-2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-1401 | JOSE GONZALES ✓ | 1 | r,u,e | 10 | 10 | 10 | RDO | WK | | | | | RDO | RDO | WK | WK | | 2 | | 32 |
| CHILD ABDUCTION SEMINAR | CHILD ABDUCTION SEMINAR | 1 | | | | | | | 10 | 10 | 10 | 10 | | | | | | | | 40 |
| 2024-G-0091 | RICHEY GAZADER | 1 | w,x | | | | | | | | | | | | | | 4 | 3 | | 7 |
| 2023-G-1712 | ADRIAN DORADO ✓ | 1 | g | | | | | | | | | | | | | | 5 | 4 | 4 | 13 |
| Duty Calls | | 1 | a | | | | | | | | | | | | | | | 3 | 2 | 5 |
| 2024-G-0017 | MARY ANN ROSS | 1 | u | | | | | | | | | | | | | | | | 1 | 1 |
| 2024-G-0331 | SAMETRIA LASHEE WATTS | 1 | u | | | | | | | | | | | | | | | | 1 | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | 9 ✓ | 6 ✓ | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 9 | 12 | 8 | 99 |
| | | 5 | | | | | | | | | | | | | | | 1 | | 2 | 3 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 3 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 12 | 10 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 102 |

94 ✓ WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | **99** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **3** |
| **Claimable + Non-Claimable Total** | **102** |

Note: Please enter WK for week end and RDO for your day off.

Er[redacted] *accurate report of my time, and the function performed as shown above.* 2/1/24

Er[redacted]

Supervisor: *I hereby certi[redacted] examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 2/1/24

Supervisor Signature [redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| March 1-15, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5, and all other non-claimable duties.**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g LE/govt. inquiry re: missing child/ abduction inv--no case #
h Private Citizen inqury re: missing child/abduction--no case#

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | SAT | SUN | | | | | RDO | SAT | SUN | | | | | | 0 |
| 44618116 | Gomez | 1 | b | | | | 1 | | | | | | | | | | | | 1 |
| 44455151 | Vera | 1 | b | | | | | | | | | | | 0.7 | | | | | 0.7 |
| 44861039 | Jackson | 1 | b | | | | | | | | | | | 0.7 | | | | | 1 |
| 44099560 | Dockery | 1 | b | | | | | | | | | | | 1 | | | | | 1 |
| 24CJCF01667 | khatchaturova | 1 | e | | | | | | 2 | | | | | | | | | | 2 |
| 44737255 | Ibarra | 1 | b | | | | | | | | | | | | | | | | 0 |
| 24CJCF01667 | Khatchaturoa | 1 | b | | | | 0.75 | | | | | | | | | | | | 1.75 |
| 44618116 | Gomez | 1 | a | | | | | | 0.5 | | | | | | | | | | 0.6 |
| 24CJCF01667 | Khatchatoruvoa | 1 | a | | | | 0.5 | | | | | | | | | | | | 0.5 |
| 44618116 | Gomez | 1 | d | | | | | | 1 | | | | | | | | | | 1 |
| 24CJCF00950 | Yu | 1 | b | | | | | | 0.25 | | | | | | | | | | 0.25 |
| AG 23-30 | Golub | 2 | c | | | | | | | | | | | 1.5 | | | | | 1.25 |
| AGI-23-35, | Gyunyashyan | 2 | c | | | | | | | | | | | 2 | | | | | 2 |
| 44861039 | Jackson | 1 | d | | | | | | | | | | | | 1 | | | | 1 |
| 24CJCF00137 | Livingstone | 3 | a | | | | | | | | | | | | | | ~~0.5~~ | | |
| 44244214 | Barrara | 1 | d | | | | | | | | | | | | | | | 1.5 | |
| 43753643 | Semu | 1 | a.b.d | | | | | | | | | | | | | | | 2 | |
| | Vicente | 2 | b | | | | ✓ | | ✓ | 0.5 ✓ | | | | ✓ | ✓ | | | ✓ | |
| **Subtotal** | **Claimable** | | | | | | **2.25** | | **3.75** | **0.5** | | | | **5.9** | **1** | | ~~0.5~~ | **3.5** | **17.4** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 8 | | | 6,75 | 9 | 5.25 | 8.5 | | | | **3.1** | **8** | 9 | 8.5 | 5.5 | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | |
| Vacation /Holiday | | 5 | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **8** | | | **6.75** | **9** | **5.25** | **8.5** | | | | **3.1** | **8** | **9** | **8.5** | **8** | **71.6** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | | | **9** | **9** | **9** | **9** | | | | **9** | **9** | **9** | **9** | **9** | **89** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | |
| **(02) Court Costs for Out of Jurisdiction Cases** | |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5, and all other non-claimable duties.** | |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **0** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *n performed as shown above* 4/8/24

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 4/8/24

Su

16.90 WH ✓

0·C
16·90
9·75
26·65

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| March 16-29, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance w 3130 order, obtain court records, prepare court docs, intake
h LE inquiry re: missing child/child abd inv--no case #
i Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Govt. agency inquiry re: Hague--no case #
i Private Citizen inquiry regarding Hague - no case #

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 SAT | 17 SUN | 18 | 19 | 20 | 21 VAC | 22 RDO | 23 SAT | 24 SUN | 25 HLDY | 26 | 27 | 28 | 29 | 30 SAT | 31 SUN | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | LAPD | 1 | h | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| | County Counsel | 1 | h | | | | 0.75 | | | | | | | | | | | | | 0.75 |
| 44132290 | Deleon | 1 | b | | | | | 1 | | | | | | | | | | | | 1 |
| 44433314 | Hollis | 1 | b | | | | | 1 | | | | | | | | | | | | 1 |
| 44455151 | Vera | 1 | b,d | | | | | 1.5 | | | | | | | | | | | | |
| 44433314 | Hollis | 1 | d | | | | | 1.75 | | | | | | | | | | | | |
| AG 23-30 | Golub | 2 | a,b | | | | | | | | | | | 2 | | | | | | 2 |
| | LAPD | 1 | h | | | | | | | | | | | | 0.75 | | | | | 0.75 |
| | Riversode DA | 2 | h | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| 44033719 | Savarino | 1 | b | | | | | | | | | | | | | | | | | 0 |
| 18NWPT00278 | Conchola | 1 | g | | | | | | | | | | | | | | | | | 0 |
| 44033719 | Savarino | 1 | d | | | | | | | | | | | | | | | | | 0 |
| 24CJCF01667 | Khachturova | 1 | b | | | | | | | | | | | | | | | | | 0 |
| 44037855 | Sandate | 1 | b | | | | | | | | | | | | | | | | | |
| AG-23-54 | Lopez | 2 | c | | | | | | | | | | | | | | | | | |
| DA# 24001 | Payan | 2 | c | | | | | | | | | | | | | | | | | |
| 24STHC00003 | Guyunshyan | 2 | c | | | ✓ | ✓ | ✓ | | | | | | ✓ | ✓ | ✓ | | | | |
| **Subtotal** | **Claimable** | | | | | 0.5 | 0.75 | 5.25 | 0 | | | | | 2 | 0.75 | 0.5 | | | | 9.75 |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | | | 8.5 | 8.25 | 3.75 | | | | | | 7 | 8.25 | 8.5 | 8 | | | 52.25 |
| After Hours Duty | | 5 | | | | | | | | | | | | | | 5 | | | | 5 |
| Vacation/Holiday | Vacation | 5 | | | | | | | 9 | | | | 9 | | | | | | | 18 |
| **Subtotal** | **Non-Claimable** | | | | | 8.5 | 8.25 | 3.75 | 9 | | | | 9 | 7 | 8.25 | 13.5 | 8 | | | 75.25 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 14 | 8 | | | 85 |
| | | | | | | | | | | | | | | | | | | | 9 | 85 |

9.75 ✓ WH

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

Employe[redacted] *he function performed as shown above*

I 4/8/24

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 4/8/24

Super[redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: 3/1/2024-3/15/2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau | Unit Number | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance with 3130 order, obtain court records, prepare court documents, intake
h Law enforcement inquiry regarding missing child/child al
i Private citizen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague-research
h Government agency inquiry regarding Hague- no case number
i Private citizen inquiry regarding Hague-no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

6 Minutes = .1 hour
12 Minutes = ..
15 Minutes = .2
18 Minutes = .3
24 Minutes = .4
30 Minutes = .5 nour
36 Minutes = .6 hour
60 Minutes = 1 hour

0 • C
19 • 40
12 • 10 +
31 • 50 G +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Code | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | | | | | | WK | WK | | | | | | 0 |
| AGI-23-53 | CHAVEZ ROJAS | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| AGI-24-03 | BUNUEL | 2 | b | 0.4 | | | | | | | | | | | | | | | 0.4 |
| DA # 24-001 | Payan | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| DA # 24-001 | Payan | 2 | c | 0.2 | | | | | | | | | | | | | | | 0.2 |
| DA # 23-006 | Cortez | 2 | b | 0.2 | | | | | | | | | | | | | | | 0.2 |
| DA # 23-006 | Cortez | 2 | b | | | | 0.3 | | | | | | | | | | | | 0.3 |
| DA # 23-003 | Trevino | 2 | b | | | | | 1 | | | | | | | | | | | 1 |
| DA # 23-004 | Khacheryan | 2 | b | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA # 23-003 | Trevino | 2 | b | | | | | | 0.4 | | | | | | | | | | 0.4 |
| DA # 23-006 | Cortez | 2 | b | | | | | | 0.5 | | | | | | | | | | 0.5 |
| AGI-24-03 | BUNUEL | 2 | b | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA # 23-004 | Khacheryan | 2 | b | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | 0.6 | | | | | | | | | 0.6 |
| AGI-23-53 | Rojas Mendez | 2 | d | | | | | | | 2 | | | | | | | | | 2 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | 0.4 | | | | | | | | | 0.4 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | 0.25 | | | | | | | | | 0.25 |
| AGI-23-38 | LOPEZ | 2 | b | | | | | | | | 0.25 | | | | | | | | 0.25 |
| DA # 24-001 | Payan | 2 | b | | | | | | | | 0.1 | | | | | | | | 0.1 |
| AGI-23-54 | Lopez Morales | 2 | b | | | | | | | | 0.1 | | | | | | | | 0.1 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | 0.8 | | | | | | | | 0.8 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | 0.4 | | | | | 0.4 |
| | Hernandez | 1 | i | | | | | | | | | | | 0.2 | | | | | 0.2 |
| 23STHC00004 | Melendez | 2 | a | | | | | | | | | | | 1 | | | | | 1 |
| AGI-23-54 | Lopez | 2 | e | | | | | | | | | | | 0.9 | | | | | 0.9 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | 0.25 | | | | | 0.25 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | **0.2** | | | | | 0.2 |
| DA # 24-001 | Payan | 2 | a | | | | | | | | | | | | | **0.4** | | | | | 0.4 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| DA # 24-001 | Payan | 2 | a | | | | | | | | | | | | | | 1 | | | | 1 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | 0.25 | | | | 0.25 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| AGI-23-53 | CHAVEZ ROJAS | 2 | c | | | | | | | | | | | | | | 2 | | | | 2 |
| AGI-23-53 | CHAVEZ ROJAS | 2 | b | | | | | | | | | | | | | | | 0.1 | | | 0.1 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| AGI-23-24 | LOPEZ | 2 | b | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| | Hernandez | 2 | i | | | | | | | | | | | | | | | 0.6 | | | 0.6 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | | | | | | | | | 0.4 | | 0.4 |
| 24STHC00002 | Lopez | 2 | c | | | | | | | | | | | | | | | | 0.3 | | 0.3 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | | | | | | 0.2 | | 0.2 |
| **22STHC00001** | JIMENEZ | 2 | h | | | | | | | | | | | | | | | | 0.4 | | 0.4 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | | | | 0.1 | 0.1 |
| 22STEX04217 | PINEDA | 1 | g | | | | | | | | | | | | | | | | | 0.5 | 0.5 |
| AGI-23-54 | Lopez | 2 | b | | | | | | | | | | | | | | | | | 0.4 | 0.4 |
| **Subtotal** | **Claimable** | | | **1** | **0** | **0** | **0.3** | **1** | **1.2** | **3.25** | **1.25** | **0** | **0** | **3.35** | **4.15** | **1.6** | **1.3** | **1** | **19.4** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 7 | 11 | 11 | 10.7 | 14 | 6.8 | 4.75 | 6.75 | | | **4.65** | **3.85** | 6.4 | 6.7 | 7 | 100.6 |
| **Subtotal** | **Non-Claimable** | | | **7** | **11** | **11** | **10.7** | **14** | **6.8** | **4.75** | **6.75** | **0** | **0** | **4.65** | **3.85** | **6.4** | **6.7** | **7** | **100.6** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **11** | **11** | **11** | **15** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **120** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **120** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0.7** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **18.7** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **101** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **120** |

Note: Please enter WK for week end and RDO for your day off.

Empl[redacted] *d accurate report of my time, and the function performed as shown above.* 3/20/24.

Employee Signature

Superv[redacted] *ave been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Super[redacted] 3/25/24

A 40 WH

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 3/16/2024-3/31/2024 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance with 3130 order, obtain court records, prepare court documents, intake
h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
i **Private citizen inquiry regarding missing child/child abdu**

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Government agency inquiry regarding Hague- no case number
i **Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | HOLIDAY | | | | | WK | WK | |
| DA # 23-003 | Trevino | 2 | b | | | 0.1 | | | | | | | | | | | | | | 0.1 |
| DA # 23-006 | Cortez | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| 24STHC00002 | Lopez | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| DA # 23-008 | Houdeshell | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| DA # 24-001 | Payan | 2 | b | | | 0.1 | | | | | | | | | | | | | | 0.1 |
| BF049529 | Polk | 1 | g | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| AGI-23-24 | Lopez | 2 | b | | | | 0.3 | | | | | | | | | | | | | 0.3 |
| DA # 23-003 | Trevino | 2 | b | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| DA # 23-008 | Houdeshell | 2 | b | | | | 0.2 | | | | | | | | | | | | | 0.2 |
| 24STHC00002 | Lopez | 2 | b | | | | | 0.3 | | | | | | | | | | | | 0.3 |
| BH0113348 | Green | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| BA512495 | Bermudas | 3 | e | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| 24STHC00002 | Lopez | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| AGI-23-38 | Lopez | 2 | b | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| BA512495 | Bermudas | 1 | a | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| | Deroos | 1 | h | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | 0.6 | | | | | | | | | | 0.6 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | | | | 0.1 | | | | | | 0.1 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | 0.5 | | | | | | 0.5 |
| KF008906 | Valle | 1 | g | | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-23-53 | Mendez | 2 | c | | | | | | | | | | | 1 | | | | | | 1 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | | | | | 0.4 | | | | | | 0.4 |
| 24STHC00001 | Vicente | 2 | b | | | | | | | | | | | | 0.2 | | | | | 0.2 |
| 24STHC00004 | Golub | 2 | b | | | | | | | | | | | | | 0.2 | | | | 0.2 |
| | Cornell | 1 | i | | | | | | | | | | | | | | 0.5 | | | 0.5 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23STHC00004 | Melendez | 2 | | b | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| DA # 23-006 | Cortez | 2 | | b | | | | | | | | | | | | | | 0.3 | | | 0.3 |
| AGI-24-15 | MARTYNIUK | 2 | | a | | | | | | | | | | | | | | 1 | | | 1 |
| AGI-23-68 | Seaga | 2 | | b | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| 24STHC00003 | Gyynashyan | 2 | | b | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| 24STHC00004 | Golub | 2 | | b | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | 0.4 ✓ | | | 0.4 |
| **Subtotal** | **Claimable** | | | | 0 | 0 | 1.9 | 0.7 | 0.8 | 1.8 | 0.8 | 0 | 0 | 0 | 2.5 | 0.2 | 0.2 | 3.2 | 0 | 0 | 12.1 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | 6.1 | 7.3 | 7.2 | 6.2 | 7.2 | | | 8 | 5.5 | 7.8 | 7.8 | 4.8 | | | 67.9 |
| **Subtotal** | **Non-Claimable** | | | | 0 | 0 | 6.1 | 7.3 | 7.2 | 6.2 | 7.2 | 0 | 0 | 8 | 5.5 | 7.8 | 7.8 | 4.8 | 0 | 0 | 67.9 |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 80 |

12.10 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **2.3** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **9.3** |
| **(03) Secure Appearance of Offender** | **0.5** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **67.9** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I here* [redacted] *of my time, and the function performed as shown above.* 4/8/2024.

Employee Signature

Supervisor: *I h[redacted] that, to the best of my knowledge and belief, this time record is true and correct, and the functions were p[redacted]* 4/15/24

Supervisor S[redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 03/01/24 - 03/15/2024 | [redacted] | [redacted] | Paralegal | Sp. Ops. Target Crimes Div. | 15626 |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abdu

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0

12.45 +
10.80 +
23.256 ✓

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | | | | | | WK | WK | | | | | | |
| KF008906 | Valle, Guillermo | 3 | e | 0.9 | | | | | | | | | | | | | | | 0.9 |
| AGI-23-30-LA2023401202 | Golub, Oleksandr | 2 | c | | | | 0.7 | 0.5 | | | | | | | | | | | 1.2 |
| AGI-22-44-LA2022401970 | Plazas, Alejandro | 2 | b | | | | 0.5 | | | | | | | | | | | | 0.5 |
| AGI-23-35-LA2023401406 | Gyunashyan, Henrik | 2 | c | | | | 0.7 | | | | | | | | | | | | 0.7 |
| KF008906 | Valle, Guillermo | 3 | e | | | | | | 0.9 | | | | | | | | | 0.4 | 1.3 |
| AGI-23-11 | Raygoza, Israel | 2 | b | | | | | | 0.25 | | | | | | | | | | 0.25 |
| AGI-23-11 | Raygoza, Israel | 2 | b | | | | | | | 0.3 | | | | | | | | | 0.3 |
| AGI-23-68 | Seaga, Christian | 2 | c | | | | | | | 0.8 | | | | | | | | | 0.8 |
| 24STHC00001 | Vicente, Jerusa | 2 | c | | | | | | | 0.6 | | | | | | | | | 0.6 |
| AGI-23-11 | Raygoza, Israel | 2 | b | | | | | | | | 0.6 | | | | | | | | 0.6 |
| 24STHC00001 | Vicente, Jerusa | 2 | b | | | | | | | | 0.5 | | | 0.5 | | | | | 1 |
| BA518285 - 23CCJP02426a | Drone, Tiauna | 3 | e | | | | | | | | | | | | 0.9 | 0.7 | | | 1.6 |
| 23STHC00004 | Castellanos, Angie | 2 | b | | | | | | | | | | | 0.3 | | | | | 0.3 |
| AGI-23-68 | Seaga, Christian | 2 | b | | | | | | | | | | | 0.3 | | 0.4 | | | 0.7 |
| AGI-23-18-LA2023400783 Caro Leon | Caro, Orellana | 2 | b | | | | | | | | | | | | | 0.6 | | | 0.6 |
| AGI-24-05-la2024400172 | Gallardo, Luis | 2 | b | | | | | | | | | | | | | | 0.5 | | 0.5 |
| AGI-23-69 (LA2023402818) | Aquino, Jorge | 2 | b | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | 0.6 ✓ | 0.6 |
| **Subtotal** | **Claimable** | | | 0.9 | | | 1.9 | 0.5 | 1.15 | 1.7 | 1.1 | | | 1.1 | 0.9 | 1.7 | 0.5 | 1 | 12.45 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 7.1 | | | 6.1 | 7.5 | 6.85 | 6.3 | 6.9 | | | 6.9 | 7.1 | 6.3 | 7.5 | 7 | |
| **Subtotal** | **Non-Claimable** | | | 7.1 | | | 6.1 | 7.5 | 6.85 | 6.3 | 6.9 | | | 6.9 | 7.1 | 6.3 | 7.5 | 7 | 75.55 |
| **Daily Grand Total** | | | | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | 88 |
| | | | | | | | | | | | | | | | | | | | 88 |

12.45 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| 05—PC 278, 278.5 and other non-claimable activities | |
| 0 | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *tion performed as shown above.*

Employee Signature 3-18-24

Supervisc [redacted] *d that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervi[redacted] 4/22/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 3/16/2024-3/31/2024 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i **Private citizen inquiry regarding missing child/child abdu**

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

**Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | HOLIDAY | | | | | WK | WK | |
| BF049529 | MARTINEZ, MARK | 1 | g | | | | | | | | | | | | | | | | | |
| KF008906 | VALLE, GUILLERMO | 1 | g | | | 0.7 | | | | | | | | | | | | | | 0.7 |
| NQ011959 | VALLE, GUILLERMO | 1 | g | | | 0.7 | | | | | | | | | | | | | | 0.7 |
| AGI-23-69 | AQUINO, JORGE | 2 | b | | | 0.7 | | | | | | | | | | | | | | 0.7 |
| AGI-23-30 | GOLUB, OLEKSANDR | 2 | c | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| AGI-23-35 | GYUNASHYAN, HENRIK | 2 | c | | | 0.6 | | | | | | | | | | | | | | 0.6 |
| AGI-23-68 | SEAGA, CHRISTIAN | 2 | b | | | 0.6 | | | | | | | | | | | | | | 0.6 |
| BA518285 | DRONE, TIAUNA | 1 | g | | | | 0.5 | | | | | | | | | | | | | 0.5 |
| 24STHC00001 | VICENTE, JERUSA | 2 | b | | | | 0.9 | | | | | | | | | | | | | 0.9 |
| BH011348 | OLDYREVA, TATIANA | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| AGI-23-30 | GOLUB, OLEKSANDR | 2 | e | | | | | | 0.6 | | | | | | | | | | | 0.6 |
| AGI-23-69 | AQUINO, JORGE | 2 | c | | | | | | 0.6 | | | | | | | | | | | 0.6 |
| AGI-21-32 | ALVARADO, LUIS | 2 | b | | | | | | | 0.7 | | | | | | | | | | 0.7 |
| AGI-23-35 | GYUNASHYAN, HENRIK | 2 | e | | | | | | | 0.5 | | | | | | | | | | 0.5 |
| KF008906 | VALLE, GUILLERMO | 1 | g | | | | | | | | | | | 0.3 | | | | | | 0.3 |
| AGI-22-44 | PLAZAS, HOLGOIN | 2 | b | | | | | | | | | | | 0.3 | | | | | | 0.3 |
| BF049529 | MARTINEZ, MARK | 1 | g | | | | | | | | | | | 0.3 | | | | | | 0.3 |
| KF008906 | VALLE, GUILLERMO | 1 | g | | | | | | | | | | | | 0.7 | | | | | 0.7 |
| AGI-22-44 | PLAZAS, HOLGOIN | 2 | b | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| AGI-23-56 | POLANIA, HERBERT | 2 | c | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | 0.7 ✓ | | | | 0.7 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 3.8 | 1.4 | 0.4 | 1.2 | 1.2 | 0 | 0 | 0 | 0.9 | 0.7 | 1.2 | 0 | 0 | 0 | **10.8** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 4.2 | 6.6 | 7.6 | 6.8 | 6.8 | | | 8 | 7.1 | 7.3 | 6.8 | 8 | | | 69.2 |
| **Subtotal** | **Non-Claimable** | | | | | 4.2 | 6.6 | 7.6 | 6.8 | 6.8 | | | | 7.1 | 7.3 | 6.8 | 8 | | | **61.2** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 80 |

10.80 WN ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **3.2** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **7.6** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **69.2** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

**Pay Period Total** | **80**

Employee: [redacted] 3/28/24.

Employee Signature

Supervisor: *I here[redacted] and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were perfo[redacted]*

[redacted] 4/8/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| December 1-15, 2023 3-1-3-15-2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enfocement inquiry regarding missing child/child abduction

i private citizen inquirey regarding missing child/child abduction investigation. No case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h law enfocement inquiry regarding missing child/child abduction

i private citizen inquirey regarding missing child/child abduction investigation. No case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0
3.00
2.00
5.00

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | WK | WK | | | | | | WK | WK | RDO | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| LAPD training | | 1 | | | | | | 3 | | | | | | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | 5 | | 9 | 0 | 0 | 8 | 6 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 86 |
| Search Warrant | Search Warrant- other non-cl | 6 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| | vacation | 6 | | | | | | | | | | | 0 | | | | | | |
| **Subtotal** | **Non-Claimable** | | | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 86 |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 94 |

3WH

| | |
|---|---|
| (01) Compliance with Court Orders | 3 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 86 |
| (06) Other - Non Claimable | 5 |
| Claimable + Non-Claimable Total | 94 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *report of my time, and the function performed as shown above* 3/6/24

*and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 4/3/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| March 16-31 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

CLAIMABLE

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

NON CLAIMABLE

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement
h law enforcement inquiry regarding missing child/child abduction
i private citizen inquiry regarding missing child/child abduction investigation- no

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Government agency inquiry regarding Hague - no case number
i private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re. arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | RDO | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | Meeting with Law Enforcement | 1 | h | | | | 2 | | | | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **2** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **2** |
| | | | | | | | | | | | | | | | | | | | | |
| | PC 278, 278.5 Post Filing | 78 | | 0 | 0 | 8 | 7 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 78 |
| | Other - Search Warrants | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | other vacation/holiday | 0 | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 |
| **Subtotal** | **Non-Claimable** | **78** | | **0** | **0** | **8** | **7** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **78** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | **80** | | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **0** | **9** | **9** | **9** | **0** | **0** | **80** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | | **80** |

2WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders, | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 2 |
| (05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities | 78 |
| | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *report of my time, and the function performed as shown above.* MARCH 31 2024

[redacted] *ed and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were* 4/8/24

81

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| March/01/2024 - March/15/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDU |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hou |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hou |
| 30 Minutes = .5 hour | 60 Minutes = 1 hou |

0 • C

0 • 10

0 • 10G

| | | | | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | | WK | WK | RDO | | | | | WK | WK | | | | | | 0 |
| 24STHC00001 | vicente v. agustin | 2 | a | | | | | | | | | | | 0.1 | | | | | 0.1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.1 | 0 | 0 | 0 | 0 | 0.1 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | | | | 9 | 9 | 9 | 9 | | | 7.9 | 9 | 9 | 9 | 9 | 88.9 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | SW Duty | 5 | | | | | | 5 | | | | | | | | | | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 9 | 0 | 0 | 0 | 14 | 9 | 9 | 9 | 0 | 0 | 7.9 | 9 | 9 | 9 | 9 | 93.9 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Daily Grand Total | | | | 9 | 0 | 0 | 0 | 14 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 94 |

0.1 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0.1 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 93.9 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 94 |

Note: Please enter WK for week end and RDO for your day off

[redacted]

: 3/15/24

, this time record is true and correct, and the

3/20/24

Sup

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| March/16/2024 - March/31/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | WK | WK | RDO | | | | | WK | WK | HOLIDAY | OFF | OFF | OFF | OFF | WK | WK | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | 9 | 9 | 9 | 9 | | | | | | | | | | 36 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | OFF | 5 | | | | | | | | | | | | 9 | 9 | 9 | 9 | | | 36 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | | | | | | | | 8 | | | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 80 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 80 |

Note Please enter WK for week end and RDO for your day off

[redacted]

d as shown above. 4/2/24

...his, to the best of my knowledge and belief, this time record is true and correct and the functions

4/3/24



809

# Los Angeles County District Attorney

Cu ... Time Study

| Pay Period: MARCH 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SR. INV | Bureau INVESTIGATION | Unit Num 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

Conversi
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hou
18 Minutes = .3 hou
24 Minutes = .4 hou
30 Minutes = .5 hou

0 • C
78 • 00
55 • 00
133 • 00

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | TRADE | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | | | 0 |
| 2024-G-0265 | DeRoos, Jennifer | 1 | w,u | OFF | | | | 8 | | | | | | | 3 | 2 | | | 13 |
| 2023-G-1117 | Scott, Jilina | 1 | u,g | | | | | 2 | | | | | | | | | | 2 | 4 |
| 2023-A-0285 | Narcisse, Alicia | 1 | c,v,w | | | | | | | 6 | 4 | | | | 4 | 3 | 8 | 2 | 27 |
| 2024-G-0131 | Lopez, Lilibeth | 1 | v,w | | | | | | 4 | 4 | 5 | | | | | 1 | 2 | 5 | 21 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | | | | 4 | | | | | | 2 | 2 | | 1 | 9 |
| 2024-G-0122 | Arellano, Rebecca | 1 | u,g | | | | | | 2 | | | | | | | 2 | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 9 | 0 | 0 | 0 | 9 | 10 | 10 | 10 | 78 |
| Duty calls | N/A | 5 | | | | | | | | | 1 | | | | 1 | | | | 2 |
| | N/A | | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | Pay Period Total 80 |

78 ✓
WH

| | |
|---|---|
| (01) Compliance with Court Orders | 78 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 2 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

*I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 3/15/24

Employee Signature

Supervisor: *I hereby cert[redacted]xamined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 3/15/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: MARCH 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SR INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) Compliance with Court Orders
(02) Court Costs for Out of Jurisdiction Cases
(03) Secure Appearance of Offender
(04) Return of Children to Custodian

**NON CLAIMABLE**
(5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions of time Decimals**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
36 Minutes = .6 hour
42 Minutes = .7 hour
45 Minutes = .75 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SAT | SUN | RDO | TRADE | | | | SAT | SUN | RDO | | | | | SAT | SUN | 0 |
| 2023-G-1724 | Coulter, kamille | 1 | g | | | | | 2 | | 2 | | | | 2 | 1 | | | | | 7 |
| 2023-A-1577 | Augustin, Isaias | 1 | c,g,l,m,v | | | | | | 3 | 2 | | | | 3 | 4 | 2 | 4 | | | 18 |
| 2024-A-0285 | Narcise, Alicia | 1 | c,v,w | | | | | | 2 | 3 | | | | 3 | | 5 | 2 | | | 15 |
| 2023-G-1173 | Hovhannisyan, Yulia | 1 | c,v,w | | | | | | 5 | 3 | | | | 1 | 3 | | 2 | | | 14 |
| 2016-G-1783 | Carasco, Flor | 1 | f,w | | | | | | | | | | | 1 | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 2 | 10 | 10 | 0 | 0 | 0 | 10 | 8 | 7 | 8 | 0 | 0 | 55 |
| BA516454 | Williams, Marion | 5 | | | | | | 8 | | | | | | | | | | | | 8 |
| Range/Training | Range/Training | 5 | | | | 10 | | | | | | | | | 2 | 3 | 2 | | | 10 |
| Online training | Online training | 5 | | | | | | | | | | | | | | | | | | 7 |
| Subtotal | Non-Claimable | | | 0 | 0 | 10 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 2 | 0 | 0 | 25 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | |

55 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 55 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 25 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.* [redacted] 3/29/24

Supervisor: *I her* [redacted] *en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 3/29/24

# Los Angeles County District Attorney

Cust

| Pay Period: MARCH 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Numb 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversio**
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0.C
51.00
62.50
113.50G ✓

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2023-G-1117 | SCOTT | 4 | M,Y | RDO5 | SAT | SUN | OFF | OFF | 5 | | RDO | SAT | SUN | | | | | RDO | 5 |
| 2023-A-1164 | VOLOYMYRIVNA | 1 | Y,Z | | | | | | | 1.5 | | | | 1.5 | 1.5 | 1.5 | | | 6 |
| 2024-G-0091 | WEBSTER | 1 | Y,Z | | | | | | | 3.5 | | | | | 1.5 | 1 | | | 6 |
| 2023-A-0882 | RAMIREZ | 1 | Y,Z | | | | | | 0.5 | 0.5 | | | | 0.2 | 1 | 1 | | | 3.2 |
| 2024-G-0265 OPS | DEROOS | 4 | M,Y,Z | | | | | | | 2 | | | | | 0.5 | 2 | | | 4.5 |
| 2024-G-0122 | NAJAR | 1 | Y,Z | | | | | | | 0.5 | | | | 0.3 | 1 | | 3 | | 4.8 |
| 2024-A-0131 | GALLARDO | 1 | X,Y,Z | | | | | | 2 | | | | | 0.5 | | 2 | | | 4.5 |
| 2023-G-1537 PING | RITTER | 4 | M,Y,Z | | | | | | | 2 | | | | 0.5 | 4 | 0.5 | | | 7 |
| 2024-G-0368 | FUCHS | 1 | Y,Z | | | | | | 0.5 | | | | | 1.5 | 0.5 | | | | 2.5 |
| 2023-G-1724 | COULTER | 4 | X,Y,Z, | | | | | | | | | | | 0.5 | | 2 | | | 2.5 |
| 2023-G-1173 CR INTVW | AVETYAN | 1 | Y | | | | | | 2 | | | | | 1.5 | | | | | 3.5 |
| 2023-A-1616 | MORALES | 4 | Y,Z | | | | | | | | | | | 1.5 | | | | | 1.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 8 | 10 | 10 | 3 | 0 | 51 |
| TRAINING | N/A | 5 | | | | | | | | | | | | 2 | | | | | 2 |
| SGT MEETING | N/A | 5 | | | | | | | | | | | | | | | 7 | | 7 |
| VACATION | N/A | 5 | | | | | 10 | 10 | | | | | | | | | | | 20 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 7 | 0 | 29 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

51 w H ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 30.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 20.5 |
| (5) Non Claimable | 29 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of* [redacted] 3/14/24

Employee Signature

Supervisor: [redacted] *...en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 3/14/24

Supervisc

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: MARCH 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-A-0285 | NARCISSE | 1 | X,Y,Z | SAT | SUN | 0.5 | 0.4 | 0.5 | 1 | RDO | SAT | SUN | HOLIDAY | | 0.3 | | RDO | SAT | SUN | 2.7 |
| 2023-G-0569 | GERLACH | 1 | Y,Z | | | | 2.5 | 2 | 0.5 | | | | | 1 | | | | | | 6 |
| 2024-G-0122 | NAJAR | 4 | Y,Z | | | 0.1 | 1.5 | | | | | | | | 2 | 3 | | | | 6.6 |
| 2021-A-1309 | GASTELUM | 1 | X,Y,Z | | | 2 | 1 | | 3 | | | | | 2 | 0.5 | | | | | 8.5 |
| 2024-G-0091 | GAZADER | 1 | Y,Z | | | 1.5 | 0.2 | 0.5 | 0.5 | | | | | 0.5 | 1.5 | 2 | | | | 6.7 |
| 2024-G-0095 | RODRIQUEZ | 4 | Y,Z | | | 0.2 | 1.5 | 2.5 | 0.5 | | | | | 1.5 | 1 | | | | | 7.2 |
| 2024-G-0134 | DIMITRI | 4 | X,Y,Z | | | 2 | | | | | | | | 0.5 | 0.3 | 2 | | | | 4.8 |
| 2022-G-1120 | HOWARD | 1 | Y | | | 0.5 | 0.2 | | 2 | | | | | | 0.5 | | | | | 3.2 |
| 2024-A-0388 | GORDON | 1 | Y,Z | | | 0.3 | 0.2 | 0.5 | 1.5 | | | | | 2 | 2.5 | | | | | 7 |
| 2023-G-1724 | COULTER | 4 | Y | | | 0.5 | 1.5 | | | | | | | 1.5 | 0.9 | | | | | 4.4 |
| 2023-G-0881 | ELCAN | 1 | X,Y,Z | | | 0.4 | | 2 | | | | | | | | 3 | | | | 5.4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | | | | |
| Subtotal | Claimable | | | 0 | 0 | 8 | 9 | 8 | 9 | 0 | 0 | 0 | 0 | 9 | 9.5 | 10 | 0 | 0 | 0 | 62.5 |
| OTHER | | 5 | | | | 2 | 1 | 2 | 1 | | | | 10 | 1 | 0.5 | | | | | 17.5 |
| VACATION | N/A | 5 | | | | | | | | | | | | | | | | | | 0 |
| | | 5 | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 10 | 1 | 0.5 | 0 | 0 | 0 | 0 | 17.5 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

62.5 WK ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 39.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 23 |
| (5) Non Claimable | 17.5 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time* [redacted] 3/28/24

Employee Signature

[redacted] *ve been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 3/28/24

Los Angeles

| Pay Period: MARCH 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit 1[illegible] |
|---|---|---|---|---|---|

Con

**Reimbursable Activity Codes:**

**CLAIMABLE**
**(01) Compliance with Court Orders**
**(02) Court Costs for Out of Jurisdiction Cases**
**(03) Secure Appearance of Offender**
**(04) Return of Children to Custodian**

**NON CLAIMABLE**
**(5) Non Claimable**

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

6 Minutes = .1 h
12 Minutes = .2 h
15 Minutes = .25
18 Minutes = .3 h
24 Minutes = .4 h
30 Minutes = .5 h

0 • C
0 • 00 +
5 • 00 +
5 • 00G+

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (Consumer Protection) | | 5 | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | **0** | **0** | **10** | 10 | 10 | 10 | 90 |
| Other (ICEP) | | 5 | | 0 | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 10 | 10 | 0 | 10 | 98 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **10** | **0** | **0** | **0** | **10** | **10** | **0** | **10** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **98** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **98** |
| **Claimable + Non-Claimable Total** | **98** |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] *te report of my time, and the function performed as shown above.*

3/15/24

E[redacted]

Supervisor: *I hereby certify th[redacted]een examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

3/15/24

Supervisor Signature

0 ✓ WH

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: MARCH 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SAT | SUN | | | RDO | | | SAT | SUN | RDO | | | | | SAT | SUN | 0 |
| 2021-A-1309 | GASTELUM, NOEMI | 1 | u,v | | | | | | | | | | | | | | | 5 | | 5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | | 5 |
| Other (Consumer Protection) | | 5 | | 10 | 0 | 10 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | | | 80 |
| Other (Command Center)) | | 5 | | | | | | 12 | | | | | | | | | | | | 12 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 10 | 0 | 10 | 0 | 12 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | | | 92 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 10 | 0 | 12 | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 97 |

5 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 92 |
| Claimable + Non-Claimable Total | 97 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] time, and the function performed as shown above.

4/3/24

Employee Signature

Supervisor: I hereby certify the e[redacted]ed and that, to the best of my knowledge and belief, this time record is true and correct, and the

4/3/24

Supervisor Signature

Los Angeles Co[illegible] District Attorney
Cu

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Num |
|---|---|---|---|---|---|
| Mar-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversi**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hou
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0.0
80.00
68.00
148.006 ✓

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | | RDO | 0 |
| 2023-G-1447 | Kara Norkus | 1 | u,v,w | | | | 3 | 2 | 1 | 3 | | | | 1 | | | | | 10 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,w | | | | 5 | 3 | | | | | | 5 | | | 2 | | 15 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | u,v,w | | | | | | | 3 | | | | | | | | | 3 |
| 2023-G-1142 | Adrien Aguilar | 1 | u | | | | | | 2 | | | | | 4 | | | 2 | | 8 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | c, | | | | | | | | | | | | | | | | 0 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v | | | | 2 | | | | | | | | | 3 | 2 | | 7 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v, | | | | | 3 | 4 | 3 | | | | | 5 | | 1 | | 16 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | | | | | | 3 | | | 3 |
| 2023-G-0985 | Tanner v. Grisset | 1,4 | u,v,w | | | | | | 2 | | | | | | 2 | | 2 | | 6 |
| 2023-G-1724 | Kamille Coulter | 1,4 | v | | | | | 2 | | 1 | | | | | | 1 | | | 4 |
| 2024-G-0095 | Patricia Rodriguez | | | | | | | | 1 | | | | | | 3 | 3 | 1 | | 8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 80 |

80 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: [redacted] *unction performed as shown above.* 3/14/24

Employee Signature

Supervisor: *I hereby certify the e* [redacted] *d and that, to the best of my knowledge and belief, this time record is true and correct, and the* 3/14/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Mar-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out Of State Assist (UCCJEA)
- r Out-of-State Court
- s Out Of State Court Document
- t Out Of State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | WK | | | | | RDO | WK | WK | H | | | | RDO | WK | WK | 0 |
| 2024-G-0134 | Amber Johnson | 1 | w,u,v,g,b,f,i | | | 3 | 1 | 1 | 4 | | | | | | | | | | | 9 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,k,o,g | | | | 3 | 4 | | | | | | 3 | 2 | | | | | 12 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u,v | | | 2 | | | 2 | | | | | 3 | 2 | | | | | 9 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | | | | | 2 | | | | | | 3 | | | | | | 5 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | | | 2 | | 1 | | | | | | | 2 | | | | | 5 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v,w | | | | 2 | | 1 | | | | | 1 | 2 | | | | | 6 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | | | | | | 3 | | | | | | | | | | | 3 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | | | | | 2 | | | | | 2 |
| 2023-G-0985 | Tanner-Grisset | 1,4 | u,v,w | | | 3 | | 2 | | | | | | | | | | | | 5 |
| 2023-G-1724 | Kamille Coulter | 1.4 | v | | | | 4 | | | | | | | | | | | | | 4 |
| 2024-G- 0265 | Jennifer Deroos | 1,4 | n,e,v | | | | | | | 3 | 5 | | | | | | | | | 8 |
| | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 10 | 10 | 10 | 10 | 3 | 5 | 0 | 0 | 10 | 10 | 10 | | | | ~~78~~ 68 WAH ✓ |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 3 | 5 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | | Pay Period Total 78 |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 78 |

Note: Please enter WK for week end and RDO for your day off.

Empl[redacted] *ction performed as shown above.*

Emp[redacted] 3/28/24

Supervisor: *I hereby certify the employee's daily time records have be[redacted] owledge and belief, this time record is true and correct, and the*

[redacted] 3/28/24

Supervisor Signature

Los Angeles Co... District Attorney

C...

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Nu |
|---|---|---|---|---|---|
| 3/1/2024 - 3/15/2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 1587 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

Conver
6 Minutes = .1 hour
12 Minutes = .2 hou
15 Minutes = .25 h
18 Minutes = .3 hou
24 Minutes = .4 hou
30 Minutes = .5 ho

0 • C
46 • 00 +
18 • 00 +
64 • 00 6 ✓

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | WK | WK | | | | | RDO | WK | WK | | RDO | RDO | | RDO | 0 |
| 2024-G-0091 | RICHEY GAZADER | 1 | u | | | | 3 | | | 1 | | | | | | | | | 4 |
| 2023-A-1164 | LJUDMILA VOLOMYRIVNA-GOLUB | 1 | u | | | | 2 | | | 2 | | | | 5 | | | | | 9 |
| DUTY CALLS | DUTY CALLS | 1 | a | | | | 2 | 2 | | 2 | | | | | | | | | 6 |
| 2023-G-1285 | CHRISTINE DELGADO | 1 | g | | | | 1 | | | | | | | | | | | | 1 |
| 2023-A-0882 | EMILIANO LOPEZ | 1 | v | | | | | 7 | | | | | | | | | | | 7 |
| CAU Training | CAU Simulation | 1 | u | | | | | | 10 | | | | | | | | | | 10 |
| 2024-G-0169 | DAVID DAVTIAN | 1 | u | | | | | | | | | | | 1 | | | | | 1 |
| 2024-G-0368 | CHRISTOPHER FUCHS | 1 | u | | | | | | | | | | | 4 | | | 3 | | 7 |
| 2023-A-1616 | ARELY LOPEZ MORALES | 1 | m | | | | | | | | | | | | | | 6 | | 6 |
| | CHONTE BURKE | 1 | u | | | | | | | | | | | | | | 1 | | 1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | 6 ✓ | 7 ✓ | | 3 ✓ | | | | | | | | | |
| Subtotal | Claimable | | | 0 | 0 | 0 | 8 | 9 | 10 | 5 | 0 | 0 | 0 | 10 | 0 | 0 | 10 | 0 | 52 |
| | | 5 | | | | | 2 | 1 | | 5 | | | | | 10 | 10 | | | 28 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 2 | 1 | 0 | 5 | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 28 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | Pay Period Total 80 |

46 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 52 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 28 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *curate report of my time, and the function performed as shown above.* 3/15/24

Supervisor: *I hereby certify the employee's daily tim* [redacted] *he best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 3/15/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 3/16/2024 - 3/31-2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | RDO | WK | WK | RDO | | RDO | RDO | RDO | WK | WK | 0 |
| 2023-A-1616 | ARELY MORALES | 1 | u, g, c | | | | 2 | | 2 | | | | | 3 | | | | | | 7 |
| 2024-A-0368 | CHRIS FUCHS | 1 | u | | | | 1 | | 2 | | | | | | | | | | | 3 |
| DUTY CALLS | VERONICA PULLEY | 1 | a | | | | | 1 | | | | | | | | | | | | 1 |
| 2023-G-1712 | ADRIAN DORADO | 1 | u | | | | | | 1 | | | | | | | | | | | 1 |
| 2024-G-0091 | RICHEY GAZADER | 1 | u | | | | | | 1 | | | | | 2 | | | | | | 3 |
| 2023-A-1164 | LJUDMILA GOLUB | 1 | u, c | | | | | | 1 | | | | | 2 | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | ✓ | | | | | ✓ | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 3 | 1 | 7 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 18 |
| | | 5 | | | | 10 | 4 | 4 | 3 | | | | | **3** | **10** | 10 | 10 | | | 54 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| BA516454 | MARLON WILLIAMS | 5 | | | | | 7 | 5 | | | | | | | | | | | | 12 |
| Subtotal | Non-Claimable | | | 0 | 0 | 10 | 11 | 9 | 3 | 0 | 0 | 0 | 0 | 3 | 10 | 10 | 10 | 0 | 0 | 66 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **0** | **0** | **10** | **14** | **10** | **10** | **0** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | | **84** |

18 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **18** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **66** |
| **Claimable + Non-Claimable Total** | **84** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereb[redacted]e, and the function performed as shown above.*

Employee Signa[redacted] 3/31/24

Supervisor: *I here[redacted]ve been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Sig[redacted] 4/1/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| April 1-15, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders, running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g LE/govt. inquiry re: missing child/ abduction inv--no case #
- h Private Citizen inqury re: missing child/abduction--no cas

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Hague -LE/govt. inquiry re: Hague no case #
- i Hague--private Citizen inqiury re: hague no case #

**(03)**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition

**(4) Return**

- a Communications with LE re: returning child to legal custodian

**(05) PC 278, 278.5, and all other non-claimable duties.**

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | VAC | VAC | RDO | SAT | SUN | | | | | | SAT | SUN | | 0 |
| 447514 | Baldomero De Leon | 1 | a,b | 0.75 | 0.5 | | | | | | | | | | | | | | |
| 44540132 | Gumbus | 1 | b | | 0.75 | | | | | | | | | | | | | | |
| 456269 | Shelton | 1 | b,e | | | | | | | | 2 | | | | | | | | |
| | Fong | 2 | h | | | | | | | | 0.25 | | | | | | | | |
| 44623760 | Cooper | 1 | b | | | | | | | | | | 1 | | | | | | |
| 44515813 | Hookey | 1 | b | | | | | | | | | | 0.75 | | | | | | |
| 44584277 | Salgado | 1 | b | | | | | | | | | | 0.5 | | | | | | |
| 24CJCF02360 | Villegas | 1 | b,e | | | | | | | | | | 1.5 | 2 | | | | | |
| 44520305 | Alas | 1 | b | | | | | | | | | | | 1.5 | | | | | |
| 44584277 | SAlgado | 1 | b | | | | | | | | | | | 0.5 | | | | | |
| | LASD | 1 | g | | | | | | | | | | | 0.5 | | | | | |
| | Martin | 2 | h | | | | | | | | | | | | 0.25 | | | | |
| 44515813 | Hookey | 1 | d | | | | | | | | | | | | 1.5 | | | | |
| AGI-24-23 | Pena | 2 | b | | | | | | | | | | | | 0.75 | | | | |
| 44584277 | Salgado | 1 | d | | | | | | | | | | | | 1 | | | | |
| 44737225 | Ibarra | 1 | c | | | | | | | | | | | | | | | 1 | |
| | | | | ✓ | ✓ | | | | | | ✓ | | ✓ | ✓ | ✓ | | | ✓ | |
| **Subtotal** | **Claimable** | | | **0.75** | **1.25** | | | | | | **2.25** | | **3.75** | **4.5** | **3.5** | | | **1** | **17** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 8.25 | 7.75 | | | | | | 6.75 | 9 | 5.25 | 4.5 | 4.5 | | | 8 | |
| After Hours Duty | | 5 | | | | | | | | | | | 5 | | | | | | |
| Vacation /Holiday | | 5 | | | | 9 | 9 | 0 | 0 | 0 | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **8.25** | **7.75** | **9** | **9** | | | | **6.75** | **9** | **10.25** | **4.5** | **4.5** | | | **8** | **77** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **14** | **9** | **8** | | | **9** | 94 |

17 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | |
| **(02) Court Costs for Out of Jurisdiction Cases** | |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5, and all other non-claimable duties.** | |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **0** |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] *e, and the function performed as shown above* 5/6/24

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

S[redacted] 5/6/24

0 • C
17 • 00 +
17 • 60 +
34 • 60 G •

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| April 16-30, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 1S656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- (05) PC 278, 278.5 Post Filing -Non Claimable
- (06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders. running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g Assistance w 3130 order, obtain court records, prepare court docs, intake
h LE inquiry re: missing child/child abd inv--no case #
i Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Govt. agency inquiry re: Hague--no case #
i Private Citizen inquiry regarding Hague--no case #

**(03)**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | VAC | | RDO | SAT | SUN | | | | | VAC | SAT | SUN | | | | |
| | DAI Miller | 1 | h | 0.75 | | | | | | | | | | | | | | | | |
| 44737225 | Ibarra | 1 | d | 2 | | | | | | | | | | | | | | | | |
| 44562074 | McKinley | 1 | b | 0.5 | | | | | | | | | | | | | | | | |
| 44562074 | McKinley | 1 | d | | | 0.9 | | | | | | | | | | | | | | |
| 44540132 | Gumbus | 1 | b,c | | | 1.5 | | | | | | | | | | | | | | |
| 2024-26695 | Thompson | 1 | a | | | | | | | | 0.5 | | | | | | | | | |
| 44940490 | Jones | 1 | b | | | | | | | | 1 | | | | | | | | | |
| 24STCH00002 | Lopez | 2 | b | | | 0.4 | | | | | | | | | | | | | | |
| BA215148 | Terranova | 3 | a | | | 0.5 | | | | | | | | | | | | | | |
| 24STHC00001 | Vicente | 2 | f | | | | | | | | | 2.5 | | | | | | | | |
| | LAPD | 2 | h | | | | | | | | | 0.4 | | | | | | | | |
| AGI-23-30 | Golub | 2 | h | | | | | | | | | 0.5 | | | | | | | | |
| 44025052 | Guttierrez | 1 | b | | | | | | | | | | .1.5 | | | | | | | |
| 24STCH00001 | Lopez | 2 | h | | | | | | | | | | | | | | 0.4 | | | |
| | County Counsel | 1 | h | | | | | | | | | | | | | | 0.6 | | | |
| 24CJCF02929 | Gomez | 1 | h | | | | | | | | | | | | | | 0.5 | | | |
| 23STHC00011 | Chavez | 2 | b | | | | | | | | | | | | | | 0.4 | | | |
| | Attorney General | 2 | h | | | | | | | | | | | | | | | 0.75 | | |
| AGI-23-53 | Chavez | 2 | c | | | | | | | | | | | | | | | 1 | | |
| 24CJCF02929 | Gomez | 1 | b,c | ✓ | | ✓ | | | | | ✓ | ✓ | ✓ | | | | ✓ | 1 ✓ | | |
| **Subtotal** | **Claimable** | | | 3.25 | | 3.3 | | | | | 1.5 | 3.4 | 1.5 | | | | 1.9 | 2.75 | | 17.6 |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | 5.75 | | 5.7 | | | | 9 | 7.5 | 5.6 | 7.5 | | | | 7.1 | 6.25 | | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | 5 | | |
| Vacation/Holiday | Vacation | 5 | | | 9 | | | | | | | | | 8 | | | | | | |
| **Subtotal** | **Non-Claimable** | | | 5.75 | 9 | 5.7 | | | | 9 | 7.5 | 5.6 | 7.5 | 8 | | | 7.1 | 11.25 | | 76.4 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 8 | | | 9 | 14 | | 94 |

17.60 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

[redacted] ction performed as shown above. 5/6/24

Employee Signature

Su[redacted] t of my knowledge and belief, this time record is true and correct, and the functions were performed

Su[redacted] 5/6/24

811

821

# Los Angeles County District Attorney

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau |
|---|---|---|---|---|
| 4/1/2024-4/15/2024 | [redacted] | [redacted] | Paralegal | |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child al
- i Private citizen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague-research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague-no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions**

6 Minutes = .1
12 Minutes =
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
45 Minutes = .75 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

0 • C
36 • 70
32 • 00
68 • 70 GAT

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Code | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | WK | WK | | | | | | WK | WK | | 0 |
| AGI-23-68 ✓ | Seaga | 2 | b | 0.2 | | | | | | | | | | | | | | | 0.2 |
| AGI-23-39 ✓ | MARTINEZ | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| 24STHC00001 ✓ | Vicente | 2 | b | 0.3 | | | | | | | | | | | | | | | 0.3 |
| AGI-23-35 ✓ | GYUNASHYAN | 2 | b | 0.3 | | | | | | | | | | | | | | | 0.3 |
| AGI-23-54 ✓ | Lopez | 2 | b | 0.3 | | | | | | | | | | | | | | | 0.3 |
| AGI-23-30 ✓ | Golub | 2 | b | 0.3 | | | | | | | | | | | | | | | 0.3 |
| 23STHC00004 ✓ | Melendez | 2 | b | 0.4 | | | | | | | | | | | | | | | 0.4 |
| DA # 23-008 ✓ | HOUDESHELL | 2 | b | 0.1 | | | | | | | | | | | | | | | 0.1 |
| AGI-23-54 ✓ | LOPEZ | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-23-30 ✓ | Golub | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-23-39 ✓ | Vicente | 2 | b | | | 0.1 | | | | | | | | | | | | | 0.1 |
| AGI-23-30 ✓ | Golub | 2 | c | | | 0.5 | | | | | | | | | | | | | 0.5 |
| AGI-23-54 ✓ | Lopez | 2 | c | | | 0.4 | | | | | | | | | | | | | 0.4 |
| DA #23-002 | Khacheryan | 2 | b | | | 0.1 | | | | | | | | | | | | | 0.1 |
| AGI-23-30 ✓ | Golub | 2 | b | | | 0.1 | | | | | | | | | | | | | 0.1 |
| 24STHC00001 ✓ | Vicente | 2 | b | | | 0.4 | | | | | | | | | | | | | 0.4 |
| 24STHC00001 ✓ | Vicente | 2 | f | | | 5.5 | | | | | | | | | | | | | 5.5 |
| AGI-23-38 ✓ | Lopez | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI-24-15 ✓ | MARTYNIUK | 2 | b | | | 0.1 | | | | | | | | | | | | | 0.1 |
| DA #23-008 ✓ | Houdeshell | 2 | b | | | 0.2 | | | | | | | | | | | | | 0.2 |
| AGI23-35 ✓ | GYUNASHYAN | 2 | b | | | | 0.2 | | | | | | | | | | | | 0.2 |
| DA #23-003 ✓ | Trevino | 2 | b | | | | 0.5 | | | | | | | | | | | | 0.5 |
| 24STHC00001 ✓ | Vicente | 2 | b | | | | 0.4 | | | | | | | | | | | | 0.4 |
| DA #23-003 ✓ | Trevino | 2 | b | | | | 0.6 | | | | | | | | | | | | 0.6 |
| AGI-23-68 ✓ | Seaga | 2 | b | | | | 0.4 | | | | | | | | | | | | 0.4 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DA #23-006 | Cortez | 2 | b | | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| | Cornell | 1 | i | | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| DA #23-006 | Cortez | 2 | b | | | | | 0.3 | | | | | | | | | | | | | 0.3 |
| AGI-23-68 | Seaga | 2 | b | | | | | 0.4 | | | | | | | | | | | | | 0.4 |
| DA #23-003 | Trevino | 2 | b | | | | | 0.6 | | | | | | | | | | | | | 0.6 |
| AGI-23-54 | Lopez | 2 | b | | | | | 0.1 | | | | | | | | | | | | | 0.1 |
| 24STHC00002 | Lopez | 2 | c | | | | | 0.5 | | | | | | | | | | | | | 0.5 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| 44457733 | Shelton | 1 | c | | | | | | | | 0.3 | | | | | | | | | | 0.3 |
| 44457733 | Shelton | 1 | g | | | | | | | | 0.6 | | | | | | | | | | 0.6 |
| 44457733 | Shelton | 1 | e | | | | | | | | 2 | | | | | | | | | | 2 |
| AGI-23-27 | Ballesteros | 2 | b | | | | | | | | 0.5 | | | | | | | | | | 0.5 |
| 24STHC00003 | GYUNASHYAN | 2 | b | | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA #23-003 | Trevino | 2 | b | | | | | | | | | 0.7 | | | | | | | | | 0.7 |
| AGI-23-68 | Seaga | 2 | b | | | | | | | | | 0.1 | | | | | | | | | 0.1 |
| DA #23-008 | Houdeshell | 2 | b | | | | | | | | | 0.6 | | | | | | | | | 0.6 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | | 0.3 | | | | | | | | | 0.3 |
| AGI-23-18 | Caro | 2 | b | | | | | | | | | 0.2 | | | | | | | | | 0.2 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | | 0.5 | | | | | | | | | 0.5 |
| AGI-23-18 | Caro | 2 | b | | | | | | | | | 0.4 | | | | | | | | | 0.4 |
| AGI-24-15 | MARTYNIUK | 2 | b | | | | | | | | | | 0.3 | | | | | | | | 0.3 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | | | 0.5 | | | | | | | | 0.5 |
| 24STHC00002 | Lopez | 2 | f | | | | | | | | | | 2.5 | | | | | | | | 2.5 |
| DA #23-003 | Trevino | 2 | b | | | | | | | | | | 0.5 | | | | | | | | 0.5 |
| 24STHC00003 | Gyunashyan | 2 | c | | | | | | | | | | 1 | | | | | | | | 1 |
| | Marroquin | 1 | i | | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| 19PDFL00621 | AVETYAN, | 1 | g | | | | | | | | | | | 1 | | | | | | | 1 |
| 24STHC00003 | GYUNASHYAN | 2 | b | | | | | | | | | | | 0.4 | | | | | | | 0.4 |
| 24STHC00002 | Lopez Diego | 2 | b | | | | | | | | | | | 1 | | | | | | | 1 |
| DA #23-008 | Houdeshell | 2 | b | | | | | | | | | | | 1 | | | | | | | 1 |
| BA487102 | **Krulick** | 1 | g | | | | | | | | | | | 1 | | | | | | | 1 |
| 24STHC00003 | **GYUNASHYAN** | 2 | c | | | | | | | | | | | 1 | | | | | | | 1 |
| AGI-23-68 | **Seaga** | 2 | b | | | | | | | | | | | | 0.3 | | | | | | 0.3 |
| BA487102 | **Krulick** | 1 | g | | | | | | | | | | | | 0.1 | | | | | | 0.1 |
| AGI-23-53 | **CHAVEZ** | 2 | b | | | | | | | | | | | | 0.2 | | | | | | 0.2 |
| AGI-22-13 | **Takhar** | 2 | b | | | | | | | | | | | | 0.4 | | | | | | 0.4 |
| AGI-24-23 | **PENA** | 2 | a | | | | | | | | | | | | 0.7 | | | | | | 0.7 |
| AGI-24-23 | **PENA** | 2 | b | | | | | | | | | | | | 0.2 | | | | | | 0.2 |
| DA #23-003 | **Trevino** | 2 | b | | | | | | | | | | | | 0.1 | | | | | | 0.1 |
| AGI-23-30 | **GOLUB** | 2 | b | | | | | | | | | | | | | | | | 0.5 | | 0.5 |
| AGI-23-24 | **LOPEZ** | 2 | b | | | | | | | | | | | | | | | | 0.3 | | 0.3 |
| AGI-23-68 | **Seaga** | 2 | b | | | | | | | | | | | | | | | | 0.2 | | 0.2 |
| AGI-23-68 | **SEAGA** | 2 | c | | | | | | | | | | | | | | | | 1 | | 1 |
| BD609662 | **IBARRA** | 1 | g | | | | | | | | | | | | | | | | 0.6 | | 0.6 |
| DA #23-008 | **HOUDESHELL** | 2 | b | ✓ | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | 0.2 ✓ | | 0.2 |
| **Subtotal** | **Claimable** | | | **2** | **0** | **8** | **3** | **1.9** | **0** | **0** | **3.6** | **2.8** | **5.2** | **5.4** | **2** | **0** | **0** | **2.8** | | **36.7** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 6 | 8 | 0 | 5 | 6.1 | | | 4.4 | 5.2 | **2.8** | **2.6** | **6** | | | 5.2 | | 51.3 |
| **Subtotal** | **Non-Claimable** | | | **6** | **8** | **0** | **5** | **6.1** | **0** | **0** | **4.4** | **5.2** | **2.8** | **2.6** | **6** | **0** | **0** | **5.2** | | **51.3** |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | | **88** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | | **88** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **6.5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **30.2** |

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

36.7 wk ✓

| | |
|---|---|
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **51.3** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **88** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] 4/22/2024.

Employee Sig[redacted]

Supervisor: *I her[redacted]d and that, to the best of my knowledge and belief, this time record is true and correct, and the func[redacted]*

[redacted] 4/24/24

Supervisor Sig[redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: 4/16/2024-4/30/2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau | Unit Number | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i **Private citizen inquiry regarding missing child/child abdu**

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i **Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | WK | WK | | | | | | WK | WK | | | | |
| AGI-24-15 | MARTYNIUK | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| AGI-24-23 | Lima | 2 | b | 0.3 | | | | | | | | | | | | | | | | 0.3 |
| 24STHC00003 | GYUNASHYAN | 2 | c | 1 | | | | | | | | | | | | | | | | 1 |
| AGI-23-68 | SEAGA | 2 | c | 1 | | | | | | | | | | | | | | | | 1 |
| 24STCH00002 | LOPEZ | 2 | b | 0.2 | | | | | | | | | | | | | | | | 0.2 |
| 24STHC00003 | GYUNASHYAN | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| 24STHC00004 | GOLUB | 2 | b | 0.7 | | | | | | | | | | | | | | | | 0.7 |
| 24STHC00001 | Vicente | 2 | b | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| AGI-23-59 | SALAZAR | 2 | b | | 0.1 | | | | | | | | | | | | | | | 0.1 |
| AGI-24-23 | Pena Molina | 2 | b | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| 24STHC00003 | Gyunashyan | 2 | f | | 4 | | | | | | | | | | | | | | | 4 |
| 24STHC00002 | Lopez | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| AGI-23-69 | AQUINO | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| AGI-23-53 | Chavez | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| 24STHC00001 | Vicente | 2 | b | | | 1 | | | | | | | | | | | | | | 1 |
| YS069279 | Gumbus | 1 | g | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 24STHC00002 | Lopez | 2 | b | | | | 0.4 | | | | | | | | | | | | | 0.4 |
| YD069279 | Gumbus | 1 | g | | | | 0.5 | | | | | | | | | | | | | 0.5 |
| | Maroquin | 1 | i | | | | 0.6 | | | | | | | | | | | | | 0.6 |
| 24CJCF00710 | Burrell | 1 | g | | | | 2.5 | | | | | | | | | | | | | 2.5 |
| AGI-24-18 | HERRERA | 2 | a | | | | 1 | | | | | | | | | | | | | 1 |
| AGI-24-18 | HERRERA | 2 | b | | | | | | | 0.6 | | | | | | | | | | 0.6 |
| AGI-24-23 | Pena Molina | 2 | b | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | 0.7 | | | | | | | | | | 0.7 |
| | Silvia | 1 | i | | | | | | | 0.6 | | | | | | | | | | 0.6 |
| 24STHC00004 | Gloub | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGI-22-13 | Takhar | 2 | b | | | | | | | 0.2 | | | | | | | | | | | | 0.2 |
| AGI-22-13 | Takhar | 2 | b | | | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| AGI-22-44 | Holgoin | 2 | b | | | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| | Krump | 2 | b | | | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| | Krump | 2 | i | | | | | | | | 1 | | | | | | | | | | | 1 |
| 24STHC00001 | Vicente | 2 | b | | | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| 24STHC00004 | GOLUB | 2 | b | | | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| 24STHC00004 | Gloub | 2 | f | | | | | | | | | 1.7 | | | | | | | | | | 1.7 |
| 24STHC00001 | Vicente | 2 | c | | | | | | | | | 1 | | | | | | | | | | 1 |
| | Krump | 2 | i | | | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| 24STHC00002 | Lopea | 2 | b | | | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| 24STHC00001 | Vicente | 2 | b | | | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | 0.4 | | | | | | | | | 0.4 |
| AGI-21-32 | Gastelum | 2 | b | | | | | | | | | | 0.2 | | | | | | | | | 0.2 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | | | 0.1 | | | | | | | | | 0.1 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | | | | 0.5 | | | | | | | | | 0.5 |
| BF049529 | Polk | 1 | g | | | | | | | | | | 0.3 | | | | | | | | | 0.3 |
| 23STHC00001 | Chavez | 2 | b | | | | | | | | | | 0.5 | | | | | | | | | 0.5 |
| 24STHC00002 | Lopez | 2 | b | | | | | | | | | | | 0.2 | | | | | | | | 0.2 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| 24STHC00001 | Vicente | 2 | e | | | | | | | | | | | 1 | | | | | | | | 1 |
| 24STHC00001 | Vicente | 2 | b | | | | | | | | | | | 0.1 | | | | | | | | 0.1 |
| 19STEX01322 | Barraza | 1 | g | | | | | | | | | | | 0.3 | | | | | | | | 0.3 |
| BD570914 | Acosta | 1 | g | | | | | | | | | | | 0.2 | | | | | | | | 0.2 |
| BF043930 | Ponce | 1 | g | | | | | | | | | | | 0.3 | | | | | | | | 0.3 |
| BF049529 | Polk | 1 | g | | | | | | | | | | | 0.3 | | | | | | | | 0.3 |
| 23STHC00001 | Chavez | 2 | b | | | | | | | | | | | | | | | 0.3 | | | | 0.3 |
| 24STHC00003 | Gyunasyan | 2 | b | | | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| AGI-23-53 | Chavez | 2 | c | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| AGI-24-23 | PENA | 2 | b | | | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| | Krump | 2 | i | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | 0.3 ✓ | | | | 0.3 |
| **Subtotal** | **Claimable** | | | **3.4** | **5.1** | **2.7** | **5** | **0** | **0** | **2.6** | **2.6** | **3.9** | **2** | **2.8** | **0** | **0** | **0.3** | **1.6** | **0** | **32** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 4.6 | 2.9 | 5.3 | 3 | | | 5.4 | 5.4 | 4.1 | 6 | 5.2 | | | 7.7 | 6.4 | | 56 |
| **Subtotal** | **Non-Claimable** | | | **4.6** | **2.9** | **5.3** | **3** | **0** | **0** | **5.4** | **5.4** | **4.1** | **6** | **5.2** | **0** | **0** | **7.7** | **6.4** | | **56** |
| | | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **0** | **88** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | | | **88** |

32 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **6.1** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **25.9** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **56** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **88** |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] *report of my time, and the function performed as shown above*

4/30/2024.

E[redacted]

Supe[redacted] *amined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

5/7/24

Sup[redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| April/01/2024 - April/15/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

6.00 +
4.00 +
10.00

| | | | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| **Case Number** | **Case Name** | **Activity Codes** | **Task Codes** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | **Grand Total** |
| | | | | | | | | | WK | WK | | | | | | WK | WK | RDO | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| 24STHC00001 | Vicente vs. Agustin | 2 | f | | | 6 | | | | | | | | | | | | | 6 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | worked RDO | 5 | | 8 | | | | | | | | | | | | | | | 8 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 9 | 3 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 74 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | SW Duty | 5 | | | | | | 5 | | 8 | | | | | | | | | 13 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 8 | 9 | 3 | 9 | 14 | 0 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 95 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 8 | 9 | 9 | 9 | 14 | 0 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | 101 |

6 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 6 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 95 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 101 |

Note: Please enter WK for week end and RDO for your day off.

Emp[redacted] wn above

Emp[redacted]

Su[redacted] to the best of my knowledge and belief, this time record is true and correct, and the

Su[redacted]

4/16/24

4/18/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| April/16/2024 - April/30/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**(05) PC 278, 278.5 Post Filing -Non Claimable**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents
g Assistance with 3130 order, obtain court records, prepare court documents, intake
h law enforcement inquiry regarding missing child/child abduction investigation-no case number
i private Citizen inquiry regarding missing child/child abduction investigation-no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Gov't agency inquiry regarding Hauge-no case number
i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition
e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| **Case Number** | **Case Name** | **Activity Codes** | **Task Codes** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | | **Grand Total** |
| | | | | | | | OFF | | | | | | | | | | | | | 0 |
| 24STHC0003 | Gyynashyan v Aleksanyan | 2 | f | | 4 | | | | | | | | | | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **4** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | | **4** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | | 5 | | 9 | 5 | 9 | | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | | 76 |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | off | 5 | | | | | 9 | | | | | | | | | | | | | 9 |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | worked RDO | 5 | | | | | | | | | | | | | | | 8 | | | 8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **9** | **5** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | | **93** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **97** |

4 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **4** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable** | **93** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **97** |

Note: Please enter WK for week end and RDO for your day off

[redacted]

*...rmed as shown above*

5/1/24

Supervis... *...hereby certify the employee's daily time records have been reviewed and that, to the best of my knowledge and belief, this time record is true and correct, and the functions*

[redacted]

5/8/24

Super...

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Apr-24 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of t**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0 • C
63 • 00 +
66 • 00 +
129 • 0061 Rt

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | 0 |
| 2024-A-0131 | Lopez, Lilibeth | 1 | c,u,v | | 4 | | | 4 | | | | 1 | | 1 | | | | | 10 |
| 2024-A-0285 | Narcisse, Alicia | 1 | g,u | | 2 | | | 2 | | | | 4 | | | | | | | 8 |
| 2023-A-1577 | Augustin, Isaias | 1 | c,g | | 2 | 10 | | | | | | 1 | | 1 | | | | | 14 |
| 2023-A-1616 | Morales, Arely | 1 | c,u | | | | | | | | | | 6 | | | | | | 6 |
| 2023-A-1724 | Coulter, Kamille | 1 | g | | | | | | | | | | 2 | 2 | | | | | 4 |
| 2023-G-1173 | Hovhannisyan, Yula | 1 | u | | | | | 1 | | | | | | 1 | | | | | 2 |
| 2024-G-0265 | DeRoos, Jennifer | 1 | o | | | | | | | | | | | 1 | | | | | 1 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | | | | | | | | 2 | | 2 | 1 | | | | 5 |
| 2022-G-0781 | Horton, Mallory | 1 | u,w | | | | | | | | | | | 1 | 3 | | | | 4 |
| Intake interview | Arcinega, Jeannette | 1 | u,y | | 2 | | | 3 | | | | 2 | | 1 | 1 | | | | 9 |
| Duty calls | | 1 | a | | | | | | | | | | | | | | | | 0 |
| Stats | | | | | | | | | | | | | | | 3 | | | | 3 |
| | | | | | | | | | | | | | | | 5 | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 10 | 0 | 10 | 0 | 0 | 0 | 10 | 8 | 10 | 9 | 0 | 0 | 0 | 66 |
| SW Casitas Op Pomona | | 5 | | | | | 10 | | | | | | 2 | | | | | | 12 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | 5 | | | | | | | | | | | | | 2 | | | | 2 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 14 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

63 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 63 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 14 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 4/12/24

Supervisor: *I hereby certify the [redacted] examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 4/12/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Apr-24 | [redacted] | [redacted] | Senior Investigator | Investigation | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | SAT | SUN | EXCH | | | | EXCH | SAT | SUN | RDO | | N/A | 0 |
| 2024-A-0619 | Lima, Sinahi | 1 | c,u,w, | 3 | | | | | | 4 | | | | | | | | 2 | | 9 |
| 2022-G-0781 | Horton, Mallory | 1 | u,w | 4 | | | | | | | 1 | 4 | 4 | | | | | 1 | | 14 |
| 2022-A-1119 | Calvan, Mark | 1 | c,u | 2 | | | | | | | | | | | | | | | | 2 |
| 2024-A-0131 | Lopez, Lilibeth | 1 | c,u | 1 | | | | | | | | | | | | | | | | 1 |
| 2022-A-0277 | Sogi, Reema | 1 | c,u | | | 10 | | | | | | | | | | | | | | 10 |
| 2024-G-0693 | Gonzalez, Adriana | 1 | u,w | | | | | | | | 3 | | | | | | | 1 | | 4 |
| 2024-A-0695 | Aarniva, Rosana | 1 | u,w, c | | | | | | | | 3 | 4 | | | | | | 2 | | 9 |
| 2024-G-0694 | Henriquez, Leila | 1 | u,w | | | | | | | | 3 | | | | | | | 2 | | 5 |
| 2023-A-1577 | Vicente Isaias | 1 | g | | | | | | | | | | | | | | | 1 | | 1 |
| 2023-G-0569 | Gerlach, Erin | 1 | u | | 10 | | | | | | | | | | | | | 1 | | 11 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | | | | | ✓ | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 0 | 4 | 10 | 8 | 4 | 0 | 0 | 0 | 0 | 10 | | 66 |
| Facial Recognition Training | | 5 | | | | | 10 | | | | | | | | | | | | | 10 |
| On-line department training | | 5 | | | | | | | | 6 | | | | | | | | | | 6 |
| 2023-F-0472 | Certified Interpreters of CA | 5 | | | | | | | | | | 2 | 6 | | | | | | | 8 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 10 | 0 | 0 | 6 | 0 | 2 | 6 | 0 | 0 | 0 | 0 | 0 | | 24 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | | 90 |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | |

66 WK ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 66 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 24 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

*I hereby certify that this is a true and accurate report of my time and the function performed as shown above.*

[redacted] 4/30/24

Employee Signature

Supervisor: *I hereby certify the emp[redacted]examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 4/30/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: APRIL 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review [illegible]
- z Review Court

**Conversions c**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0.C
70.50
71.50
142.006

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-G-0122 | NAJAR | 4 | M,Y | 5 | | 0.5 | | RDO | SAT | SUN | | 1 | | | RDO | SAT | SUN | | 6.5 |
| 2023-G-1401 | GONZALEZ | 4 | Y,Z | | | | 1 | | | | 2 | | 1.5 | 0.5 | | | | 1.5 | 6.5 |
| 2024-A-0388 | GORDON | 3 | Y,Z | 1 | 1.5 | 1 | | | | | | 1 | | | | | | 2.2 | 6.7 |
| 2023-G-1724 | COULTER | 1 | Y,Z | | 1 | | | | | | 2 | 2.5 | | 0.5 | | | | | 6 |
| 2021-A-1309 | GASTELUM | 3 | X,Y,Z | | | 1 | 0.5 | | | | 2.5 | 1 | 3 | | | | | | 8 |
| 2024-G-0525 | MANZO | 1 | Y,Z | | 2 | | | | | | | 4 | 0.5 | | | | | 0.5 | 7 |
| 2024-G-0589 | CORNELL | 1 | X,Y,Z | | 1 | 0.5 | | | | | 1 | | | 4 | | | | 1.5 | 8 |
| 2024-G-0590 | POLK | 1 | Y,Z | 2.5 | | | | | | | | | 3 | 1.5 | | | | | 7 |
| 2024-G-0620 | ACOSTA | 3 | Y,Z | | | | 1.5 | | | | 0.5 | | | 1 | | | | 3 | 6 |
| 2023-A-1577 | AUGUSTIN | 1 | I,M | 1.5 | 0.5 | 6 | | | | | 0.5 | | | | | | | 0.3 | 8.8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 6 | 9 | 3 | 0 | 0 | 0 | 8.5 | 9.5 | 8 | 7.5 | 0 | 0 | 0 | 9 | 70.5 |
| TRAINING | N/A | 5 | | | 4 | | | | | | | | | | | | | | 4 |
| SGT MEETING | N/A | 5 | | | | | 6 | | | | | | | | | | | | 6 |
| OTHER | N/A | 5 | | | | 1 | 1 | | | | 1.5 | 0.5 | 2 | 2.5 | | | | 1 | 9.5 |
| Subtotal | Non-Claimable | | | 0 | 4 | 1 | 7 | 0 | 0 | 0 | 1.5 | 0.5 | 2 | 2.5 | 0 | 0 | 0 | 1 | 19.5 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

70.50 WM ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 36.8 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 20.7 |
| (04) Return of Children to Custodian | 13 |
| (5) Non Claimable | 19.5 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employe[redacted] *e report of my time, and the function performed as shown above.* 4/15/24

Employ[redacted]

S[redacted] *been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 4/15/24

S[redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: APRIL 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions of time Decimals**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
36 Minutes = .6 hour
42 Minutes = .7 hour
45 Minutes = .75 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-G-0693 | HUERTA | 1 | X,Y,Z | 2 | | | RDO | SAT | SUN | 1.5 | | 1 | 1.5 | RDO | SAT | SUN | | 0.5 | | 6.5 |
| 2024-G-0694 | PETINO | 1 | X,Y,Z | | 1 | 2 | | | | | 1.5 | | | | | | 1 | | | 5.5 |
| 2024-G-0703 | SCOTT | 1 | X,Y,Z | | 2 | 1.5 | | | | 1 | | | 1 | | | | | | | 5.5 |
| 2023-A-1616 | MORALES | 3 | Y | 2 | 1 | | | | | 1 | 1.5 | | 1 | | | | 1 | 2 | | 9.5 |
| 2024-A-0368 | FUCHS | 3 | Y | 1 | | | | | | | | | | | | | 1.5 | | | 2.5 |
| 2024-G-0091 | GAZADER | 1 | Y | | 2.5 | | | | | 2 | | | | | | | 2 | | | 6.5 |
| 2023-A-1164 | GOLUB | 1 | Y | 1 | | | | | | 0.3 | 3 | | | | | | | | | 4.3 |
| 2024-G-0095 | RODRIGUEZ | 1 | Y | | 0.5 | 1.5 | | | | | | | 1.5 | | | | | 0.5 | | 4 |
| 2024-G-0133 | WATTS | 1 | Y | 0.5 | | 1 | | | | 0.2 | 2 | 2 | 1 | | | | 2 | 1.5 | | 10.2 |
| 2023-A-1141 | GYUNASHYAN | 1 | Y | 1 | | 0.5 | | | | | | 2.5 | | | | | | 0.5 | | 4.5 |
| 2023-A-1577 | MARTINEZ | 1 | Y | 1 | | 1.5 | | | | 1 | 0.5 | 0.5 | 0.5 | | | | 1.5 | 1 | | 7.5 |
| 2021-A-1478 | STRANKAY | 1 | Y | 0.5 | | 1.5 | | | | 1.5 | 1.5 | | 2.5 | | | | VACATION | 1.5 | | 9 |
| 2024-G-0265 | DEROOS | 1 | Y | | | | | | | 0.5 | | 3 | 1 | | | | | 0.5 | | 5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 9 | 7 | 9.5 | 0 | 0 | 0 | 9 | 10 | 9 | 10 | 0 | 0 | 0 | 9 RT | 8 | 0 | 80.5 |
| OTHER | | 5 | | 1 | 3 | 0.5 | | | | 1 | | 1 | | | | | 1 | 2 | | 9.5 |
| VACATION | N/A | 5 | | | | | | | | | | | | | | | | | | 0 |
| SGT MEETING | | 5 | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 1 | 3 | 0.5 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 9.5 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 90 |

| | |
|---|---|
| (01) Compliance with Court Orders | 68.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 12 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 9.5 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certif[redacted]rt of my time, and the function performed as shown above.*

Employee Signature [redacted] 4/30/24

Supervisor: [redacted] *ined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor [redacted] 4/30/24

P1.50 WH R.T

# Los Angeles County District Attorney

Custoc

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Apr-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | 0 |
| 2020-G-1457 | Whitney Sankofara | 1 | u,v,w | 4 | | | 3 | | | | | | | | | | | | 7 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,w | 2 | 3 | | 5 | | | | 2 | 3 | 3 | 5 | | | | 2 | 25 |
| 2024-G-0044 | Hershey De Peralta | 1,4 | u,v,w | | | 2 | | | | | | 1 | 2 | | | | | | 5 |
| 2023-G-1142 | Adrien Aguilar | 1 | u | 2 | 3 | 2 | | | | | | 3 | | 4 | | | | | 14 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | c, | | | | | | | | 3 | | 5 | | | | | 4 | 12 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v | | | 2 | 2 | | | | | 2 | | | | | | | 6 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v, | | 1 | 1 | | | | | 3 | | | | | | | 4 | 9 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | 2 | | | | | | | | | | 1 | | | | | 3 |
| 2023-G-0985 | Tanner v. Grisset | 1,4 | u,v,w | | 1 | 3 | | | | | 2 | 1 | | | | | | | 7 |
| 2023-G-0345 | Ryan Scypion | 1,4 | v | | 2 | | | | | | | | | | | | | | 2 |
| 2021-G-0277 | Segal v. Vinogradova | 1,3 | g,o,u,w | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | |
| | | | | | | | | | | | | | | | | | | | 90 |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **90** |

Note: Please enter WK for week end and RDO for your day off.

Er[redacted] *ort of my time, and the function performed as shown above.*

4/15/24

Employee Signature

Supervisor: *I hereby certify the* [redacted] *en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

4/15/24

Supervisor Signature [redacted]

0.0

50.00

82.00

132.006

50 WH

RT

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Apr-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | N/A | 0 |
| 2024-G-0345 | Ryann Scypion | 1,4 | V | 3 | 2 | 3 | | | | 2 | 1 | 4 | 3 | | | | 2 | 4 | | 24 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,k,o,g | 3 | 2 | | | | | | 4 | 2 | | | | | 3 | | | 14 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u,v | | | 2 | | | | 3 | 3 | | | | | | | 2 | | 10 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | | | | | | | | | 3 | | | | | | | | 3 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | | 2 | 2 | | | | | 2 | | 1 | | | | | | | 6 |
| 2022-A-0277 | Sogi Reema | 1,3 | c,g,u,v,w | 3 | | | | | | 5 | | | 7 | | | | | | | 15 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | | 2 | | | | | | | | | | | | | 4 | | 6 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | | 1 | | | | | | | | 1 |
| 2023-G-0985 | Tanner-Grisset | 1,4 | u,v,w | 1 | 2 | 3 | | | | | | | | | | | 5 | | | 11 |
| 2021-G-1289 | Segal v. Vinogradova | 1,3 | g,o,u,w | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | 8 ✓ | 4 ✓ | | | | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | | | 10 | 10 | | 78 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 90 |

82 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *d the function performed as shown above.* 4/30/24

Supervisor: *I hereby* [redacted] *n examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signa[redacted] 4/30/24

**Los Angeles Coun**
**Cust**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Numb |
|---|---|---|---|---|---|
| 04/01/24 - 04/15/24 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 |

Conversior

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
63 • 00
51 • 00
114 • 006

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | | | | | WK | WK | RDO | | | | | WK | WK | | 0 |
| 2023-A-1616 | ARELY MORALES | 1 | c,u,g | | 5 | 1 | 1 | 1 | | | | 3 | 6 | 1 | | | | 1 | 19 |
| 2023-G-1391 | CHONTE BURKE | 1 | u | | 1 | | | | | | | | | | | | | | 1 |
| Duty Calls | Duty Calls | 1 | a | | 2 | | 2 | 2 | | | | | 2 | | 1 | | | 1 | 10 |
| 2023-A-1164 | LJUDMILA GOLUB | 1 | u, i, g | | 1 | | | | | | | | | | | | | 7 | 8 |
| 2023-A-1141 | LILIT ALEKSANYAN | 1 | c,u,g | | 1 | | 5 | 5 | | | | 1 | 1 | 2 | 6 | | | 1 | 22 |
| 2023-A-1577 | ISAIAS VICENTE | 1 | c,d | | | 9 | | | | | | | | | | | | | 9 |
| 2024-G-0091 | RICHEY GAZADER | 1 | c,k | | | | | 2 | | | | | | 2 | 2 | | | | 6 |
| 2024-G-0590 | ASIA POLK | 1 | x | | | | | | | | | | 1 | 3 | | | | | 4 |
| 2023-G-0265 | SELINA GARRET | 1 | g | | | | | | | | | | | 2 | 1 | | | | 3 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | 8 ✓ | ✓ | 6 ✓ | 8 ✓ | | | | ✓ | ✓ 8 | ✓ | 9 ✓ | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 10 | 8 | 10 | 0 | 0 | 0 | 4 | 10 | 10 | 10 | 0 | 0 | 10 | 82 |
| LEAD Detective Project | | 5 | | | | | 2 | | | | | | | | | | | | 2 |
| BA502421 | | 5 | | | | | | | | | 1 | 12 | | | | | | | 13 |
| | | 5 | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 1 | 16 | 10 | 10 | 10 | 0 | 0 | 10 | Pay Period Total 97 |

63 ✓ AT WM

| | |
|---|---|
| (01) Compliance with Court Orders | 82 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 15 |
| Claimable + Non-Claimable Total | 97 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *nd accurate report of my time, and the function performed as shown above.*

4/15/24

Supervisor: *I hereby certify the employee's dail* [redacted] *hat, to the best of my knowledge and belief, this time record is true and correct, and the*

4/16/2024

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 04/16/24 - 04/30/24 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | RDO | WK | WK | | | | | RDO | WK | WK | RDO | | XXXX | 0 |
| 2023-A-1141 | LILIT ALEKSANYAN | 1 | c,m | 2 | 10 | 2 | | | | 1 | | | | | | | | | | 15 |
| 2023-A-1164 | LIUDMILA GOLUB | 1 | c | 1 | | 1 | | | | | | 1 | | | | | | | | 3 |
| 2023-G-1391 | CHONTE BURKE | 1 | c,u,m | 6 | | | | | | | | 5 | | | | | | 8 | | 19 |
| Duty Calls | Duty Calls | 1 | a | ~~1~~ | | ~~3~~ | | | | | | | | | | | | ~~1~~ | | 5 |
| 2023-A-1617 | GABRIEL CHAVEZ | 1 | c | | | 1 | | | | | | | | | | | | | | 1 |
| 2024-A-0028 | JORGE ALFREDO AQUINO | 1 | c | | | 1 | | | | | | | | | | | | | | 1 |
| 2023-G-1538 | DEANDRE CRISS | 1 | a,u | | | 2 | | | | 1 | | | | | | | | | | 3 |
| 2024-G-0091 | RICHEY GAZADER | 1 | u | | | | | | | 2 | | | 1 | | | | | | | 3 |
| 2023-A-1616 | ARELY MORALES | 1 | c | | | | | | | 1 | | | 1 | | | | | | | 2 |
| 2024-G-0703 | CLISHAY SCOTT | 1 | x | | | | | | | | | 2 | | | | | | | | 2 |
| 2024-G-0590 | ASIA POLK | 1 | a | | | | | | | | | | 1 | | | | | | | 1 |
| 2023-G-0265 | SELINA GARRET | | | | | | | | | | | | | | | | | 1 | | 1 |
| | | | | ✓9 | | 9✓ | | | | ✓ | | ✓ | ✓ | | | | | ✓9 | | 0 |
| Subtotal | Claimable | | | ~~10~~ | 10 | ~~10~~ | 0 | 0 | 0 | 5 | 0 | 8 | 3 | 0 | 0 | 0 | 0 | ~~10~~ | 0 | 56 |
| Range | Range | 5 | | | | | | | | 5 | 10 | | | | | | | | | 15 |
| 2023-F-0472 | Certified Interpreters of CA | 5 | | | | | | | | | | 2 | 6 | | | | | | | 8 |
| | | 5 | | | | | | | | | | | 1 | | | | | | | 1 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 10 | 2 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 24 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 80 |

51 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 55 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 24 |
| Claimable + Non-Claimable Total | 79 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *d accurate report of my time, and the function performed as shown above.* 4/30/24

Supervisor: *I hereby ce* [redacted] *have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 4/30/24

Supervisor Signatu [redacted]

this timecard reflects the off set 035 from pay period 4/1/24 - 4/15/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| April 1-15, 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enfocement inquiry regarding missing child/child abduction

i private citizen inquirey regarding missing child/child abduction investigation. No case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h law enfocement inquiry regarding missing child/child abduction

i private citizen inquirey regarding missing child/child abduction investigation. No case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 ◦ C

0 ◦ 00 +

0 ◦ 006 +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | WK | WK | RDO | | | | | WK | WK | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | post filing | 44 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | **9** | **9** | **9** | 0 | 0 | 8 | 44 |
| **Search Warrant** | Search Warrant- other non-cl | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | **0** | **0** | **0** | 0 | 0 | 0 | 5 |
| | vacation | 44 | | 8 | 9 | 9 | 9 | 9 | | | | | **0** | | | | | | 44 |
| **Subtotal** | **Non-Claimable** | **93** | | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **14** | **9** | **9** | **9** | **0** | **0** | **8** | **93** |
| **Daily Grand Total** | | | | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **14** | **9** | **9** | **9** | **0** | **0** | **8** | **93** |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 44 |
| (06) Other - Non Claimable | 49 |
| Claimable + Non-Claimable Total | 93 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] time and the function performed as shown above. APRIL 16 2024

Sup[redacted] my knowledge and belief, this time record is true and correct, and the

Sup[redacted] 4/23/24

OV WH

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| March 16-31 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction

i private citizen inquiry regarding missing child/child abduction investigation- no

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague - no case number

i private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | WK | WK | RDO | | | | | WK | WK | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | | | |
| | PC 278, 278.5 Post Filing | 89 | | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 0 | 89 |
| | Other - Search Warrants | 8 | | 0 | 0 | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| | other vacation/holiday | 0 | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 |
| **Subtotal** | **Non-Claimable** | **97** | | **9** | **9** | **9** | **9** | **8** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | **97** | | **9** | **9** | **9** | **9** | **8** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **0** | **97** |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **97** |

| | |
|---|---|
| (01) Compliance with Court Orders, | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities | 97 |
| | 0 |
| Claimable + Non-Claimable Total | 97 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*...e, and the function performed as shown above.*

APRIL 30 2024

Superv[redacted]

*...o the best of my knowledge and belief, this time record is true and correct, and the functions were*

5/6/24

Super

OV WH

81

# Los Angeles County District Attorney

Cu

| Pay Period: APRIL 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Nur 1582 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Convers**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hou
- 15 Minutes = .25 ho
- 18 Minutes = .3 hou
- 24 Minutes = .4 hou
- 30 Minutes = .5 hou

0 • C

0 • 00 +

0 • 00 6 +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | RDO | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | 0 |
| 2024-G-0095 | RODRIGUEZ, PATRICIA | 1 | u,g | | | | | | | | | | | | | | | | 0 |
| 2024-G-0133 | WATTS, SAMETRIA | 1 | u,g | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Other (Consumer Protection) | | 5 | | 0 | 0 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 0 | | | | 0 |
| Other (Vacation) | | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 4 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 84 |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **4** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **80** |
| **Claimable + Non-Claimable Total** | **84** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *rt of my time, and the function performed as shown above.* 4/12/24

Supervisor: *I hereby certify the employee's da* [redacted] *that, to the best of my knowledge and belief, this time record is true and correct, and the* 4/12/24

Supervisor Signature

0 WHV

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: APRIL 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| Other (Consumer Protection) | | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | | 50 |
| Other (Vacation) | | 5 | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 40 |
| | | | | | | | | | | | | | | | | | | 0 | | 0 |
| Subtotal | Non-Claimable | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | | 90 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 90 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] *urate report of my time, and the function performed as shown above.*

4/30/24

E

Supervisor: *I hereby certify the employee's daily time records have been e[redacted] and belief, this time record is true and correct, and the*

4/30/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| May 1-15, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5, and all other non-claimable duties.

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g LE/govt. inquiry re: missing child/ abduction inv—no case #

h Private Citizen inqury re: missing child/abduction—no cas

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Hague LE/govt. inquiry re: Hague no case #

i Hague—private Citizen inqiury re: hague no case #

**(03)**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

30 • 65 +
19 • 30 +
49 • 95 G ÷

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WED | THURS | RDO | SAT | SUN | MON | TUES | WED | THURS | FRI | SAT | SUN | MON | TUES | WED | 0 |
| 44940490 | Jones | 1 | b | 1 | | | | | | | | | | | | | | | |
| 44860255 | Washington | 1 | b | 1 | 1 | | | | 1 | | | | | | | | | | |
| 44860255 | Washington | 1 | e | | 0.7 | | | | | 4 | | | | | | | | | |
| 44683315 | Shepherd | 1 | b | 1 | 0.75 | | | | | | | | | | | | | | |
| 44683315 | Shepherd | 1 | e | | 1.5 | | | | 0.9 | | | | | | | | | | |
| 44025052 | Guttierrez | 1 | b,d | | | | | | 1.5 | | | | | | | | | | |
| 24CJCF02929 | Gomez | 1 | b,e | | | | | | | | 6 | | | | | | | | |
| BA435562 | Zamudio | 3 | a | | | | | | | | 1 | | | | | | | | |
| 44132290 | Baldomero De Leon | 1 | a,b | | 0.4 | | | | | | | 0.75 | | | | | | | |
| 44750770 | Garcia | 1 | a,b,e | | | | | | | | | | | | | | | | |
| 24SRHC0005 | Turcio | 2 | p | | | | | | | | | | | | | 1.5 | | | |
| AGI-23-53 | Mendez | 2 | c | | | | | | | | | | | | | 1 | | | |
| | AG Inquiry | 2 | h | | | | | | | | | | | | | | | 0.4 | |
| 44770192 | Lucero | 1 | b | | | | | | | | | | | | | | | 3 | |
| 44280403 | Ramirez | 1 | b | | | | | | | | | | | | | | | 2 | |
| | LAPD inquiry | 1 | g | | | | | | | | | | | | | | | 0.25 | |
| | | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | | ✓ | |
| **Subtotal** | **Claimable** | | | **3** | **4.35** | **0** | **0** | **0** | **3.4** | **4** | **7** | **0.75** | **0** | **0** | **0** | **2.5** | **0** | **5.65** | **30.65** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 6 | 4.65 | | | | 5.6 | 5 | 2 | 8.25 | 8 | | | 6.5 | 9 | 3.35 | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | |
| Vacation /Holiday | | 5 | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **6** | **4.65** | | | | **5.6** | **5** | **2** | **8.25** | **8** | **0** | **0** | **6.5** | **9** | **3.35** | **58.35** |
| **Daily Grand Total** | | | | **9** | **9** | | | | **9** | **9** | **9** | **9** | **8** | **0** | **0** | **9** | **9** | **9** | **89** |

30.65 WM ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5, and all other non-claimable duties. | |
| 0 | 0 |
| Claimable + Non-Claimable Total | 0 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I here* [redacted] *rformed as shown above.*

6/7/24

Employee Signature

Super*vi*sor: *I have verified the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted]

6/7/24

Super

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| May 16-31, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance w 3130 order, obtain court records, prepare court docs, intake

h LE inquiry re: missing child/child abd inv--no case #

i Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Govt. agency inquiry re: Hague--no case #

i Private Citizen inquiry regarding Hague - no case #

**(03)**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | RDO | SAT | SUN | | | | | | SAT | SUN | HLDY | | | | RDO | |
| 44271141 | Newsome | 1 | b | | | | | | | | 1.5 | | | | | | | | | |
| 44770192 | Lucero | 1 | d | 0.6 | | | | | | | | | | | | | | | | |
| 44540132 | Gumbus | 1 | b | 2.5 | | | | | | | | | | | | | | | | |
| | Stanislau DA inquiry | 1 | h | 0.5 | | | | | | | | | | | | | | | | |
| 44680905 | Tapia | 1 | b | 1 | | | | | | | | | | | | | | | | |
| AGI-2368 | Narcisse | 2 | c | | | | | 1 | | | | | | | | | | | | |
| | Garcia | 1 | i | | | | | 0.25 | | | | | | | | | | | | |
| 44223996 | Garcia Ramirez | 1 | b | | | | | | | 1 | | | | | | | | | | |
| 44223998 | Garcia Ramirez | 1 | e | | | | | | | | 2 | | | | | | | | | |
| 44407194 | Oda | 1 | b | | | | | | | | 0.75 | | | | | | | | | |
| 44933971 | Urban Perez | 1 | d | | | | | | | | 0.7 | | | | | | | | | |
| 44427344 | Lillard | 1 | b | | | | | | | | 1.5 | | | | | | | | | |
| 44829845 | Corella | 1 | b | | | | | | | | | 3 | | | | | | | | |
| 44829845 | Corella | 1 | d | | | | | | | | | | | | | 2 | | | | |
| 44649744 | Rudnik | 1 | b | ✓ | | | | ✓ | | ✓ | 6.45 ✓ | ✓ | | | | | 1 ✓ | | | |
| **Subtotal** | **Claimable** | | | 4.6 | | | | 1.25 | 0 | 1 | 5.45 | 3 | | | | 2 | 1 | 0 | 0 | 18.3 |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | 4.4 | | | | 7.75 | 9 | 8 | 3.55 | 5 | | | | 7 | 8 | 9 | | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | | |
| Vacation/Holiday | Vacation | 5 | | | | | | | | | | | | | 9 | | | | | |
| **Subtotal** | **Non-Claimable** | | | 4.4 | | | | 7.75 | 9 | 8 | 3.55 | 5 | | | 9 | 7 | 8 | 9 | 0 | 70.7 |
| **Daily Grand Total** | | | | 9 | | | | 9 | 9 | 9 | 9 | 8 | | | 9 | 9 | 9 | 9 | 0 | 89 |

19.30 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I he* [redacted] *t of my time, and the function performed as shown above.* 6/7/24

Employee Sig

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as*

[redacted] 6/7/24

Super

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 5/16/2024-5/31/2024 | [redacted] | [redacted] | Paralegal | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i **Private citizen inquiry regarding missing child/child abdu**

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

**Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | WK | WK | | | | | | WK | WK | HOLIDAY | | | | | |
| Da # 23-008 | Houdeshell | 2 | b | 0.5 | | | | | | | | | | | | | | | | 0.5 |
| AGI-23-18 | Caro | 2 | b | 0.1 | | | | | | | | | | | | | | | | 0.1 |
| | Krump | 2 | h | 0.3 | | | | | | | | | | | | | | | | 0.3 |
| DA # 23-009 | Raygoza | 2 | b | 0.4 | | | | | | | | | | | | | | | | 0.4 |
| YD069279 | Gumbus | 1 | g | 1 | | | | | | | | | | | | | | | | 1 |
| AGI-23-53 | Rojas Mendez | 2 | b | 0.4 | | | | | | | | | | | | | | | | 0.4 |
| AGI-23-53 | Rojas Mendez | 2 | e | 1 | | | | | | | | | | | | | | | | 1 |
| 24STHC00005 | Herrera | 2 | b | 0.3 | | | | | | | | | | | | | | | | 0.3 |
| 24STHC00005 | Herrera | 2 | b | | 0.1 | | | | | | | | | | | | | | | 0.1 |
| **AGI-23-53** | Rojas Mendez | 2 | b | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| **24STHC00003** | GYUNASHYAN | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| AGI-23-68 | Seaga | 2 | b | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| | Avetyan | 2 | i | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| 24STHC00005 | Herrera | 2 | b | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| DA # 21-002 | SORGER | 2 | b | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| AGI-23-53 | Rojas Mendez | 2 | b | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| AGI-23-59 | Salazar | 2 | b | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| **DA # 21-002** | SORGER | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| AGI-24-18 | Herrera | 2 | b | | | | | | 0.1 | | | | | | | | | | | 0.1 |
| AGI-23-18 | Caro | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| 24STHC00003 | Gyunashyan | 2 | b | | | | | | 0.1 | | | | | | | | | | | 0.1 |
| AGI-24-23 | Lima | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| AGI-22-13 | Takhar | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |
| AGI-23-68 | SEAGA | 2 | b | | | | | | | 0.5 | | | | | | | | | | 0.5 |
| AGI-23-53 | Rojas Mendez | 2 | b | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| AGI-24-23 | Pena | 2 | b | | | | | | | 0.2 | | | | | | | | | | 0.2 |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DA # 21-002 | SORGER | 2 | | b | | | | | | | | | 0.3 | | | | | | | | | | 0.3 |
| AGI-23-68 | Seaga | 2 | | b | | | | | | | | | | 0.4 | | | | | | | | | 0.4 |
| 24STHC00003 | GYUNASHYAN | 2 | | b | | | | | | | | | | 0.4 | | | | | | | | | 0.4 |
| 24VERO00311 | Avalos | 1 | | g | | | | | | | | | | 0.5 | | | | | | | | | 0.5 |
| DA # 23-003 | Khacheryan | 2 | | b | | | | | | | | | | 0.6 | | | | | | | | | 0.6 |
| AGI-24-23 | Lima | 2 | | c | | | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| 21STRO0242 | SCOTT | 1 | | g | | | | | | | | | | | 0.5 | | | | | | | | 0.5 |
| AGI-23-53 | Rojas Mendez | 2 | | b | | | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| 24STHC00007 | Reyes | 2 | | b | | | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| DA # 23-006 | Cortez | 2 | | b | | | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| AGI-24-23 | Lima | 2 | | b | | | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| 24STHC00003 | Gyunashyan | 2 | | b | | | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| AGI-23-56 | POLANIA | 2 | | b | | | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| DA # 23-006 | Cortez | 2 | | b | | | | | | | | | | | | | | 0.1 | | | | | 0.1 |
| AGI-23-53 | Rojas Mendez | 2 | | b | | | | | | | | | | | | | | 0.2 | | | | | 0.2 |
| Da # 23-008 | Houdeshell | 2 | | b | | | | | | | | | | | | | | 0.4 | | | | | 0.4 |
| 24STHC00007 | Reyes | 2 | | b | | | | | | | | | | | | | | | | 0.1 | | | 0.1 |
| AGI-24-23 | Pena | 2 | | c | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| | Fuentes | 1 | | h | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| AGI-22-13 | Takhar | 2 | | b | | | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| DA # 23-009 | Raygoza | 2 | | b | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| 24STHC00003 | Gyunashyan | 2 | | c | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| 19CWCS00163 | Fuentes | 1 | | g | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| DA # 23-004 | Khacheryan | 2 | | b | | | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| 24STHC00007 | Reyes | 2 | | b | | | | | | | | | | | | | | | | 0.1 | | | 0.1 |
| DA # 23-008 | HOUDESHELL | 2 | | b | | | | | | | | | | | | | | | | 0.4 | | | 0.4 |
| DA # 23-009 | Raygoza | 2 | | b | | | | | | | | | | | | | | | | | 0.4 | 0.4 | 0.4 |
| 21STRO0242 | SCOTT | 1 | | g | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | | ✓ | 1 ✓ | 1 | 1 |
| **Subtotal** | **Claimable** | | | | 4 | 0.1 | 0 | 0 | 2.1 | 1.6 | 1.8 | 1.9 | 1.3 | 0 | 0 | 0 | 1.5 | 0 | 3.5 | 1.4 | 19.2 | | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 4 | 7.9 | | | 5.9 | 6.4 | 6.2 | 6.1 | 6.7 | | | 8 | 6.5 | 8 | 4.5 | 6.6 | 76.8 | | |
| **Subtotal** | **Non-Claimable** | | | | 4 | | 0 | 0 | 5.9 | 6.4 | 6.2 | 6.1 | 6.7 | | 0 | 8 | 6.5 | 8 | 4.5 | 6.6 | 68.9 | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 96 | | |
| | | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | | 96 |

1920 WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | 4 |
| **(02) Court Costs for Out of Jurisdiction Cases** | 15.2 |
| **(03) Secure Appearance of Offender** | 0 |
| **(04) Return of Children to Custodian** | 0 |
| **05—PC 278, 278.5 and other non-claimable activities** | 76.8 |
| **0** | 0 |
| **Claimable + Non-Claimable Total** | 96 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *of my time, and the function performed as shown above.*

Employee Signature 6/3/2024.

Supervisor [redacted] *that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

Supervisor Signature 6/10/24

# Los Angeles County District Attorney

Minor Time Study

0 • C

21 • 60 ÷
19 • 20 ÷
40 • 80 C

| Pay Period: 5/1/2024-5/15/2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau |
|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- 05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child al
- i Private citizen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague-research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague-no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversio**

- 6 Minutes
- 12 Minutes
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour
- 45 Minutes = .75 hour
- 48 Minutes = .8 hour
- 54 Minutes = .9 hour
- 60 Minutes = 1 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Code | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | | WK | WK | | | | 0 |
| | Krump | 2 | i | 0.5 | | | | | | | | | | | | | | | 0.5 |
| BD553469 | Jones | 1 | g | 0.4 | | | | | | | | | | | | | | | 0.4 |
| 23STFL10600 | shepherd | 1 | g | 0.5 | | | | | | | | | | | | | | | 0.5 |
| AGI-24-28 | DORADO | 2 | a | 1 | | | | | | | | | | | | | | | 1 |
| AGI-24-23 | PENA | 2 | b | 0.3 | | | | | | | | | | | | | | | 0.3 |
| AGI-23-68 | Seaga | 2 | b | | 0.4 | | | | | | | | | | | | | | 0.4 |
| DA # 23-008 | HOUDESHELL | 2 | b | | 0.5 | | | | | | | | | | | | | | 0.5 |
| AGI-24-18 | Quintanilla | 2 | b | | 0.5 | | | | | | | | | | | | | | 0.5 |
| AGI-24-23 | Lima | 2 | b | | 0.4 | | | | | | | | | | | | | | 0.4 |
| 24CJCF00710 | Burrell | 1 | g | | 0.2 | | | | | | | | | | | | | | 0.2 |
| DA # 24-001 | Payan | 2 | b | | | 0.6 | | | | | | | | | | | | | 0.6 |
| AGI-23-69 | AQUINO | 2 | b | | | | | | 0.4 | | | | | | | | | | 0.4 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | 0.5 | | | | | | | | | | 0.5 |
| AGI-24-05 | GALLARDO | 2 | b | | | | | | 0.4 | | | | | | | | | | 0.4 |
| AGI-23-38 | LOPEZ | 2 | b | | | | | | 0.3 | | | | | | | | | | 0.3 |
| AGI-23-30 | GOLUB | 2 | b | | | | | | 0.4 | | | | | | | | | | 0.4 |
| DA # 21-003 | Arias | 2 | b | | | | | | 0.5 | | | | | | | | | | 0.5 |
| DA # 20-005 | ONOFRE | 2 | b | | | | | | 0.3 | | | | | | | | | | 0.3 |
| DA # 23-007 | Tse | 2 | b | | | | | | 0.4 | | | | | | | | | | 0.4 |
| 24STHC00003 | Gyunashyan | 2 | b | | | | | | 0.4 | | | | | | | | | | 0.4 |
| 24STEX00566 | Portillo Gomez | 1 | g | | | | | | | 0.6 | | | | | | | | | 0.6 |
| 24STHC00003 | Gyunashyan | 2 | b | | | | | | | 0.1 | | | | | | | | | 0.1 |
| DA # 21-003 | Arias | 2 | b | | | | | | | 0.2 | | | | | | | | | 0.2 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | 0.5 | | | | | | | | | 0.5 |
| AGI-23-56 | Polania | 2 | b | | | | | | | 0.1 | | | | | | | | | 0.1 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DA # 24-001 | Payan | 2 | b | | | | | | | | | 0.4 | | | | | | | | | | 0.4 |
| AGI-23-56 | POLANIA | 2 | b | | | | | | | | | 0.1 | | | | | | | | | | 0.1 |
| AGI-24-18 | HERRERA | 2 | b | | | | | | | | | | 0.2 | | | | | | | | | 0.2 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | | | | 0.6 | | | | | | | | | 0.6 |
| DA # 20-005 | ONOFRE | 2 | b | | | | | | | | | | 0.1 | | | | | | | | | 0.1 |
| DA # 20-005 | ONOFRE | 2 | a | | | | | | | | | | 0.4 | | | | | | | | | 0.4 |
| AGI-24-05 | GALLARDO | 2 | b | | | | | | | | | | 0.3 | | | | | | | | | 0.3 |
| AGI-23-56 | Polania | 2 | b | | | | | | | | | | 0.2 | | | | | | | | | 0.2 |
| AGI-23-38 | LOPEZ | 2 | b | | | | | | | | | | 0.1 | | | | | | | | | 0.1 |
| 24STHC00003 | GYUNASHYAN | 2 | b | | | | | | | | | | 0.5 | | | | | | | | | 0.5 |
| 20STCV21057 | Hernadez | 1 | g | | | | | | | | | | 0.5 | | | | | | | | | 0.5 |
| AGI-23-56 | Polania | 2 | b | | | | | | | | | | | 0.1 | | | | | | | | 0.1 |
| 23STPT03175 | De Leon | 1 | g | | | | | | | | | | | 0.5 | | | | | | | | 0.5 |
| AGI-23-53 | Rojas Mendez | 2 | b | | | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | | | | | 0.2 | | | | | | | | 0.2 |
| AGI-24-23 | PENA | 2 | b | | | | | | | | | | | 0.4 | | | | | | | | 0.4 |
| 24STHC00003 | GYUNASHYAN | 2 | b | | | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | | | | | | | | | 0.5 | | | | 0.3 |
| AGI-23-38 | LOPEZ | 2 | b | | | | | | | | | | | | | | | 0.4 | | | | 0.4 |
| AGI-23-56 | Polania | 2 | b | | | | | | | | | | | | | | | 0.1 | | | | 0.1 |
| | Rumph | 1 | i | | | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| | Healy | 1 | i | | | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| DA # 23-007 | Tse | 2 | b | | | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| AGI-23-53 | Rojas Mendez | 2 | c | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| | Krump | 2 | i | | | | | | | | | | | | | | | | 0.6 | | | 0.6 |
| 24STHC00003 | GYUNASHYAN | 2 | b | | | | | | | | | | | | | | | | 0.2 | | | 0.2 |
| DA # 21-002 | SORGER | 2 | b | | | | | | | | | | | | | | | | 0.6 | | | 0.6 |
| DA # 23-009 | Raygoza | 2 | b | | | | | | | | | | | | | | | | | 0.4 | | 0.4 |
| 24STHC00001 | Vicente | 2 | b | | | | | | | | | | | | | | | | | 0.1 | | 0.1 |
| 23STHC00004 | Melendez | 2 | b | | | | | | | | | | | | | | | | | 0.1 | | 0.1 |
| AGI-24-18 | Herrera | 2 | b | | | | | | | | | | | | | | | | | 0.1 | | 0.1 |
| AGI-24-23 | PENA | 2 | b | | | | | | | | | | | | | | | | | 0.3 | | 0.3 |
| AGI-23-18 | Caro | 2 | b | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | 0.2 ✓ | 0.2 |
| **Subtotal** | **Claimable** | | | **2.7** | **2** | **0.6** | **0** | **0** | **3.6** | **1.5** | **0.5** | **2.9** | **1.6** | **0** | **0** | **2.4** | **2.6** | **1.2** | **21.6** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 5.3 | 6 | 7.4 | | | 4.4 | 6.5 | 7.5 | 5.1 | **6.4** | | | 5.6 | 5.4 | 6.8 | 66.4 |
| **Subtotal** | **Non-Claimable** | | | **5.3** | **6** | **7.4** | **0** | **0** | **4.4** | **6.5** | **7.5** | **5.1** | **6.4** | **0** | **0** | **5.6** | **5.4** | **6.8** | **66.4** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **8** | **8** | **0** | **0** | **8** | **8** | **8** | **88** |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **88** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **3.7** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **17.7** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **66.4** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **87.8** |

Note: Please enter WK for week end and RDO for your day off.

Er[redacted] *eport of my time, and the function performed as shown above.* 5/16/2024.

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 5/21/24

Supervisor

5/16
5/15
✓

Los Ang

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau |
|---|---|---|---|---|
| 5/1/2024-5/15/2024 | [redacted] | [redacted] | Paralegal | Specialized Prosecution |

| Reimbursable Activity Codes | | (01) Compliance with Court Orders | | (02) Court Costs for Out of Jurisdiction Cases | | (03) Secure Appearance of Offender | Conversions of t | |
|---|---|---|---|---|---|---|---|---|
| CLAIMABLE | a | Communication with LE or other for assistance re: custody violations and/or locating missing child | a | Hague—receipt and processing | a | Communication with LE re: arrest on warrant | 6 Minutes = .1 hou | |
| (01) Compliance with Court Orders | b | eCER filing submission—review of reports, request follow-up from IO. | b | Hague—communication with party, attorney, AG or CA. | b | Communication, arrangement, approval re: extradition | 12 Minutes = .2 hc | |
| (02) Court Costs for Out of Jurisdiction Cases | c | eCER filing submission—obtaining court orders. running e-scars | c | Hague—preparation and review, letters, petition, and court documents | c | Review of case for extradition | 15 Minutes = .25 h | |
| (03) Secure Appearance of Offender | d | eCER filing submission—preparing declination | d | Hague—file preparation | e | Obtain court records for filings and warrants. | 18 Minutes = .3 ho | |
| (04) Return of Children to Custodian | e | eCER filing submission—preparing filing | e | Hague—court filing | (4) Return of Children to Custodian | | 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| NON CLAIMABLE | f | 3130—out of state, review/approval of documents. | f | Hague—court appearance at proceeding | a | Communications with LE re: returning child to legal custodian | 30 Minutes = .5 hour | 60 Minutes = 1 hour |
| | g | Assistance with 3130 order, obtain court records, prepare court documents, intake | g | Hague-research | | | | |
| | h | Law enforcement inquiry regarding missing child/child abduction | h | Government agency inquiry regarding Hague- no case number | | | | |
| 05—PC 278, 278.5 and other non-claimable activities, Bereavement | i | Private citizen inquiry regarding missing child/child abduction investigation- no case number | i | Private citizen inquiry regarding Hague-no case number | | | | |

| | | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| AGI-24-28 | VERGARA RUIZ V DORADO ARROYO | 2 | A | 2.5 | | | WK | WK | REAVEMENT | | | | | WK | WK | | | | 2.5 |
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTANILLA | 2 | A | | 5 | | | | | | | | | | | | | | 5 |
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTANILLA | 2 | A | | | 2.5 | | | | | | | | | | | | | 2.5 |
| AGI-24-15 | MARTYNIUK V TRACHUK | 2 | A | | | 4 | | | | | | | | | | | | | 4 |
| AGI-24-28 | VERGARA RUIZ V DORADO ARROYO | 2 | A | | | 1.5 | | | | | | | | | | | | | 1.5 |
| 23CJCF00509 | URIEL TREJO | 2 | B | | | | | | | | 1.5 | | | | | | | | 1.5 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | A | | | | | | | | 2.3 | | | | | | | | 2.3 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | B | | | | | | | | 0.2 | | | | | | | | 0.2 |
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTANILLA | 2 | C | | | | | | | | | 8 | | | | | | | 8 |
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTANILLA | 2 | C | | | | | | | | | | 4 | | | | | | 4 |
| BA501856 | APPHIA NOEL | 1 | G | | | | | | | | | | 4 | | | | | | 4 |
| 24CJCF02929 | GOMEZ PORTILLO | 1 | G | | | | | | | | | | | | | 1 | | | 1 |
| BA512495 | BERMUDAS NAFEES | 1 | G | | | | | | | | | | | | | 2 | | | 2 |
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTANILLA | 2 | C | | | | | | | | | | | | | 5 | | | 5 |
| BA512495 | BERMUDAS NAFEES | 1 | G | | | | | | | | | | | | | | 2.9 | | 2.9 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | A | | | | | | | | | | | | | | 5.1 | | 5.1 |
| AGI-23-35 | GYUNASHYAN V ALEKSANYAN | 2 | F | | | | | | | | | | | | | | | 2 | 2 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | C | | | | | | | | | | | | | | | 5.5 | 5.5 |
| BA501856 | APPHIA NOEL | 1 | G | | | | | | | | | | | | | | | 0.5 | 0.5 |
| | | | | | | | | | | | | | | | | | | | 0 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | 0 |
| **Subtotal** | **Claimable** | | | | 2.5 | 5 | 8 | 0 | 0 | 0 | 0 | 4 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 59.5 |
| (05) PC 278, 278.5 Post Filing -Non Claimable, Bereavement | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | | 5.5 | 3 | 0 | 0 | 0 | 8 | 8 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 28.5 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 88 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 88 |

59.5 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **10.4** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **49.1** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities, Bereavement** | **0** |
| **#REF!** | **0** |
| **Claimable + Non-Claimable Total** | **59.5** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *accurate report of my time, and the function performed as shown above* 5/16/2024

*Supervisor: I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 5/22/24

# Los Angeles County District Attorney

## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 5/16/2024-5/31/2024 | [redacted] | [redacted] | Paralegal | Specialized Prosecution | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

05—PC 278, 278.5 and other non-claimable activities, Sick, Holiday

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i Private citizen inquiry regarding missing child/child abduct

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTAN | 2 | B | 1 | | WK | WK | | | OUT OF OFFICE | | | WK | WK | HOLIDAY | | | | | |
| BA512495 | BERMUDAS NAFEES | 1 | G | 3 | | | | | | | | | | | | | | | | 3 |
| DA-24-002 | KRUMP VS OLETTE | 1 | F | 4.5 | | | | | | | | | | | | | | | | 4.5 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | B | 0.5 | | | | | | | | | | | | | | | | 0.5 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | D | | 5.5 | | | | | | | | | | | | | | | 5.5 |
| 18STPB04819 | FUENTES RUBEN V FUENTES ALICIA | 1 | G | | 1.5 | | | | | | | | | | | | | | | 1.5 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | D | | | | | 4 | | | | | | | | | | | | 4 |
| BA495431 | FUENTES | 1 | G | | | | | 1 | | | | | | | | | | | | 1 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 2 | B | | | | | 1 | | | | | | | | | | | | 1 |
| BA501856 | APPHIA NOEL | 1 | G | | | | | | 1 | | | | | | | | | | | 1 |
| 24-002 | KRUMP VS OLETTE | 2 | B | | | | | | 1.5 | | | | | | | | | | | 1.5 |
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTAN | 3 | A | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| AGI-23-35 | GYUNASHYAN V ALEKSANYAN | 2 | D | | | | | | 2 | | | | | | | | | | | 2 |
| AGI-23-35 | GYUNASHYAN V ALEKSANYAN | 2 | F | | | | | | | 3.5 | | | | | | | | | | 3.5 |
| BA501856 | APPHIA NOEL | 1 | G | | | | | | | 2 | | | | | | | | | | 2 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 3 | A | | | | | | | | | 0.2 | | | | | | | | 0.2 |
| AGI-23-69 | AQUINO V AGUILAR | 2 | C | | | | | | | | | 3.7 | | | | | | | | 3.7 |
| AGI-23-59 | SALAZAR V FLORES | 2 | C | | | | | | | | | 3.7 | | | | | | | | 3.7 |
| AGI-23-35 | GYUNASHYAN V ALEKSANYAN | 2 | D | | | | | | | | | | | | | 1 | | | | 1 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 3 | A | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| AGI-23-35 | GYUNASHYAN V ALEKSANYAN | 2 | D | | | | | | | | | | | | | | | | | 0 |
| 24PSJP00024 | ROSA LUCERO | 1 | G | | | | | | | | | | | | | 1 | | | | 1 |
| 24PSJP00024 | ROSA LUCERO | 1 | G | | | | | | | | | | | | | | 3 | | | 3 |
| AGI-23-35 | GYUNASHYAN V ALEKSANYAN | 2 | D | | | | | | | | | | | | | | 1 | | | 1 |
| 24PSJP00024 | ROSA LUCERO | 1 | G | | | | | | | | | | | | | | | 3 | | 3 |
| AGI-24-18 | HERRERA TURCIO V ARANIVA QUINTAN | 2 | B | | | | | | | | | | | | | | | 1 | | 1 |
| AGI-23-56 | POLANIA REYES V ARANGO CIFUENTES | 3 | A | | | | | | | | | | | | | | | 0.5 | | 0.5 |

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24PSJP00024 | ROSA LUCERO | 1 | | G | | | | | | | | | | | | | | | | 2 | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | 0 |
| **Subtotal** | **Claimable** | | | | 8 | 7 | 0 | 0 | 6 | 5 | 5.5 | 0 | 7.6 | 0 | 0 | 0 | 2.5 | 4 | 4.5 | 2 | 52.1 |
| (05) PC 278, 278.5 Post Filing Non Claimable, Sick, and Holiday | | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | | 0 | 1 | 0 | 0 | 2 | 3 | 2.5 | 8 | 0.4 | 0 | 0 | 8 | 5.5 | 4 | 3.5 | 6 | 43.9 |
| | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 96 |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **96** |

52.10 WHV

| | |
|---|---|
| **(01) Compliance with Court Orders** | **20** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **28.4** |
| **(03) Secure Appearance of Offender** | **1.7** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities, Sick, Holiday** | **0** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **50.1** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *te report of my time, and the function performed as shown above* 06/04/2024

Employee Signature

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 6/7/24

Supe

# Los Angeles County District Attorney
## Custody of Minor Time

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Cod |
|---|---|---|---|---|---|---|
| May/01/2024 - May/15/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDU |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0

1.50 +
1.50 +
3.00 =

| | | | | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | | | | WK | WK | | | OFF | OFF | OFF | WK | WK | RDO | | | |
| 24STHC00003 | Gyunahyan v. Aleksanyan | 2 | f | | | | | | | | | | | | | | | 1.5 | 1.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | ✓ | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.5 | 1.5 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | 9 | 9 | | | 8 | 9 | | | | | | | 9 | 7.5 | 60.5 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | OFF | 5 | | | | | | | | | 9 | 9 | 9 | | | | | | 27 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | Search Warrant Duty | 5 | | | | | | | | | | | | | | | 5 | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 14 | 7.5 | 92.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 14 | 9 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 94 |

1.5 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 1.5 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 92.5 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 94 |

Note: Please enter WK for week end and RDO for your day off

[redacted] *the function performed as shown above.* 5/17/2024

Sup[redacted] *st of my knowledge and belief, this time record is true and correct, and the*

Sup[redacted] 5/21/24

841

851

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| May/16/2024 - May/31/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number.

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | | |
|---|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour | |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour | |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour | |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour | |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour | |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour | |

| | | | | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
| | | | | | | WK | WK | | | | | | | | HOLIDAY | | | | | 0 |
| 24STHC00003 | Gyunahyan v. Aleksanyan | 2 | f | | | | | | | 1.5 | | | | | | | | | | 1.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | 0 | 0 | 0 | 0 | 0 | 0 | 1.5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.5 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | 9 | 9 | | | 8 | 9 | 7.5 | 9 | 9 | | | | 9 | 9 | 9 | 9 | 96.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | 9 | 9 | 0 | 0 | 8 | 9 | 7.5 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 96.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 98 |

1.5 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 1.5 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 96.5 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

6/3/24

Su[redacted] to the best of my knowledge and belief, this time record is true and correct, and the functions

[redacted]

6/7/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: MAY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SR. INV | Bureau INVESTIGATION | Unit N... |
|---|---|---|---|---|---|
| | | | | | 158 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conve**
- 6 Minutes = .1 hou
- 12 Minutes = .2 hc
- 15 Minutes = .25 h
- 18 Minutes = .3 hc
- 24 Minutes = .4 hc
- 30 Minutes = .5 hc

0 • C
80 • 00
20 • 00
100 • 00

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | SAT | SUN | SH EXC | | | | SH EXC | SAT | SUN | RDO | | | 0 |
| 2016-A-1783 | Carrasco,Flor | 1 | u | | | 2 | | | | | | 2 | | | | | | | 4 |
| 2022-G-0781 | Horton, Mallory | 1 | u | 2 | | | | | | 4 | 3 | | | | | | | | 9 |
| 2024-A-0131 | Lopez, Lillibeth | 1 | cuv | | 6 | 2 | | | | 4 | | | | | | | | 5 | 17 |
| 2024-A-0285 | Narcisse, Alicia | 1 | cuv | | 3 | | | | 3 | | 2 | 3 | | | | | | 2 | 13 |
| 2024-G-0694 | Henriquez, Leila | 1 | uv | 6 | | 3 | | | 5 | 2 | | | | | | | | 2 | 18 |
| 2024-G-0844 | Shepherd, Brittnie | 1 | u | 2 | 1 | | | | 2 | | 2 | 3 | | | | | | 1 | 11 |
| 2024-A-0772 | Ruiz, Jessica | 1 | cuv | | | 3 | | | | | 3 | 2 | | | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 80 |
| Duty calls | | | | | | | | | | | | | | | | | | | 0 |
| Range/Training | | | | | | | | | | | | | | | | | 10 | | 10 |
| OTHER | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 10 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

80 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **90** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **90** |

Note: Please enter WK for week end and RDO for your day off.

*...nd accurate report of my time, and the function performed as shown above.*

[redacted] 5/15/24

Employee Signature

Supervisor: *I hereby certify the er... ...ined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

[redacted] 5/15/24

Supervisor Signature

missing 30 original time study

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: MAY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SR INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

a Duty Calls; b After Hours Calls; c HAGUE Cases; d Child Transport to Court; e Child Transport to LBP; f DCFS Cases; g Reports Written; h Arrests; i PCW; j Search Warrants; k PING Warrants; l Arrest Warrants; m Operations Plans; n Travel Arrangement; o Court Appearances; p CAU I/O Criminal Filings; q Out -Of -State Assist (UCCJEA); r Out-of-State Court; s Out-Of-State Court Document; t Out-Of-State Court Document; u Investigation; v Surveillance; w Case Work Up; x Case Assignment; y Review; z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | | | | | 0 |
| 2024-G-0920 | Estes, Jeremiah | 1 | wu | | | | | | | | | | | | | | | 2 | 4 | 6 |
| 2024-G-0921 | Small, William | 1 | wu | | | | | | | | | | | | | | | 1 | 5 | 6 |
| 2023-G-1173 | Hovhannisyan, Yulia | 1 | uv | | | | | | | | | | | | | | | 4 | | 4 |
| 2024-G-0844 | Shepherd, Brittnie | 1 | uv | | | | | | | | | | | | | | | 3 | 1 | 4 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 20 |
| Vacation | | 5 | | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | | | 80 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **100** |

20 WH

| | |
|---|---|
| (01) Compliance with Court Orders | 20 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 80 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 5-31-2024

Employee Signature

Supervisor: *I hereby certify the emp* [redacted] *knowledge and belief, this time record is true and correct, and the*

5/31/24

Supervisor Signature

Los Angeles County District Attorney

| Pay Period: MAY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit N 15 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

Conv
- 6 Minutes = .1 h
- 12 Minutes = .2
- 15 Minutes = .2
- 18 Minutes = .3
- 24 Minutes = .4
- 30 Minutes = .5

0 • C

64 • 50 +
73 • 50 +
138 • 00

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-G-0095 | RODRIQUEZ | 1 | Y | 2 | | RDO | SAT | SUN | 0.5 | 1.5 | | | RDO | SAT | SUN | | | | 4 |
| 2024-G-0133 | WATTS | 1 | Y,Z | 1.5 | | | | | | | 2 | | | | | | 2 | 1.5 | 7 |
| 2023-A-1141 | GYUNASHYAN | 3 | Y,Z | 1 | | | | | | | 0.5 | 1 | | | | | | 3.5 | 6 |
| 2023-A-1577 | AGUSTIN | 1 | Y,Z | | 0.5 | | | | 2 | | 2 | 2.5 | | | | | | | 7 |
| 2024-G-0345 | SCYPION | 1 | X,Y,Z | | | | | | 1.5 | | 1 | 2.5 | | | | | 0.5 | | 5.5 |
| 2023-A-1616 | MATEOS | 3 | Y,Z | 0.5 | | | | | 1.5 | 4 | | 1 | | | | | | | 7 |
| 2024-G-0589 | CORNELL | 1 | X,Y,Z | | 1 | | | | 0.5 | | 1 | 0.5 | | | | | 0.5 | 1.5 | 5 |
| 2024-G-0590 | POLK | 1 | Y,Z | 2.5 | | | | | | | | | | | | | 3 | | 5.5 |
| 2024-G-0620 | ACOSTA | 1 | Y,Z | 1.5 | | | | | 1.5 | | 0.5 | | | | | | | 3 | 6.5 |
| 2024-A-0772 | VERGARA | 3 | Y,Z | | 2.5 | | | | 0.5 | 0.5 | | | | | | | | | 3.5 |
| 2024-A-0820 | POLANIA | 3 | Y | | | | | | | 2 | 1.5 | | | | | | | | 3.5 |
| 2024-G-0842 | BEJARANO | 1 | X,Y,Z | | | | | | | | | | | | | | 1.5 | 0.5 | 2 |
| 2024-G-0843 | RASSOLI | 1 | X,Y,Z | | | | | | | | | 1.5 | | | | | 0.5 | | 2 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 9 | 4 | 0 | 0 | 0 | 8 | 8 | 8.5 | 9 | 0 | 0 | 0 | 0 | 8 | 10 | 64.5 |
| TRAINING | N/A | 5 | | | | | | | | | | | | | | | | | 0 |
| SGT MEETING | N/A | 5 | | | 6 | | | | | | | | | | | | | | 6 |
| OTHER | N/A | 5 | | 1 | | | | | 2 | 2 | 1.5 | 1 | | | | 10 | 2 | | 19.5 |
| Subtotal | Non-Claimable | | | 1 | 6 | 0 | | 0 | 2 | 2 | 1.5 | 1 | 0 | 0 | 0 | 10 | 2 | 0 | 25.5 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

64.50
WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 44.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 20 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 25.5 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby cer[redacted] my time, and the function performed as shown above.*

5/15/24

Employee Signature [redacted]

[redacted] *cords have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

5/15/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: MAY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out-Of-State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2024-G-0407 | MONTELONGO | 1 | X,Y,Z | 2 | RDO | SAT | SUN | | | 1 | | RDO | SAT | SUN | HOLIDAY | 0.5 | | | RDO | 3.5 |
| 2022-A0277 | SOGI | 1 | X,Y,Z | | | | | | | | | | | | | | 0.5 | | | 0.5 |
| 2024-G-0693 | HUERTA | 1 | X,Y,Z | | | | | | 1 | 0.5 | | | | | | 2.5 | | | | 4 |
| 2021-G-1289 | VINOGRADOVA | 3 | Y | 2 | | | | | 0.5 | | | | | | | 0.5 | 2.5 | | | 5.5 |
| 2020-G-1457 | SANKOFARA | 3 | Y | 1 | | | | 2 | | | | | | | | | 1.5 | | | 4.5 |
| 2023-G-0569 | GERLACH | 1 | Y | | | | | | 2 | 1.5 | | | | | | 1.5 | | | | 5 |
| 2023-A-1164 | GOLUB | 1 | Y | 1 | | | | | 1.5 | | 2 | | | | | 0.5 | | | | 5 |
| 2022-G-0965 | ETEMADI | 1 | Y | | | | | 1.5 | 2 | | | | | | | | | | | 3.5 |
| 2023-G-1391 | BURKE | 1 | M,Y | 1.5 | | | | | | 2.5 | 8 | | | | | | 2 | 10 | | 24 |
| 2024-G-0844 | SHEPHERD | 1 | Y,U | 1 | | | | | 2 | 3 | | | | | | 3 | 2 | | | 11 |
| 2024-G-0265 | DEROOS | 1 | Y | 1 | | | | 2.5 | | | | | | | | | | | | 3.5 |
| 2024-G-0920 | PALMORE | 1 | X,Y,Z | | | | | 2 | | | | | | | | | | | | 2 |
| 2024-G-0921 | SCOTT | 1 | X,Y,Z | | | | | | | 1.5 | | | | | | | | | | 1.5 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 9.5 | 0 | 0 | 0 | 8 | 9 | 10 | 10 | 0 | 0 | 0 | 0 | 8.5 | 8.5 | 10 | 0 | 73.5 |
| OTHER | | 5 | | 0.5 | | | | 2 | 1 | | | | | | 10 | 1.5 | 1.5 | | | 16.5 |
| VACATION | N/A | 5 | | | | | | | | | | | | | | | | | | 0 |
| SGT MEETING | | 5 | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0.5 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 10 | 1.5 | 1.5 | 0 | 0 | 16.5 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 90 |

| | |
|---|---|
| (01) Compliance with Court Orders | 63.5 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 10 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 16.5 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby cert[redacted]ime, and the function performed as shown above.*

5/30/24

Employee Signature [redacted]

[redacted] *have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

5/30/24

73.50 WH ✓

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Nur |
|---|---|---|---|---|---|
| May-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conver**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hou
- 15 Minutes = .25 hc
- 18 Minutes = .3 hou
- 24 Minutes = .4 ho
- 30 Minutes = .5 ho

0 • 0
70 • 00 +
80 • 00 +
150 • 006

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | 0 |
| 2020-G-1457 | Whitney Sankofara | 1 | u,v,w | 4 | | | | | 3 | | | | | | | | | | 7 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,w | 2 | 3 | | | | 5 | 3 | 2 | 3 | | | | 5 | 3 | 2 | 28 |
| 2024-G-0044 | Hershey De Peralta | 1,4 | u,v,w | | | | | | | | | 1 | | | | | 1 | | 2 |
| 2023-G-1142 | Adrien Aguilar | 1 | u | 2 | 3 | | | | | 3 | | 3 | | | | 4 | 3 | | 18 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | c, | | | | | | 2 | | 3 | | | | | | | 4 | 9 |
| 2024-A-0820 | Isabel Arango | 1,4 | c,g,u,v | | | | | | | | | 2 | | | | | 2 | | 4 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v, | | 1 | | | | | 1 | 3 | | | | | | | 4 | 9 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | 2 | | | | | | | | | | | | 1 | | | 3 |
| 2023-G-0985 | Tanner v. Grisset | 1,4 | u,v,w | | 1 | | | | | 1 | 2 | 1 | | | | | 1 | | 6 |
| 2023-G-0345 | Ryan Scypion | 1,4 | v | | 2 | | | | | 2 | | | | | | | | | 4 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | ✓ | | | | NT | NT | ✓ | ✓ | | | | ✓ | ✓ | ✓ | 0 |
| Subtotal | Claimable | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Subtotal | Non-Claimable | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | | 90 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *me, and the function performed as shown above.* 5/15/24

Supervisor: *I hereby cer* [redacted] *xamined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 5/15/24

Supervisor Signatur [redacted]

TOWM ✓

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| May-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | RDO | WK | WK | | | | | RDO | WK | WK | | | | | RDO | 0 |
| 2024-G-0843 | Kiara Hunt | 1,4 | b,e,g,k,s | | | | | 4 | 7 | 5 | 3 | 4 | | | 2 | 4 | 2 | 4 | | 35 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,k,o,g | 3 | | | | | | | | | | | | | 3 | | | 6 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u | 1 | | | | 3 | | | | | | | 4 | | | 2 | | 10 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | | | | | | 3 | | 3 | | | | 2 | 4 | 5 | 4 | | 21 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | 3 | | | | 3 | | | | | | | 2 | | | | | 8 |
| 2024-A-0820 | Isabel Arango | 1,4 | c,g,u,v,w | | | | | | | 5 | | | | | | 3 | | | | 8 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | 1 | | | | | | | | | | | | | | | | 1 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | 4 | | | | | | | | | 4 |
| 2023-G-0985 | Tanner-Grisset | 1,4 | u,v,w | 2 | | | | | | | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | ✓ | | | | ✓ | ✓ | ✓ | | AT | | | | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 4 | 0 | 0 | 0 | 10 | 10 | 10 | | 84 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 4 | 0 | 0 | 0 | 10 | 10 | 10 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 84 |

80 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 84 |

Note: Please enter WK for week end and RDO for your day off.

Employee: [redacted] shown above. 5/30/24

Employee Signature [redacted]

Supervisor: *I hereby certify that I have examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 5/30/24

Los Angeles County District Attorney's Office

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 5/1/2024 - 5/15/2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 1587 |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

Convers
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hou
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0 • C
63 • 50
52 • 00
115 • 50

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | WK | WK | | | | | RDO | WK | WK | | | RDO | 0 |
| 2023-G-1391 | CHONTE BURKE | 1 | u,l,g | 9 | 4 | 7 | | | 5 | | | | | | | 2 | 4 | | 31 |
| DUTY CALLS | DUTY CALLS | 1 | a | ~~1~~ | ~~1~~ | | | | ~~2.5~~ | ~~2~~ | ~~2~~ | ~~2~~ | | | | | | | 10.5 |
| 2024-G-0590 | ASIA POLK | 1 | u | | 3 | | | | | 3 | 1 | | | | | | | | 7 |
| 2024-G-0703 | CLISHAY SCOTT | 1 | u | | 2 | | | | 1 | 2 | 2 | | | | | | | | 7 |
| 2024-G-0694 | LEILA HENRIQUEZ | 1 | u | | | 3 | | | 0.5 | | 3 | 1 | | | | | | | 7.5 |
| 2024-G-0091 | RICHEY GAZADER | 1 | u | | | | | | 1 | | | | | | | | | | 1 |
| 2024-A-0820 | MARIA ARANGO | 1 | c | | | | | | | 1 | 1 | | | | | | | | 2 |
| 2024-G-0368 | CHRIS FUCHS | 1 | u | | | | | | | | | 3 | | | | | | | 3 |
| 2024-A-0028 | MARTHA AGUILAR | 1 | c | | | | | | | | | 2 | | | | 3 | | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | 9 ✓ | 9 ✓ | ✓ | | | 7.5 ✓ | 6 ✓ | 7 ✓ | 6 ✓ | | | | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | ~~10~~ | ~~10~~ | 10 | 0 | 0 | ~~10~~ | ~~8~~ | ~~9~~ | ~~8~~ | 0 | 0 | 0 | 5 | 4 | 0 | ~~74~~ |
| N/A | | 5 | | | | | | | | 2 | 1 | 2 | | | | 5 | 6 | 0 | 16 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 5 | 6 | 0 | 16 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **10** | **10** | **10** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **0** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **90** |

63.5 ✓ WH

| | |
|---|---|
| (01) Compliance with Court Orders | 74 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 16 |
| Claimable + Non-Claimable Total | 90 |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] *my time, and the function performed as shown above.*

5/15/24

Employee Signature [redacted]

Supervisor: *I hereby certify the employee's daily time* [redacted] *the best of my knowledge and belief, this time record is true and correct, and the*

5/15/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 5/16/24 - 5/31/24 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court Appearances
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | RDO | WK | WK | RDO | | | | | WK | WK | RDO | | | RDO | RDO | 0 |
| 2023-G-1391 | CHONTE BURKE | 1 | u,g,l,v, m | | | | | | 8 | 2 | 4 | | | | | 2 | 1 | | | 17 |
| 2023-A-1617 | GABRIEL CHAVEZ | 1 | c,i,m, | | | | | | | 1 | 1 | 1 | | | | 6 | 6 | | | 15 |
| 2024-G-0919 | MANUEL MATA | 1 | w,u | | | | | | | 4 | | 4 | | | | | 2 | | | 10 |
| 2024-G-0590 | ASIA POLK | 1 | u,g,v, m | | | | | | | 1 | 2 | 1 | | | | | | | | 4 |
| 2023-G-1399 | WILLIAM SHARP | 1 | L | | | | | | | | 2 | 1 | | | | | | | | 3 |
| 2024-G-0703 | CLISHAY SCOTT | 1 | u | | | | | | | 2 | | 1 | | | | | | | | 3 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 8 | 10 | 9 | 8 | 0 | 0 | 0 | 8 | 9 | 0 | 0 | 52 |
| | | 5 | | 10 | 10 | | | | 2 | | 1 | 2 | | | | 2 | 1 | 10 | 10 | 48 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 10 | 10 | 0 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 0 | 0 | 2 | 1 | 10 | 10 | 48 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | Pay Period Total 100 |

52 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 52 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 48 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

Employ[redacted] *curate report of my time, and the function performed as shown above.*

5/29/24

Employee Signature

Supervisor: *I hereby certify* [redacted] *en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

5/29/24

Supervisor Signature

# Los Angeles County District Attorney

| Pay Period: MAY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Senior-Typist Clerk | Bureau INVESTIGATION | Unit Nun 15872 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(5) Non Claimable

**Task Codes:**

a Duty Calls; b After Hours Calls; c HAGUE Cases; d Child Transport to Court; e Child Transport to LBP; f DCFS Cases; g Reports Written; h Arrests; i PCW; j Search Warrants; k PING Warrants; l Arrest Warrants; m Operations Plans; n Travel Arrangement; o Court Appearances; p CAU I/O Criminal Filings; q Out-Of-State Assist (UCCJEA); r Out-of-State Court Appearances; s Out-Of-State Court Document Prep; t Out-Of-State Court Document Prep; u Investigation; v Surveillance; w Case Work Up; x Case Assignment; y Review Reports; z Review Court Documents

6 Minutes = .1 hour; 12 Minutes = .2 hour; 15 Minutes = .25 hou; 18 Minutes = .3 hour; 24 Minutes = .4 hour; 30 Minutes = .5 hou

0 • C

7 • 00

7 • 00

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 323-345-7329 | PALMER | 4 | a | | 0.25 | SAT | SUN | | 0.3 | | | | SAT | SUN | RDO | | | | | 0.55 |
| 323-875-3871/847-256-6106 | ALEXANDER/GOMEZ | 4 | a | | | | | 0.2 | | | | | | | | | | | | 0.2 |
| 323-681-2140/808-428-8052 | JESUS/KAI | 4 | a | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| 689-827-2701 | PRADA | 4 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| 818-213-8340 | SANCHEZ | 4 | a | | | | | | 0.3 | | | | | | | | | | | 0.3 |
| 909-670-3068 | ARANA | 4 | a | | | | | | | | 0.25 | | | | | | | 0.5 | | 0.75 |
| 323-694-6412 | GONZALEZ | 4 | t | | | | | | | | | | | | | 0.5 | | | | 0.5 |
| 323-681-2626 | VAQUERA | 4 | t | | | | | | | | | | | | | 0.1 | | | | 0.1 |
| 916-284-1140 | MORGAN | 4 | a | | | | | | | | | | | | | | | 0.4 | | 0.4 |
| 310-753-2308 | Det. SWANSON | 4 | a | | | | | | | | | | | | | | | | 0.4 | 0.4 |
| 323-674-8446 | GILBERT | 4 | a | | | | | | | | | | | | | | | | 0.5 | 0.5 |
| 323-218-3297 | SCOTT | 4 | a | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| 818-838-9962 | Det. Brent | 4 | a | | | | | | 2 | | | | | | | | | | | 2 |
| 323-890-5551 | Sgt. LA Homicide | 4 | a | | ✓ | | | ✓ | 0.5 ✓ | | ✓ | | | | | ✓ | | ✓ | ✓ | 0.5 |
| Subtotal | Claimable | | | 0 | 0.25 | 0 | 0 | 0.2 | 3.9 | 0 | 0.25 | 0 | 0 | 0 | 0 | 0.6 | 0 | 0.9 | 0.9 | 7 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | 5 | | 9 | 8.75 | 0 | 0 | 7.8 | 5.1 | 9 | 8.75 | 9 | 0 | 0 | 0 | 8.4 | 9 | 8.1 | 8.1 | 91 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 9 | 8.75 | 0 | 0 | 7.8 | 5.1 | 9 | 8.75 | 9 | 0 | 0 | 0 | 8.4 | 9 | 8.1 | 8.1 | 91 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 98 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 7 |
| (5) Non Claimable | 91 |
| Claimable + Non-Claimable Total | 98 |

Note: Please enter WK for week end and RDO for your day off.

Em[redacted] *ime, and the function performed as shown above.*

Em[redacted] 5/31/24

Supervisor: *I hereby certify t[redacted]mined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 5/31/24

TWH ✓

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| May 1-15, 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO

c eCER filing submission—obtaining court orders, running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enfocement inquiry regarding missing child/child abduction

I private citizen inquirey regarding missing child/child abduction investigation. No case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h law enfocement inquiry regarding missing child/child abduction

I private citizen inquirey regarding missing child/child abduction investigation. No case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C

0 • 00 +

0 • 006

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HOLIDAY | | | WK | WK | RDO | | | | | WK | WK | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | post filing | 80 | | 0 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 0 | 8 | 9 | 9 | 80 |
| **Search Warrant** | Search Warrant- other non-cl | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | vacation/holiday | 9 | | 9 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 9 |
| **Subtotal** | **Non-Claimable** | **89** | | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **89** |
| **Daily Grand Total** | | | | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **89** |

0 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 80 |
| (06) Other - Non Claimable | 9 |
| Claimable + Non-Claimable Total | 89 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*urate report of my time, and the function performed as shown above.*

May 17 2024

Su [redacted] *been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Su [redacted] 6/3/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| May 16-31 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction

i private citizen inquiry regarding missing child/child abduction investigation- no

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague - no case number

i private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | WK | WK | RDO | | | | | WK | WK | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | | | | | | | | | | | | | | | | | | | | |
| | **PC 278, 278.5 Post Filing** | 98 | | 9 | 9 | 0 | 9 | 0 | 9 | 0 | 9 | 9 | **0** | **0** | **8** | 9 | 9 | 9 | 9 | 98 |
| | **Other - Search Warrants** | 10 | | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 5 | 0 | 0 | 0 | 10 |
| | other vacation/holiday | 0 | | | | | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | | | 0 |
| **Subtotal** | **Non-Claimable** | **108** | | **9** | **14** | **0** | **9** | **0** | **9** | **0** | **9** | **9** | **0** | **0** | **8** | **14** | **9** | **9** | **9** | **0** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | **108** | | **9** | **14** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **14** | **9** | **9** | **9** | **108** |

**Pay Period Total** **108**

OWH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders,** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities** | **108** |
| | **0** |
| **Claimable + Non-Claimable Total** | **108** |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*...urate report of my time, and the function performed as shown above.*

June 1 2024

Employ... Signature

Supervi... *...been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted]

6/3/24

Superv... Signature

Los Angeles Co

| Pay Period: MAY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Nu 158 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
**(01) Compliance with Court Orders**
**(02) Court Costs for Out of Jurisdiction Cases**
**(03) Secure Appearance of Offender**
**(04) Return of Children to Custodian**

**NON CLAIMABLE**
**(5) Non Claimable**

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

Conve
6 Minutes = .1 hou
12 Minutes = .2 ho
15 Minutes = .25 h
18 Minutes = .3 ho
24 Minutes = .4 hou
30 Minutes = .5 hour
60 Minutes = 1 hour

0.00
0.00

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | RDO | RDO | RDO | | | | | RDO | RDO | RDO | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (Consumer Protection) | | 5 | | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 80 |
| Other (Vacation) | | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 90 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 90 |

| | |
|---|---|
| **(01) Compliance with Court Orders** | 0 |
| **(02) Court Costs for Out of Jurisdiction Cases** | 0 |
| **(03) Secure Appearance of Offender** | 0 |
| **(04) Return of Children to Custodian** | 0 |
| **(5) Non Claimable** | 90 |
| **Claimable + Non-Claimable Total** | 90 |

Note: Please enter WK for week end and RDO for your day off.

Er[redacted] *urate report of my time, and the function performed as shown above.* 5/15/24

Supervisor: *I hereby certify the* [redacted] *d and that, to the best of my knowledge and belief, this time record is true and correct, and the* 5/15/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: MAY 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out Of State Assist (UCCJEA)
- r Out of State Court
- s Out Of State Court Document
- t Out Of State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | RDO | RDO | | | | | | RDO | RDO | RDO | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (Consumer Protection) | | 5 | | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 10 | **0** | **0** | **0** | 0 | 0 | 0 | 0 | 50 |
| Other (Vacation) | | 5 | | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 10 | 10 | 10 | 10 | 50 |
| | | | | | | | | | | | | | | | | | | 0 | 0 | 0 |
| Subtotal | Non-Claimable | | | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 100 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **10** | **10** | **0** | **0** | **10** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **0** | **0** | **Pay Period Total** **100** |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 100 |
| Claimable + Non-Claimable Total | 100 |

Note: Please enter WK for week end and RDO for your day off.

Employ[redacted] time, and the function performed as shown above.

5/30/24

Employ[redacted]

Supervisor: *I hereby certify the emp[redacted]mined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

5/30/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| June 1-15, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15626 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5, and all other non-claimable duties.

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child
b eCER filing submission—review of reports, request follow-up from IO.
c eCER filing submission—obtaining court orders, running e-scars
d eCER filing submission—preparing declination
e eCER filing submission—preparing filing
f 3130—out of state, review/approval of documents.
g LE/govt. inquiry re: missing child/ abduction inv--no case #
h Private Citizen inqury re: missing child/abduction--no ca

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing
b Hague—communication with party, attorney, AG or CA.
c Hague—preparation and review, letters, petition, and court documents
d Hague—file preparation
e Hague—court filing
f Hague—court appearance at proceeding
g Hague—research
h Hague -LE/govt. inquiry re: Hague no case #
i Hague--private Citizen inqiury re: hague no case #

**(03)**

a Communication with LE re. arrest on warrant
b Communication, arrangement, approval re: extradition
c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0 • C
17 • 15
15 • 25
30 • 40 6

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 SAT | 2 SUN | 3 MON | 4 TUES | 5 WED | 6 THURS | 7 FRI | 8 SAT | 9 SUN | 10 MON | 11 TUES | 12 WED | 13 THURS | 14 RDO | 15 SAT | Grand Total 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 44271141 | Corella | 1 | b | | | | 0.5 | 1.5 | | | | | | | | | | | |
| | Pavari | 3 | a | | | | | 0.5 | | | | | | | | | | | |
| 44427344 | Lillard | 1 | d | | | | | | | 1.5 | | | | | | | | | |
| 44140152 | Munoz | 1 | b | | | | | | 1 | | | | | | | | | | |
| 44132290 | Baldomero De Leon | 1 | b,c | | | | | | 0.75 | 0.75 | | | | | | | | | |
| | Majesty | 1 | d | | | | | | | 1.5 | | | | | | | | | |
| 44883101 | Estes | 1 | b | | | | | | | | | | | 1 | | | | | |
| AGI-23-68 | Seaga | 2 | b,c | | | | | | | | | | | 0.5 | 1 | | | | |
| 44140152 | Munoz | 1 | b | | | | | | | | | | | | 1 | | | | |
| 44883101 | Estes | 1 | b,c | | | | | | | | | | | | **1.5** | | | | |
| AGI-23-68 | Seaga | 2 | c | | | | | | | | | | | | **0.75** | | | | |
| 24STFC00005 | Herrera | 2 | c | | | | | | | | | | | | **1** | | | | |
| 44377797 | Touchette | 1 | b | | | | | | | | | | | | **0.9** | | | | |
| 44750770 | Garcia | 1 | b | | | | | | | | | | | | | 1.5 | | | |
| | | 1 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | | | |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0.5** | **2** | **1.75** | **3.75** | **0** | **0** | **0** | **1.5** | **6.15** | **1.5** | **0** | **0** | **17.15** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 9 | 8.5 | 7 | 7.25 | 4.25 | | | 9 | 7.5 | 2.85 | 7.5 | | | |
| After Hours Duty | | 5 | | | | | | | | | | | | | | | | | |
| Vacation /Holiday | | 5 | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **9** | **8.5** | **7** | **7.25** | **4.25** | **0** | **0** | **9** | **7.5** | **2.85** | **7.5** | **0** | **0** | **62.85** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **9** | **9** | **9** | **9** | **8** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | 80 |

17.15 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5, and all other non-claimable duties. | |
| 0 | 0 |
| Claimable + Non-Claimable Total | 0 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] function performed as shown above.

Employee Signature 7/3/24

[redacted] to the best of my knowledge and belief, this time record is true and correct, and the

Supervisor Signature 7/3/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| June 16-30, 2024 | [redacted] | [redacted] | DDA | Spec. Pros. | 15656 | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance w 3130 order, obtain court records, prepare court docs, intake

h LE inquiry re: missing child/child abd inv--no case #

i Priv. cit. inquiry re: missing child--no case #

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Govt. agency inquiry re: Hague--no case #

i Private Citizen inquiry regarding Hague - no case #

**(03)**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

**(4) Return**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 SUN | 17 MON | 18 TUES | 19 HLDY | 20 THURS | 21 FRI | 22 SAT | 23 SUN | 24 MON | 25 TUES | 26 WED | 27 THURS | 28 RDO | 29 SAT | 30 SUN | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Rudnik | 1 | b,d | | | 1 | | 3 | | | | | | | | | | | | |
| 44407194 | Oda | 1 | a,b | | | | | | 1 | | | | | | | | | | | |
| 44016297 | Ramirez | 1 | b | | | | | | | | | | | | 1 | | | | | |
| 44933971 | Urban Perez | 1 | a,b | | | | | | 0.4 | | | | | | | | | | | |
| | LAPD | 1 | h | | | 0.5 | | | | | | | | | | | | | | |
| 44520305 | Alas | 1 | a,b | | | 1 | | | | | | | | | | | | | | |
| 44330757 | Chapron | 1 | b,d | | | | | 2.25 | | | | | | | | | | | | |
| 44710278 | Touchette | 1 | b | | | | | 1 | | | | | | | | | | | | |
| 44407194 | Oda | 1 | e | | | | | 0.7 | | | | | | | | | | | | |
| 44933971 | Urban Perez | 1 | b | | | | | 0.5 | | | | | | | | | | | | |
| 44883101 | Estes | 1 | b | | | | | 0.9 | | | | | | | | | | | | |
| | | 1 | b | | | | | | | | | | | | | | | | | |
| | | 1 | b | | | | | | | | | | | | | | | | | |
| | | 1 | d | | | | | | | | | | | | | | | | | |
| | Rudnik | 1 | b | | | ✓ | | ✓ | ✓ | | | | | | ✓ | | | | | |
| **Subtotal** | **Claimable** | | | **0** | **0** | **2.5** | | **8.35** | **1.4** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **0** | | **13.25** |
| (05) PC 278, 278.5 Post Filing, other non-claimable | | 5 | | | 9 | 6.5 | | 0.65 | 6.6 | | | 9 | 9 | 9 | 8 | | | | | |
| After Hours Duty | | 5 | | | | | | 5 | | | | | | | | | | | | |
| Vacation/Holiday | Vacation | 5 | | | | | 9 | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | | **9** | **6.5** | **9** | **0.65** | **6.6** | **0** | **0** | **9** | **9** | **9** | **8** | **0** | **0** | **0** | | **71.75** |
| **Daily Grand Total** | | | | **0** | **9** | **9** | **9** | **14** | **8** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | | **85** |

13.25 WM ✓

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | |
| (03) Secure Appearance of Offender | |
| (04) Return of Children to Custodian | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | |
| (06) Other - Non Claimable | |
| Claimable + Non-Claimable Total | |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *nd the function performed as shown above.* 7/3/24

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as*

[redacted] 7/3/24

Los Angeles Cou
Cu

| Pay Period: 6/1/2024-6/15/2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Paralegal | Bureau Specialized Prosecution | Unit Nu |
|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

05—PC 278, 278.5 and other non-claimable activities

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction
- i Private citizen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague-research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague-no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decima**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

0 • C
25 • 9U
25 • 10
51 • 006

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | | | | | | WK | WK | | | | | | WK | 0 |
| DA # 23-006 | Cortez | 2 | b | | | 0.4 | | | | | | | | | | | | | 0.4 |
| 24STHC00003 | Gyunashyan | 2 | b | | | 0.1 | | | | | | | | | | | | | 0.1 |
| | Avetyan | 2 | i | | | 0.2 | | | | | | | | | | | | | 0.2 |
| 24STHC00001 | Vicente | 2 | b | | | | 0.4 | | | | | | | | | | | | 0.4 |
| AGI-23-38 | Lopez | 2 | b | | | | 0.3 | | | | | | | | | | | | 0.3 |
| AGI-24-23 | Pena | 2 | b | | | | 0.4 | | | | | | | | | | | | 0.4 |
| 24STHC00001 | Vicente | 2 | g | | | | 1 | | | | | | | | | | | | 1 |
| BA514087 | Johnson | 1 | g | | | | 1.5 | | | | | | | | | | | | 1.5 |
| 24STHC00001 | Vicente | 2 | b | | | | | 0.5 | | | | | | | | | | | 0.3 |
| 24STHC00005 | Herrera | 2 | b | | | | | 0.4 | | | | | | | | | | | 0.4 |
| Da # 23-008 | HOUDESHELL | 2 | b | | | | | | 0.6 | | | | | | | | | | 0.6 |
| 24STR003211 | Nobles | 1 | g | | | | | | 1 | | | | | | | | | | 1 |
| 23STPT03175 | De Leon | 1 | g | | | | | | 0.5 | | | | | | | | | | 0.5 |
| 22CCJP04697A | Alas | 1 | g | | | | | | 0.6 | | | | | | | | | | 0.6 |
| AGI-23-68 | Seaga | 2 | b | | | | | | | 0.4 | | | | | | | | | 0.4 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | 0.3 | | | | | | | | | 0.3 |
| DA # 23-008 | HOUDESHELL | 2 | b | | | | | | | 0.5 | | | | | | | | | 0.5 |
| DA # 23-003 | Trevino | 2 | b | | | | | | | 0.5 | | | | | | | | | 0.5 |
| AGI-23-68 | Seaga | 2 | c | | | | | | | 0.5 | | | | | | | | | 0.5 |
| DA #44197878 | Majesty | 1 | g | | | | | | | 1 | | | | | | | | | 1 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DA # 23-008 | HOUDESHELL | 2 | | b | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-23-69 | AQUINO | 2 | | b | | | | | | | | | | 0.2 | | | | | | 0.2 |
| DA # 23-008 | Trevino | 2 | | b | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-23-68 | Seaga | 2 | | b | | | | | | | | | | 0.4 | | | | | | 0.4 |
| BH011266 | Garbutt | 2 | | b | | | | | | | | | | 0.2 | | | | | | 0.2 |
| 24STHC00001 | Vicente | 2 | | b | | | | | | | | | | 0.5 | | | | | | 0.5 |
| 24STHC00001 | Vicente | 2 | | b | | | | | | | | | | | 0.5 | | | | | 0.5 |
| DA # 23-003 | Trevino | 2 | | b | | | | | | | | | | | 0.5 | | | | | 0.5 |
| AGI-23-68 | Seaga | 2 | | b | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 24STHC00001 | Vicente | 2 | | b | | | | | | | | | | | | 0.5 | | | | 0.5 |
| AGI-23-68 | Seaga | 2 | | b | | | | | | | | | | | | 0.5 | | | | 0.5 |
| AGI-23-68 | Seaga | 2 | | c | | | | | | | | | | | | 0.5 | | | | 0.5 |
| 24STHC00001 | Vicente | 2 | | f | | | | | | | | | | | | 2.7 | | | | 2.7 |
| DA # 23-009 | Raygoza | 2 | | b | | | | | | | | | | | | 0.5 | | | | 0.5 |
| AGI-23-56 | Polania | 2 | | b | | | | | | | | | | | | 0.5 | | | | 0.5 |
| 20STPT02303 | Herrera | 1 | | g | | | | | | | | | | | | 0.3 | | | | 0.3 |
| DA # 23-008 | HOUDESHELL | 2 | | b | | | | | | | | | | | | | 0.5 | | | 0.5 |
| DA # 23-009 | Raygoza | 2 | | b | | | | | | | | | | | | | 0.5 | | | 0.5 |
| 23STEX03335 | Garcia | 1 | | g | | | | | | | | | | | | | 1 | | | 1 |
| AGI-23-53 | Rojas Mendez | 2 | | b | | | | | | | | | | | | | 0.2 | | | 0.2 |
| DA #44649744 | Rudnick | 2 | | b | | | | | | | | | | | | | 0.5 | | | 0.5 |
| BF049529 | Polk | 1 | | g | | | | | | | | | | | | | 1 | | | 1 |
| AGI-23-68 | Seaga | 2 | | b | | | | | | | | | | | | | | 0.5 | | 0.5 |
| DA # 23-009 | Raygoza | 2 | | b | | | | | | | | | | | | | | 0.5 | | 0.5 |
| DA # 23-003 | Trevino | 2 | | b | | | | | | | | | | | | | | 0.6 | | 0.6 |
| AGI-21-32 | Alvarado | 2 | | b | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | 0.2 ✓ | | 0.2 |
| **Subtotal** | **Claimable** | | | | 0 | 0 | 0.7 | 3.6 | 0.9 | 2.7 | 3.2 | 0 | 0 | 2.3 | 1.5 | 5.5 | 3.7 | 1.8 | 0 | 25.9 |
| | | | | | | | 7.3 | 4.4 | 7.1 | 5.3 | 4.8 | | | 5.7 | 6.5 | 2.5 | 4.3 | 6.2 | | 54.1 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | | | | | | | | | | | | | | | | |
| **Subtotal** | **Non-Claimable** | | | | | | 7.3 | 4.4 | 7.1 | 5.3 | 4.8 | | 0 | 5.7 | 6.5 | 2.5 | 4.3 | 6.2 | 0 | 54.1 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | | 80 |

25.90
WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | 6.9 |
| **(02) Court Costs for Out of Jurisdiction Cases** | 18.8 |
| **(03) Secure Appearance of Offender** | 0 |
| **(04) Return of Children to Custodian** | 0 |
| **05—PC 278, 278.5 and other non-claimable activities** | 0 |
| **#REF!** | 0 |
| **Claimable + Non-Claimable Total** | 25.7 |

Note: Please enter WK for week end and RDO for your day off.

Employ[redacted] *report of my time, and the function performed as shown above.* 6/17/2024.

Employ

Supervis[redacted] *mined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Superv 6/20/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 6/16/2024-6/30/2024 | [redacted] | [redacted] | Paralegal | Specialized Prosecution | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities**

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction investigation- no case number
- i **Private citizen inquiry regarding missing child/child abducti**

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague—research
- h Government agency inquiry regarding Hague- no case number

**Private citizen inquiry regarding Hague- no case number**

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | HOLIDAY | | | WK | WK | | | | | | WK | WK | | |
| 24STHC00006 | Rojas Mendez | 2 | b | | 0.4 | | | | | | | | | | | | | | | 0.4 |
| DA # 23-008 | HOUDESHELL | 2 | b | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| 24STHC00004 | GOLUB | 2 | b | | 0.1 | | | | | | | | | | | | | | | 0.1 |
| AGI-24-23 | Pena | 2 | b | | 0.2 | | | | | | | | | | | | | | | 0.2 |
| AGI-23-68 | Seaga | 2 | b | | 0.5 | | | | | | | | | | | | | | | 0.5 |
| DA @ 23-008 | Houdeshell | 2 | b | | | 0.4 | | | | | | | | | | | | | | 0.4 |
| 24STHC00006 | Rojas Mendez | 2 | b | | | 0.5 | | | | | | | | | | | | | | 0.5 |
| 24STHC00006 | Rojas Mendez | 2 | f | | | 3 | | | | | | | | | | | | | | 3 |
| AGI-24-05 | GALLARDO | 2 | b | | | | | 0.3 | | | | | | | | | | | | 0.3 |
| DA # 23-008 | Houdeshelll | 2 | b | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| AGI-23-68 | Seaga | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| 24STHC00003 | Gyunashyan | 2 | b | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| 24STHC00003 | Gyunashyan | 2 | d | | | | | 0.3 | | | | | | | | | | | | 0.3 |
| 24STHC00006 | Rojas Mendez | 2 | b | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| BF055120 | Weathers | 1 | g | | | | | 0.5 | | | | | | | | | | | | 0.5 |
| AGI-22-13 | Takhar | 2 | b | | | | | 0.4 | | | | | | | | | | | | 0.4 |
| AGI-24-24 | GONZALEZ CASTANEDA | 2 | a | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| 24STHC00004 | Golub | 2 | c | | | | | 1 | | | | | | | | | | | | 1 |
| AGI-24-24 | GONZALEZ CASTANEDA | 2 | a | | | | | | 0.8 | | | | | | | | | | | 0.8 |
| AGI-23-68 | Seaga | 2 | b | | | | | | 0.4 | | | | | | | | | | | 0.4 |
| AGI-23-18 | Caro | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| AGI-24-24 | GONZALEZ CASTANEDA | 2 | b | | | | | | 0.2 | | | | | | | | | | | 0.2 |
| AGI-22-13 | Takhar | 2 | b | | | | | | 0.5 | | | | | | | | | | | 0.5 |
| 24STHC00004 | Golub | 2 | e | | | | | | 1 | | | | | | | | | | | 1 |
| 24STHC00008 | Seaga | 2 | d | | | | | | | | | 1 | | | | | | | | 1 |
| 24STHC00008 | Seaga | 2 | b | | | | | | | | | 0.2 | | | | | | | | 0.2 |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24STHC00008 | Seaga | 2 | c | | | | | | | | | | 1 | | | | | | | | | 1 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | 0.2 | | | | | | | | 0.2 |
| AGI-22-13 | Takhar | 2 | b | | | | | | | | | | | 0.2 | | | | | | | | 0.2 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | 1 | | | | | | | | 1 |
| 44166256 | EXANTUS | 1 | g | | | | | | | | | | | 0.5 | | | | | | | | 0.5 |
| 24STHC00004 | Golub | 2 | b | | | | | | | | | | | 0.6 | | | | | | | | 0.6 |
| AGI-24-24 | GONZALEZ CASTANEDA | 2 | b | | | | | | | | | | | 0.1 | | | | | | | | 0.1 |
| AGI-23-18 | Caro | 2 | b | | | | | | | | | | | 0.1 | | | | | | | | 0.1 |
| AGI-22-13 | Takhar | 2 | b | | | | | | | | | | | | 0.2 | | | | | | | 0.2 |
| 24STHC00004 | Golub | 2 | f | | | | | | | | | | | | 1.3 | | | | | | | 1.3 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | 0.5 | | | | | | | 0.5 |
| 24STHC00004 | Golub | 2 | a | | | | | | | | | | | | | 1 | | | | | | 1 |
| 24STHC00004 | GOLUB | 2 | b | | | | | | | | | | | | | 0.2 | | | | | | 0.2 |
| AGI-24-23 | PENA PERNIA | 2 | c | | | | | | | | | | | | | 1.5 | | | | | | 1.5 |
| DA # 23-008 | Houdeshell | 2 | b | | | | | | | | | | | | | 0.2 | | | | | | 0.2 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | 0.1 | | | | | | 0.1 |
| AGI-24-05 | Gallardo | 2 | b | | | | | | | | | | | | | 0.3 | | | | | | 0.3 |
| 22VEPT00328 | BLUMENFELD | 1 | g | | | | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-24-05 | Gallardo | 2 | b | | | | | | | | | | | | | | 0.2 | | | | | 0.2 |
| AGI-21-32 | Alvarado Gastelum | 2 | b | | | | | | | | | | | | | | 0.2 | | | | | 0.2 |
| DA # 23-006 | Cortez | 2 | b | | | | | | | | | | | | | | 0.2 | | | | | 0.2 |
| AGI-24-23 | PENA PERNIA | 2 | d | | | | | | | | | | | | | | 0.5 | | | | | |
| 24STHC00003 | Gyunashyan | 2 | d | | | | | | | | | | | | | | 0.5 | | | | | |
| Da # 23-008 | Houdeshell | 2 | b | | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | 0.4 ✓ | | | | | |
| **Subtotal** | **Claimable** | | | 0 | 1.7 | 3.9 | 0 | 3.7 | 3.1. | 0 | 0 | 2.2 | 2.7 | 2 | 3.8 | 2 | 0 | 0 | 0 | 25.1 | | |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | | | | 6.3 | 4.1 | 8 | 4.3 | 4.9 | | | 5.8 | 5.3 | 6 | 4.2 | 6 | | | | 54.9 | | |
| **Subtotal** | **Non-Claimable** | | | 0 | 6.3 | 4.1 | 8 | 4.3 | 4.9 | | 0 | 5.8 | 5.3 | 6 | 4.2 | 6 | | | | 54.9 | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 0 | 80 | | |
| | | | | | | | | | | | | | | | | | | | | **Pay Period Total** | | 80 |

25.10 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **1.5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **22.2** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities** | **0** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **23.7** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *urate report of my time, and the function performed as shown above* 6/28/2024.

Supervisor: *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

[redacted] 7/1/24

Super

# Los Angeles County District Attorney

## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau |
|---|---|---|---|---|
| 6/1/2024-6/15/2024 | [redacted] | [redacted] | Paralegal | Specialized Prosecution |

**Reimbursable Activity Codes**

**CLAIMABLE**

- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**

- 05—PC 278, 278.5 and other non-claimable activities, sick, holiday, vacation

**(01) Compliance with Court Orders**

- a Communication with LE or other for assistance re: custody violations and/or locating missing child
- b eCER filing submission—review of reports, request follow-up from IO.
- c eCER filing submission—obtaining court orders. running e-scars
- d eCER filing submission—preparing declination
- e eCER filing submission—preparing filing
- f 3130—out of state, review/approval of documents.
- g Assistance with 3130 order, obtain court records, prepare court documents, intake
- h Law enforcement inquiry regarding missing child/child abduction
- i Private citizen inquiry regarding missing child/child abduction investigation- no case number

**(02) Court Costs for Out of Jurisdiction Cases**

- a Hague—receipt and processing
- b Hague—communication with party, attorney, AG or CA.
- c Hague—preparation and review, letters, petition, and court documents
- d Hague—file preparation
- e Hague—court filing
- f Hague—court appearance at proceeding
- g Hague-research
- h Government agency inquiry regarding Hague- no case number
- i Private citizen inquiry regarding Hague-no case number

**(03) Secure Appearance of Offender**

- a Communication with LE re: arrest on warrant
- b Communication, arrangement, approval re: extradition
- c Review of case for extradition
- e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

- a Communications with LE re: returning child to legal custodian

**Conversions of tim**

- 6 Minutes = .1 hour
- 12 Minutes = .2 hou
- 15 Minutes = .25 ho
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour
- 48 Minutes = .8 hour
- 54 Minutes = .9 hour
- 60 Minutes = 1 hour

0 • 0

27 • 50

18 • 00

45 • 506

| | | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| 24STHC00007 | Polania v Arango | 2 | B | WK | WK | JT OF OFFI | 4 | | | | WK | WK | | | | | | WK | 4 |
| 24STHC00007 | Polania v Arango | 2 | B | | | | | 2 | | | | | | | | | | | 2 |
| 24STHC00007 | Polania v Arango | 2 | C | | | | | | 2 | | | | | | | | | | 2 |
| 24STHC00007 | Polania v Arango | 2 | B | | | | | | 2 | | | | | | | | | | 2 |
| 24STHC00005 | Herrera v Araniva | 2 | C | | | | | | 2 | | | | | | | | | | 2 |
| 24STHC00007 | Polania v Arango | 2 | B | | | | | | | 1 | | | | | | | | | 1 |
| 19AVFL01355 | Rudnick v Lewin | 1 | G | | | | | | | | | | 1 | | | | | | 1 |
| 23CJCF00568 | Wharry v White | 1 | G | | | | | | | | | | 1 | | | | | | 1 |
| 24STHC00005 | Herrera v Araniva | 2 | C | | | | | | | | | | 1 | | | | | | 1 |
| 24STHC00005 | Herrera v Araniva | 2 | F | | | | | | | | | | | 4 | | | | | 4 |
| 24STHC00005 | Herrera v Araniva | 2 | B | | | | | | | | | | | 1 | | | | | 1 |
| BA507823 | Dana Smith | 1 | F | | | | | | | | | | | 0.5 | | | | | 0.5 |
| 24STHC00005 | Herrera v Araniva | 2 | B | | | | | | | | | | | | 1 | | | | 1 |
| 24STHC00005 | Herrera v Araniva | 2 | C | | | | | | | | | | | | 1 | | | | 1 |
| 24STHC00005 | Herrera v Araniva | 2 | C | | | | | | | | | | | | | 1 | | | 1 |
| 23CJCF00568 | Wharry v White | 1 | G | | | | | | | | | | | | | 2 | | | 2 |
| 23CJCF00568 | Wharry v White | 1 | G | | | | | | | | | | | | | | 1 | | 1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | 0 |
| **Subtotal** | **Claimable** | | | | 0 | 0 | 0 | 4 | 2 | 6 | 1 | 0 | 0 | 3 | 5.5 | 2 | 3 | 1 | 0 | 27.5 |
| (05) PC 278, 278.5 Post Filing -Non Claimable, sick, holiday, vacation | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | | | | 8 | 4 | 6 | 2 | 7 | | 0 | 5 | 2.5 | 6 | 5 | 7 | 0 | 52.5 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | 80 |

27.50 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | 5.5 |
| **(02) Court Costs for Out of Jurisdiction Cases** | 22 |
| **(03) Secure Appearance of Offender** | 0 |
| **(04) Return of Children to Custodian** | 0 |
| **05—PC 278, 278.5 and other non-claimable activities, sick, holiday, vacation** | 0 |
| **#REF!** | 0 |
| **Claimable + Non-Claimable Total** | 27.5 |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] *ort of my time, and the function performed as shown above.* 6/18/2024

Employee Signature

Supe[redacted] *been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supe[redacted] 6/24/24

# Los Angeles County District Attorney

## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| 6/16/2024-6/30/2024 | [redacted] | [redacted] | Paralegal | Specialized Prosecution | |

**Reimbursable Activity Codes**

**CLAIMABLE**

**(01) Compliance with Court Orders**

**(02) Court Costs for Out of Jurisdiction Cases**

**(03) Secure Appearance of Offender**

**(04) Return of Children to Custodian**

**NON CLAIMABLE**

**05—PC 278, 278.5 and other non-claimable activities, sick, holiday, vacation, bereavement**

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h Law enforcement inquiry regarding missing child/child abduction investigation- no case number

i Private citizen inquiry regarding missing child/child abducti

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague- no case number

Private citizen inquiry regarding Hague- no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | SICK | | HOLIDAY | BEREAVEM | BEREAVEM | WK | WK | | | | | | WK | WK | |
| 24STHC00005 | Herrera v Araniva | 2 | C | | | 1 | | | | | | | | | | | | | 1 |
| 23CJCF00568 | Wharry v White | 1 | G | | | 1 | | | | | | 1 | | | | | | | 2 |
| 23CJCF00568 | Wharry v White | 1 | G | | | | | | | | | | 1 | | | | | | 1 |
| BA507823 | Dana Smith | 1 | A | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-24-28 | DORADO ARROYO V VERGARA RUIZ | 2 | D | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-23-59 | SALAZAR V FLORES | 2 | D | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-24-15 | MARTYNIUK V TRACHUK | 2 | D | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-21-32 | ALVARADO V GASTELUM | 2 | D | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-23-69 | AQUINO V AGUILAR | 2 | D | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-22-47 | AMADO GARCIA V SANCHEZ | 2 | D | | | | | | | | | | 0.5 | | | | | | 0.5 |
| AGI-23-38 | LOPEZ MENDEZ V LOPEZ RIOS | 2 | D | | | | | | | | | | 0.5 | | | | | | 0.5 |
| DA# 2021-006 | YARNALL VS YARNALL | 1 | G | | | | | | | | | | | 1 | | | | | 1 |
| DA #44582897 | CESAR RUIZ MORALES | 1 | G | | | | | | | | | | | 2 | | | | | 2 |
| DA# 2021-006 | YARNALL VS YARNALL | 1 | G | | | | | | | | | | | | 1 | | | | 1 |
| DA# 2023-005 | TUCCITTO V WALKER | 1 | G | | | | | | | | | | | | 1 | | | | 1 |
| DA# 2023-007 | TSE V TENG LEONG | 1 | G | | | | | | | | | | | | 1 | | | | 1 |
| DA# 2020-003 | PIERCE V PIERCE | 1 | G | | | | | | | | | | | | 1 | | | | 1 |
| DA# 2024-002 | KRUMP V ORONA | 1 | G | | | | | | | | | | | | 1 | | | | 1 |
| DA# 2020-003 | PIERCE V PIERCE | 1 | G | | | | | | | | | | | | | 1 | | | 1 |
| DA# 2022-002 | FLORES V POOLE | 1 | G | | | | | | | | | | | | | 1 | | | 1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | ✓ | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | 0 |
| **Subtotal** | **Claimable** | | | | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 5 | 3 | 5 | 2 | 0 | 0 | 18 |
| (05) PC 278, 278.5 Post Filing -Non Claimable, sick, holiday, vacation, bereavement | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | | 0 | 8 | 6 | 8 | 8 | 8 | 0 | 0 | 7 | 3 | 5 | 3 | 6 | 0 | 0 | 62 |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

18 WK ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **13.5** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **4.5** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **05—PC 278, 278.5 and other non-claimable activities, sick, holiday, vacation, bereavement** | **0** |
| **0** | **0** |
| **Claimable + Non-Claimable Total** | **18** |

Note: Please enter WK for week end and RDO for your day off.

Empl[redacted]bove.

07/01/2024

Employee Signature

Supervis[redacted]t, to the best of my knowledge and belief, this time record is true and correct, and the

7/2/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: June 1-15, 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): | Bureau | Unit Number | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enfocement inquiry regarding missing child/child abduction

I private citizen inquirey regarding missing child/child abduction investigation. No case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h law enfocement inquiry regarding missing child/child abduction

I private citizen inquirey regarding missing child/child abduction investigation. No case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | RDO | | | | | WK | WK | | | | | | WK | 0 |
| 24STHC0001 | Vincente v Vincente | 2 | b | | | | | | 1 | | | | | | | | | | 1 |
| 24STHC0001 | Vincente v Vincente | 2 | f | | | | | | | | | | | | 5 | | | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **5** | **0** | **0** | **0** | **6** |
| | | | | | | | | | | | | | | | | | | | |
| | post filing | | | 0 | 0 | 0 | 9 | 9 | 8 | 9 | 0 | 0 | **8** | **9** | **4** | 9 | 9 | 0 | 74 |
| Search Warrant | Search Warrant- other non-cl | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 0 |
| | vacation | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 0 |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **0** | **9** | **9** | **8** | **9** | **0** | **0** | 8 | **9** | **4** | **9** | **9** | **0** | **74** |
| | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 6 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 74 |
| (06) Other - Non Claimable | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*ime, and the function performed as shown above.*

June 16 24

*hed and that, to the best of my knowledge and belief, this time record is true and correct, and the*

6/21/24

6 WH

0 • 0

6 • 0000 +
7 • 0000 +
13 • 00006 +

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| June 16-31 2024 | [redacted] | [redacted] | | | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders,

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction

i private citizen inquiry regarding missing child/child abduction investigation- no

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Government agency inquiry regarding Hague - no case number

i private citizen inquiry regarding Hague - no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | RDO | | | | | WK | WK | | | | | | WK | WK | | 0 |
| 24STHC0004 | Golub v Golub | 2 | f | | | 6 | | | | | | | | | | | | | | 6 |
| 24STHC0001 | Vincente v Vincente | 2 | e | | | | | 1 | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **6** | **0** | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **7** |
| | | | | | | | | | | | | | | | | | | | | |
| | PC 278, 278.5 Post Filing | | | 0 | 0 | 3 | 9 | 8 | 9 | 0 | 0 | 8 | **9** | **9** | **9** | 9 | 0 | 0 | 0 | 73 |
| | Other - Search Warrants | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | 0 | 0 | 0 |
| | other vacation/holiday | 0 | | | | | 0 | 0 | 0 | 0 | 0 | 0 | **0** | **0** | **0** | 0 | 0 | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **0** | **0** | **9** | **9** | **8** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **80** |
| | | | | | | | | | | | | | | | | | | | | |
| **Daily Grand Total** | | | | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **80** |

| | |
|---|---|
| (01) Compliance with Court Orders, | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 7 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable and all other non-claimable activities | 73 |
| | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

*d accurate report of my time, and the function performed as shown above.*

7-31-24

Su

*mined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were*

7/31/24

Su

867

877

81

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| June/01/2024 - June/15/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

(06) Other - Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake, law enforcement

h law enforcement inquiry regarding missing child/child abduction investigation-no case number

i private Citizen inquiry regarding missing child/child abduction investigation-no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

0.0
2.00
1.00
3.00

| | | | | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
| | | | | WK | WK | | | | | | WK | WK | RDO | | OFF | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| 24STHC00005 | Turcio Quintanilla | 2 | f | | | | | | | | | | | 2 | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | | 8 | 9 | 9 | 9 | 9 | | | | 7 | | 9 | 9 | | 69 |
| OFF | | 5 | | | | | | | | | | | | | 9 | | | | 9 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 7 | 9 | 9 | 9 | 0 | 78 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Daily Grand Total | | | | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

2WH

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 2 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 78 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted]

6/18/2024

Supervi[redacted]al, to the best of my knowledge and belief, this time record is true and correct, and the

6/22/24

Supervi[redacted]

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| June/16/2024 - June/30/2024 | [redacted] | [redacted] | DDAIII | SP/TC/CAU | | CHILDABDUC |

**Reimbursable Activity Codes**

**CLAIMABLE**

(01) Compliance with Court Orders

(02) Court Costs for Out of Jurisdiction Cases

(03) Secure Appearance of Offender

(04) Return of Children to Custodian

**NON CLAIMABLE**

(05) PC 278, 278.5 Post Filing -Non Claimable

**(01) Compliance with Court Orders**

a Communication with LE or other for assistance re: custody violations and/or locating missing child

b eCER filing submission—review of reports, request follow-up from IO.

c eCER filing submission—obtaining court orders. running e-scars

d eCER filing submission—preparing declination

e eCER filing submission—preparing filing

f 3130—out of state, review/approval of documents.

g Assistance with 3130 order, obtain court records, prepare court documents, intake

h law enforcement inquiry regarding missing child/child abduction investigation no case number

i private Citizen inquiry regarding missing child/child abduction investigation no case number

**(02) Court Costs for Out of Jurisdiction Cases**

a Hague—receipt and processing

b Hague—communication with party, attorney, AG or CA.

c Hague—preparation and review, letters, petition, and court documents

d Hague—file preparation

e Hague—court filing

f Hague—court appearance at proceeding

g Hague—research

h Gov't agency inquiry regarding Hauge-no case number

i Private Citizen inquiry regarding Hauge -no case number

**(03) Secure Appearance of Offender**

a Communication with LE re: arrest on warrant

b Communication, arrangement, approval re: extradition

c Review of case for extradition

e Obtain court records for filings and warrants.

**(4) Return of Children to Custodian**

a Communications with LE re: returning child to legal custodian

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

| | | | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | #N/A | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | | |
| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | Grand Total |
| | | | | WK | | | HOLIDAY | | OFF | | | RDO | OFF | | | | | | | 0 |
| 24STHC00004 | Golub v. Golub | 2 | f | | | | | | | | | | | 1 | | | | | | 1 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | ✓ | | | | | | 0 |
| **Subtotal** | **Claimable** | | | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **0** | **0** | **0** | | **1** |
| (05) PC 278, 278.5 Post Filing -Non Claimable | | 5 | | | 8 | 9 | | 9 | | | | | | 8 | 9 | 9 | | | | 52 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | Holiday | 5 | | | | | 9 | | | | | | | | | | | | | 9 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | OFF | 5 | | | | | | | -9 | | | | 9 | | | | | | | 18 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Subtotal** | **Non-Claimable** | | | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **8** | **9** | **9** | **0** | **0** | | **79** |
| | | | | | | | | | | | | | | | | | | | | 0 |
| **Daily Grand Total** | | | | **0** | **8** | **9** | **9** | **9** | **9** | **0** | **0** | **0** | **9** | **9** | **9** | **9** | **0** | **0** | | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 1 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (05) PC 278, 278.5 Post Filing -Non Claimable | 79 |
| 0 | 0 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

1 WH ✓

[redacted]

Employ

Supervis

*knowledge and belief, this time record is true and correct, and the functions*

7/1/2024

Superv

7/1/24

**Los Angeles Cour**
**Cus**

| Pay Period: June 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SR. INV | Bureau INVESTIGATION | Unit Numb 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**

| | | | | | |
|---|---|---|---|---|---|
| a Duty Calls | i PCW | q Out -Of -State Assist (UCCJEA) | y Review | Conversio | |
| b After Hours Calls | j Search Warrants | r Out-of-State Court | z Review Court | 6 Minutes = .1 hour | |
| c HAGUE Cases | k PING Warrants | s Out-Of-State Court Document | | 12 Minutes = .2 hour | |
| d Child Transport to Court | l Arrest Warrants | t Out-Of-State Court Document | | 15 Minutes = .25 hour | |
| e Child Transport to LBP | m Operations Plans | u Investigation | | 18 Minutes = .3 hour | |
| f DCFS Cases | n Travel Arrangement | v Surveillance | | 24 Minutes = .4 hour | |
| g Reports Written | o Court Appearances | w Case Work Up | | 30 Minutes = .5 hour | |
| h Arrests | p CAU I/O Criminal Filings | x Case Assignment | | | |

0 • C
78 • 00
68 • 00
146 • 00

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SAT | SUN | RDO | | | | | SAT | SUN | SH EXC | | | | SH EXC | SAT | 0 |
| 2024-G-0844 | Shepherd, Brittnie | 1 | uv | | | | | | | 4 | | | | | | | | | 4 |
| 2024-G-0921 | Small, William | 1 | u | | | | | 3 | 3 | | | | 4 | | | | | | 10 |
| 2023-G-1173 | Hovhannisyan, Yulia | 1 | uv | | | | | | | | | | 2 | | 3 | 3 | | | 8 |
| 2024-A-0619 | Lima, Sinahi | 1 | cuv | | | | | 2 | | 2 | | | | 2 | | 3 | | | 9 |
| 2024-G-0842 | Bejarano, Maribel | 1 | wu | | | | 4 | | 2 | | | | | 3 | | | | | 9 |
| 2024-G-0844 | Shepherd, Brittnie | 1 | uv | | | | 2 | | 1 | | | | 1 | 2 | 4 | | | | 10 |
| 2024-G-0920 | Estes, Jeremiah | 1 | u | | | | 2 | 1 | | | | | | | 3 | | | | 6 |
| 2024-G-0694 | Henriquez, Leila | 1 | uv | | | | 2 | 3 | | 1 | | | 1 | 1 | | 1 | | | 9 |
| 2024-A-0772 | Ruiz, Jessica | 1 | uv | | | | | | | 3 | | | 1 | 2 | | 2 | | | 8 |
| 2024-G-0781 | Horton, Mallory | 1 | ug | | | | | 1 | 2 | | | | 1 | | | 1 | | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 10 | 10 | 8 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 78 |
| Duty calls | | 1 | a | | | | | | 2 | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | 0 |
| OTHER | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

78 WH

| | |
|---|---|
| **(01) Compliance with Court Orders** | **80** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **0** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *e and accurate report of my time, and the function performed as shown above.*

Employee Signature 6/13/24

Supervisor: *I hereby certi[redacted]n examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 6/13/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: JUNE 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SR INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

a Duty Calls; b After Hours Calls; c HAGUE Cases; d Child Transport to Court; e Child Transport to LBP; f DCFS Cases; g Reports Written; h Arrests; i PCW; j Search Warrants; k PING Warrants; l Arrest Warrants; m Operations Plans; n Travel Arrangement; o Court Appearances; p CAU I/O Criminal Filings; q Out -Of -State Assist (UCCJEA); r Out-of-State Court; s Out-Of-State Court Document; t Out-Of-State Court Document; u Investigation; v Surveillance; w Case Work Up; x Case Assignment; y Review; z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | SUN | RDO | | HOL | | | SAT | SUN | RDO | | | | | SAT | SUN | RDO | 0 |
| 2024-G-0844 | Shepherd, Brittnie | 1 | u | | | 3 | | 1 | | | | | 1 | 1 | 2 | 3 | | | | 11 |
| 2024-G-0920 | Estes, Jeremiah | 1 | u | | | 2 | | | 2 | | | | | | | | | | | 4 |
| 2024-G-0921 | Small, William | 1 | u | | | 1 | | 3 | | | | | 2 | | | 1 | | | | 7 |
| 2024-G-1173 | Hovhannisyan, Yulya | 1 | u | | | | | 4 | | | | | | | 2 | | | | | 6 |
| 2024-A-0619 | Lima, Sinahi | 1 | cuv | | | 2 | | | 4 | | | | | 4 | 2 | 2 | | | | 14 |
| 2022-G-0781 | Horton, Mallory | 1 | u | | | | | | 2 | | | | 3 | | | 2 | | | | 7 |
| 2024-G-0842 | Bejarano, Maribel | 1 | u | | | 2 | | 2 | | | | | 4 | 1 | | | | | | 9 |
| 2024-G-0844 | Shepherd, Brittnie | 1 | u | | | | | | 2 | | | | | 1 | | | | | | 3 |
| 2024-G-0694 | Henriquez, Leila | 1 | u | | | | | | | | | | | 2 | 2 | 1 | | | | 5 |
| 2024-A-0772 | Ruiz, Jessica | 1 | uv | | | | | | | | | | | | 2 | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 10 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 9 | 10 | 9 | 0 | 0 | 0 | 68 |
| Duty calls | | 1 | a | | | | | | | | | | | 1 | | 1 | | | | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | Pay Period Total | 70 |

68 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 70 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 0 |
| Claimable + Non-Claimable Total | 70 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/28/24

Supervisor: *I hereby certify the emplo[redacted]d that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 6/28/24

Los Angeles Co

| Pay Period: JUNE 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit N 158 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conve**
- 6 Minutes = .1 hou
- 12 Minutes = .2 h
- 15 Minutes = .25
- 18 Minutes = .3 h
- 24 Minutes = .4 h
- 30 Minutes = .5 h

0 • C

63 • 50
64 • 50
126 • 100

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017-P-1564 | YOO | 1 | Y | SAT | SUN | VAC | 2 | | 0.5 | RDO | SAT | SUN | | | | 3 | RDO | SAT | 5.5 |
| 2024-A-0695 | HERERRA | 1 | Y,Z | | | | | | | | | | 3 | 1 | | | | | 4 |
| 2024-G-0703 | SCOTT | 3 | Y,Z | | | | 5 | 2.5 | | | | | 2 | 1.5 | 2 | | | | 13 |
| 2023-A-1617 | CHAVEZ | 1 | Y,Z | | | | | 2 | 2 | | | | | | | 2.5 | | | 6.5 |
| 2024-A-1141 | GYUNASHYAN | 1 | X,Y,Z | | | | | | 1.5 | | | | 2 | 2 | 0.5 | | | | 6 |
| 2023-A-1164 | GOLUB | 3 | Y,Z | | | | | 2 | 1.5 | | | | 2.5 | 0.5 | | 1.5 | | | 8 |
| 2023-G-1712 | CANCHOLA | 1 | X,Y,Z | | | | 1.5 | | 0.5 | | | | | | 1.5 | 1 | | | 4.5 |
| 2024-A-0285 | SEAGA | 1 | Y,Z | | | | | | | | | | 0.5 | 1 | 2 | | | | 3.5 |
| 2024-G-0620 | ACOSTA | 1 | Y,Z | | | | | 1.5 | 1.5 | | | | | | | | | | 3 |
| 2022-G-1119 | RICHARDS | 3 | Y,Z | | | | 0.5 | | 0.5 | | | | | 1.5 | 2 | 0.5 | | | 5 |
| 2024-A-0695 | ARANIVA | 3 | Y | | | | | 2 | | | | | | 1.5 | | 1 | | | 4.5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 9 | 10 | 8 | 0 | 0 | 0 | 10 | 9 | 8 | 9.5 | 0 | 0 | 63.5 |
| TRAINING | N/A | 5 | | | | | | | | | | | | | | | | | 0 |
| SGT MEETING | N/A | 5 | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | 5 | | | | 10 | 1 | | 2 | | | | | 1 | 2 | 0.5 | | | 16.5 |
| Subtotal | Non-Claimable | | | 0 | 0 | 10 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 2 | 0.5 | 0 | 0 | 16.5 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

63.50 WK ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **33** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **30.5** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **16.5** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certify* [redacted] *time, and the function performed as shown above.*

Employee Signature 6/13/24

Super[redacted] *en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supe[redacted] 6/13/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: JUNE 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): SGT | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

CLAIMABLE
(01) Compliance with Court Orders
(02) Court Costs for Out of Jurisdiction Cases
(03) Secure Appearance of Offender
(04) Return of Children to Custodian

NON CLAIMABLE
(5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversions of time Decimals**

6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour
36 Minutes = .6 hour
42 Minutes = .7 hour
45 Minutes = .75 hour
48 Minutes = .8 hour
54 Minutes = .9 hour
60 Minutes = 1 hour

GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2020-A-0530 | CASTELLANO | 1 | X,Y,Z | SUN | 2 | 0.5 | HOLIDAY | 1.5 | RDO | SAT | SUN | 1 | 2 | 0.5 | 2.5 | RDO | SAT | SUN | | 10 |
| 2023-G-1391 | BURKE | 1 | X,Y,Z | | 1.5 | | | | | | | 2.5 | 1.5 | 1.5 | | | | | | 7 |
| 2024-A-1091 | GONZALEZ | 1 | X,Y,Z | | 3 | 0.5 | | 3.5 | | | | 0.5 | 3 | 1.5 | 1 | | | | | 13 |
| 2024-G-1103 | FERNANDEZ | 3 | Y | | 2 | 2.5 | | 1.5 | | | | 1.5 | 1.5 | 3 | 3 | | | | | 15 |
| 2024-G-1104 | JACOBS | 3 | Y | | 1 | 1.5 | | 2 | | | | 2.5 | 0.5 | 1 | 3 | | | | | 11.5 |
| 2023-G-0569 | GERLACH | 1 | Y | | 0.5 | 3 | | 1.5 | | | | | | 2.5 | 0.5 | | | | | 8 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 8 | 0 | 10 | 0 | 0 | 0 | 8 | 8.5 | 10 | 10 | 0 | 0 | 0 | 0 | 64.5 |
| OTHER | | 5 | | | | 2 | 10 | | | | | 2 | 1.5 | | | | | | | 15.5 |
| VACATION | N/A | 5 | | | | | | | | | | | | | | | | | | 0 |
| SGT MEETING | | 5 | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 2 | 10 | 0 | 0 | 0 | 0 | 2 | 1.5 | 0 | 0 | 0 | 0 | 0 | 0 | 15.5 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | Pay Period Total 80 |

64.50 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 38 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 26.5 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 15.5 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby certif*[redacted]*me, and the function performed as shown above.*

Employee Signature 6/27/24

Supervi[redacted]*been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Super[redacted] 6/27/24

**Los Angeles County**
**Custod**

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number |
|---|---|---|---|---|---|
| Jun-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions c**
- 6 Minutes = .1 hour
- 12 Minutes = .2 hour
- 15 Minutes = .25 hour
- 18 Minutes = .3 hour
- 24 Minutes = .4 hour
- 30 Minutes = .5 hour

0 • C
50 • 00 +
70 • 00 +
120 • 00 G +

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | WK | OFF | OFF | OFF | | RDO | WK | WK | | | | | RDO | WK | |
| 2024-G-0843 | Kiara Hunt | 1,4 | b,e,g,k,s, | | | | | | 3 | | | | 5 | 4 | 8 | 2 | | | 22 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,w | | | | | | 1 | | | | | 3 | | | | | 4 |
| 2024-G-0044 | Hershey De Peralta | 1,4 | u,v,w | | | | | | 3 | | | | 2 | | | 2 | | | 7 |
| 2023-G-1142 | Adrien Aguilar | 1 | u | | | | | | | | | | | | | | | | 0 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | c, | | | | | | | | | | | | | | | | 0 |
| 2024-A-0820 | Isabel Arango | 1,4 | c,g,u,v | | | | | | 2 | | | | | | | 4 | | | 6 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v, | | | | | | | | | | | | | | | | 0 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | | | 3 | | | | | | 3 |
| 2023-G-0985 | Tanner v. Grisset | 1,4 | u,v,w | | | | | | 1 | | | | | | | 2 | | | 3 |
| 2024-G-0589 | Ali-Tsai | 1,4 | b,u,v | | | | | | | | | | | 3 | 2 | | | | 5 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | | | | | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | 0 |
| | | | | 0 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 50 |
| Vacation | | 5 | | | 10 | 10 | 10 | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 30 |
| Subtotal | Non-Claimable | 0 | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 0 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 80 |

50 WH ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **30** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I hereby c* [redacted] *time, and the function performed as shown above.*

Employee Signatu [redacted] 8/13/2024

Supervisor: *I hereby certify* [redacted] *ined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted] 8/13/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| Jun-24 | [redacted] | [redacted] | Sr. Investigator | Investigation | | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | off | | RDO | WK | WK | | | | | RDO | WKI | WK | N/A | 0 |
| 2024-G-0843 | Kiara Hunt | 1,4 | b,e,g,k,s | | | 7 | | 4 | ✓ | | | 4 | 4 | 2 | 2 | | | | | 30 |
| 2023-G-1537 | Jessica Duvall | 1 | u,v,k,o,g | | 3 | | | | | | | | | 3 | | | | | | 6 |
| 2023-G-1642 | Tanayry Rodriguez | 1,4 | b,g,l,m,o,u,v | | 1 | | | 3 | | | | 3 | 2 | | 4 | | | | | 13 |
| 2023-G-1142 | Adrien Aguilar | 1, | w,u,v | | | 3 | | | | | | | 4 | 5 | 2 | | | | | 14 |
| 2023-A-0791 | Camila Leon-Reyes | 1,3 | w,c | | 3 | | | 3 | | | | | | | 2 | | | | | 8 |
| 2024-A-0820 | Isabel Arango | 1,4 | c,g,u,v,w | | | | | | | | | 3 | | | | | | | | 3 |
| 2023-G-1419 | Kendra Weisner | 1 | u,v,w | | 1 | | | | | | | | | | | | | | | 1 |
| 2023-A-1402 | Lopez-Rios | 1,4 | c,w,u | | | | | | | | | | | | | | | | | 0 |
| 2023-G-0985 | Tanner-Grisset | 1,4 | u,v,w | | 2 | | | | | | | | | | | | | | | 2 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | ✓ | ✓ | | ✓ | | | | ✓ | ✓ | ✓ | ✓ | | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 10 | 0 | 10 | ✓ | 0 | 0 | 10 | 10 | 10 | 10 | | | | | 77 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Other | | 5 | | | | | 10 | | | | | | | | | | | | | 10 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 7 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | | 87 |

| | |
|---|---|
| (01) Compliance with Court Orders | |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 10 |
| Claimable + Non-Claimable Total | 87 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I here* [redacted] *the function performed as shown above.*

Employee Signature 8/13/2024

Supervisor: *I hereby certify the employee's* [redacted] *ned and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 8/13/24

70.3 H ✓

# Los Angeles County District Attorney

Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit N |
|---|---|---|---|---|---|
| 6/1/2024 - 6/15/2024 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15I |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

Conv
6 Minutes = .1 ho
12 Minutes = .2 h
15 Minutes = .25
18 Minutes = .3 h
24 Minutes = .4 h
30 Minutes = .5 hour

60 Minutes = 1 hour

0 • C
23 • 00 +
64 • 00 +
87 • 006 +

| Case Number | Case Name | Activity Codes | Task Codes | GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD | | | | | | | | | | | | | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| | | | | WK | WK | RDO | RDO | RDO | RDO | RDO | WK | WK | RDO | | | RDO | | WK | 0 |
| 2023-G-1391 | CHONTE BURKE | 1 | u | | | | | | | | | | | 2 | 6 | | 2 | | 10 |
| 2023-A-1617 | GABRIEL EDMUNDO CHAVEZ | 1 | c,u | | | | | | | | | | | 6 | 1 | | 2 | | 9 |
| 2024-G-0703 | CLISHAY SCOTT | 1 | g | | | | | | | | | | | | 2 | | | | 2 |
| 2024-G-0590 | ASIA POLK | 1 | u | | | | | | | | | | | | 1 | | 1 | | 2 |
| Duty Calls | Duty Calls | 1 | a | | | | | | | | | | | | | | ~~1~~ | | 1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | ✓ | ✓ | | ~~5~~ ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 10 | 0 | ~~6~~ | 0 | ~~24~~ |
| | | 5 | | | | | | | | | | | | **2** | | | 4 | | 6 |
| VACATION | | 5 | | | | | 10 | 10 | 10 | 10 | | | | | | 10 | | | 50 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 2 | 0 | 10 | 4 | 0 | 56 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | |
| | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

23 w/H ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 24 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 56 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

Employee: *I her* [redacted] *time, and the function performed as shown above.*

6/15/24

Employee Signature

Supervisor: *I hereby certify the* [redacted] *to the best of my knowledge and belief, this time record is true and correct, and the*

6/15/24

Supervisor Signature

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: | Employee Number : | Employee Name: | Employee Classification (Title): | Bureau | Unit Number | Project Code: |
|---|---|---|---|---|---|---|
| 6/16/24 - 6/30/24 | [redacted] | [redacted] | Senior Investigator | Child Abduction | 15872 | CHILDABDUC |

**Reimbursable Activity Codes:**

**CLAIMABLE**
- (01) Compliance with Court Orders
- (02) Court Costs for Out of Jurisdiction Cases
- (03) Secure Appearance of Offender
- (04) Return of Children to Custodian

**NON CLAIMABLE**
- (5) Non Claimable

**Task Codes:**

- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out -Of -State Assist (UCCJEA)
- r Out-of-State Court
- s Out-Of-State Court Document
- t Out-Of-State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | WK | | | H | | RDO | WK | WK | RDO | | | | | WK | WK | XXX | 0 |
| 2023-A-1617 | GABRIEL CHAVEZ | 1 | c,m,v,g | | 8 | 7 | O | 3 | | | | | | | | 3 | | | | 21 |
| 2023-G-1391 | CHONTE BURKE | 1 | p,u | | | 3 | L | | | | | | 5 | 2 | 5 | | | | | 15 |
| 2024-G-0590 | ASIA POLK | 1 | u | | 1 | | I | | | | | | 1 | 1 | 1 | | | | | 4 |
| 2023-A-1164 | LIUDMILA GOLUB | 1 | u | | 1 | | D | 2 | | | | | | | | | | | | 3 |
| 2024-G-0169 | DAVID DAVTIAN | 1 | g | | | | A | 2 | | | | | | | | | | | | 2 |
| 2024-G-0368 | CHRIS FUCHS | 1 | u | | | | Y | | | | | | | 5 | | | | | | 5 |
| 2023-G-1712 | ADRIAN DORADO | 1 | g | | | | | | | | | | 1 | | | | | | | 1 |
| 2023-G-0265 | SELINA GARRET | 1 | g | | | | | | | | | | 2 | | | | | | | 2 |
| Training | ESCARS / BWC | 1 | | | | | | | | | | | | 2 | | 4 | | | | 6 |
| 2023-G-0179 | BROOKE MASON | 1 | g | | | | | | | | | | | | 3 | | | | | 3 |
| 2024-G-0919 | MANUEL MATA | 1 | u | | | | | | | | | | | | 1 | | | | | 1 |
| 2024-A-0028 | MARTHA AGUILAR | 1 | c,u | | | | | | | | | | | | | 1 | | | | 1 |
| | | | | | ✓ | ✓ | | ✓ | | | | | ✓ | ✓ | ✓ | ✓ | | | | 0 |
| Subtotal | Claimable | | | 0 | 10 | 10 | 0 | 7 | 0 | 0 | 0 | 0 | 9 | 10 | 10 | 8 | 0 | 0 | 0 | 64 |
| | | 5 | | | | | 10 | 3 | | | | | 1 | | | 2 | | | | 16 |
| | | 5 | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 10 | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 16 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | Pay Period Total | | | 80 |

64 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 64 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 16 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

E[redacted] *nd accurate report of my time, and the function performed as shown above.* 6/30/24

E

Supervisor: *I hereby c[redacted]en examined and that, to the best of my knowledge and belief, this time record is true and correct, and the* 7/1/24

Supervisor Signat[redacted]

**Los Angeles Coun**
**Cust**

| Pay Period: JUNE 2024 | Employee #[redacted] | Employee Name: [redacted] | Employee Classification (Title STC | Bureau INVESTIGATION | Unit Numb 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
**(01) Compliance with Court Orders**
**(02) Court Costs for Out of Jurisdiction Cases**
**(03) Secure Appearance of Offender**
**(04) Return of Children to Custodian**

**NON CLAIMABLE**
**(5) Non Claimable**

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out-Of-State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversion**
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hour
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

0.0
1.70 +
2.35 +
4.05 =

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 818-479-1966 | ARELLANO | 4 | A | SAT | SUN | 0.1 | | | | | SAT | SUN | RDO | | | | | SAT | 0.1 |
| 602-741-6031 | AMUNDSON | 4 | A | | | 0.1 | | | | | | | | | | | | | 0.1 |
| 213-608-2322 | FAVORITE | 4 | A | | | 0.2 | | | | | | | | | | | | | 0.2 |
| 323-501-8971 | SOLIK | 4 | A | | | | 0.2 | | | | | | | | | | | | 0.2 |
| 323-501-8971 | LOWELL | 1 | A | | | | 0.2 | | | | | | | | | | | | 0.2 |
| 760-277-9637 | HAGEMANN | 4 | A | | | | | | | | | | | | | 0.25 | | | 0.25 |
| 323-680-7867 | GONZALEZ | 1 | A | | | | | | | | | | | | | | 0.1 | | 0.1 |
| 43631053 | GREER | 1 | A | | | | | | | | | | | | | | 0.1 | | 0.1 |
| 818-645-7398 | KHACHERYAN | 4 | A | | | | | | | | | | | | | | 0.25 | | 0.25 |
| 2024-G-0620 | ARCINIEGA | 4 | A | | | | | | | | | | | | 0.1 | | | | 0.1 |
| 662-292-6054 | LOVE | 4 | A | | | | | | | | | | | | 0.1 | | | | 0.1 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | ✓ | ✓ | | | | | | | | ✓ | ✓ | ✓ | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0.4 | 0.4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.2 | 0.25 | 0.45 | 0 | 1.7 |
| OTHER | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| VACATION | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | 5 | | 0 | 0 | 7.6 | 8.6 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 8.8 | 8.75 | 8.55 | 0 | 78.3 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | |
| | | | | | | | | | | | | | | | | | | Pay Period Total | 80 |

1.7 wh ✓

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0.4** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **1.3** |
| **(5) Non Claimable** | **78.3** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter SAT SUN for week end and RDO for your day off.

Employee: *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/14/24

Supervisor: *I hereby certify the* [redacted] *examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 6/14/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: JUNE 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): Senior-Typist Clerk | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**

(01) Compliance with Court Orders
(02) Court Costs for Out of Jurisdiction Cases
(03) Secure Appearance of Offender
(04) Return of Children to Custodian

**NON CLAIMABLE**

(5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court Appearances
s Out-Of-State Court Document Prep
t Out-Of-State Court Document Prep
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review Reports
z Review Court Documents

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 323-570-7099 | DENNIS | 4 | a | SUN | 0.1 | | | | RDO | SAT | SUN | | | | | RDO | SAT | SUN | | 0.1 |
| 2024-G-0590 | ARANA | 4 | a | | 0.1 | | | | | | | | 0.1 | | 0.1 | | | | | 0.3 |
| 310-484-3017 | EDMUND | 4 | a | | 0.1 | | | | | | | | | | | | | | | 0.1 |
| 2024-G-1104 | JACOBS | 4 | a | | 0.2 | | | | | | | | | | | | | | | 0.2 |
| 310-997-8430 | HILL | 4 | a | | | 0.1 | | | | | | | | | | | | | | 0.1 |
| 213-257-2051 | CHUNG | 4 | a | | | | | 0.1 | | | | | | | | | | | | 0.1 |
| 424-634-0997 | FOLEY | 4 | t | | | | | | | | | 0.1 | | | 0.1 | | | | | 0.2 |
| 714-476-1383 | GARCIA | 4 | t | | | | | | | | | 0.1 | | | | | | | | 0.1 |
| 213-608-2322 | FAVORITE | 4 | a | | | | | | | | | | 0.1 | 0.1 | | | | | | 0.2 |
| 2024-G-1103 | FERNANDEZ | 4 | a | | | | | | | | | | 0.2 | | | | | | | 0.2 |
| 2022-G-0781 | DAVIS | 4 | a | | | | | | | | | | 0.2 | | | | | | | 0.2 |
| 241211992 | ESTES | 4 | a | | | | | | | | | | | | 0.25 | | | | | 0.25 |
| 213-332-8935 | DIEGO | 4 | a | | | | | | | | | | | | 0.2 | | | | | 0.2 |
| 909-243-4692 | SBC | 4 | a | | ✓ | ✓ | | ✓ | | | | ✓ | ✓ | ✓ | 0.1 ✓ | | | | | 0.1 |
| Subtotal | Claimable | | | 0 | 0.5 | 0.1 | 0 | 0.1 | 0 | 0 | 0 | 0.2 | 0.6 | 0.1 | 0.75 | 0 | 0 | 0 | 0 | 2.35 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| OTHER | N/A | 5 | | | 9.5 | 9.9 | 10 | 9.9 | | | | 9.8 | **9.4** | **9.9** | **9.25** | | | | | 77.65 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 9.5 | 9.9 | 10 | 9.9 | 0 | 0 | 0 | 9.8 | 9.4 | 9.9 | 9.25 | 0 | 0 | 0 | 0 | 77.65 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

2.35 WH ✓

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 2.35 |
| (5) Non Claimable | 77.65 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.* 6/27/24

Supervisor: *I hereby certify th* [redacted] *examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature 6/27/24

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: JUNE 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Num 15827 |
|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
(01) Compliance with Court Orders
(02) Court Costs for Out of Jurisdiction Cases
(03) Secure Appearance of Offender
(04) Return of Children to Custodian

**NON CLAIMABLE**
(5) Non Claimable

**Task Codes:**

a Duty Calls
b After Hours Calls
c HAGUE Cases
d Child Transport to Court
e Child Transport to LBP
f DCFS Cases
g Reports Written
h Arrests
i PCW
j Search Warrants
k PING Warrants
l Arrest Warrants
m Operations Plans
n Travel Arrangement
o Court Appearances
p CAU I/O Criminal Filings
q Out -Of -State Assist (UCCJEA)
r Out-of-State Court
s Out-Of-State Court Document
t Out-Of-State Court Document
u Investigation
v Surveillance
w Case Work Up
x Case Assignment
y Review
z Review Court

**Conversi**
6 Minutes = .1 hour
12 Minutes = .2 hour
15 Minutes = .25 hou
18 Minutes = .3 hour
24 Minutes = .4 hour
30 Minutes = .5 hour

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | RDO | RDO | | | | | RDO | RDO | RDO | | | | | RDO | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (Consumer Protection) | | 5 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 10 | 10 | 10 | 10 | 0 | 40 |
| Other (Vacation) | | 5 | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 |
| | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 0 | 10 | 10 | 0 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 80 |

| | |
|---|---|
| (01) Compliance with Court Orders | 0 |
| (02) Court Costs for Out of Jurisdiction Cases | 0 |
| (03) Secure Appearance of Offender | 0 |
| (04) Return of Children to Custodian | 0 |
| (5) Non Claimable | 80 |
| Claimable + Non-Claimable Total | 80 |

Note: Please enter WK for week end and RDO for your day off.

[redacted] *...d accurate report of my time, and the function performed as shown above.*

8/15/24

Supervisor: *I hereby certify* [redacted] *...been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

Supervisor Signature [redacted]

8/15/24

880

890

# Los Angeles County District Attorney
## Custody of Minor Time Study

| Pay Period: JUNE 2024 | Employee Number : [redacted] | Employee Name: [redacted] | Employee Classification (Title): INV | Bureau INVESTIGATION | Unit Number 15872 | Project Code: CHILDABDUC |
|---|---|---|---|---|---|---|

**Reimbursable Activity Codes:**

**CLAIMABLE**
- **(01) Compliance with Court Orders**
- **(02) Court Costs for Out of Jurisdiction Cases**
- **(03) Secure Appearance of Offender**
- **(04) Return of Children to Custodian**

**NON CLAIMABLE**
- **(5) Non Claimable**

**Task Codes:**
- a Duty Calls
- b After Hours Calls
- c HAGUE Cases
- d Child Transport to Court
- e Child Transport to LBP
- f DCFS Cases
- g Reports Written
- h Arrests
- i PCW
- j Search Warrants
- k PING Warrants
- l Arrest Warrants
- m Operations Plans
- n Travel Arrangement
- o Court Appearances
- p CAU I/O Criminal Filings
- q Out Of State Assist (UCCJEA)
- r Out of State Court
- s Out Of State Court Document
- t Out Of State Court Document
- u Investigation
- v Surveillance
- w Case Work Up
- x Case Assignment
- y Review
- z Review Court

**Conversions of time Decimals**

| | |
|---|---|
| 6 Minutes = .1 hour | 36 Minutes = .6 hour |
| 12 Minutes = .2 hour | 42 Minutes = .7 hour |
| 15 Minutes = .25 hour | 45 Minutes = .75 hour |
| 18 Minutes = .3 hour | 48 Minutes = .8 hour |
| 24 Minutes = .4 hour | 54 Minutes = .9 hour |
| 30 Minutes = .5 hour | 60 Minutes = 1 hour |

**GRAND TOTAL MUST MATCH TIMECARD SUBMITTED FOR SAME PERIOD**

| Case Number | Case Name | Activity Codes | Task Codes | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | RDO | RDO | | | | | RDO | RDO | RDO | | | | | RDO | RDO | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | | | | | | | | 0 |
| Subtotal | Claimable | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (Consumer Protection) | | 5 | | 0 | 0 | 10 | 0 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 70 |
| Other (HOLIDAY) | | 5 | | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| | | | | | | | | | | | | | | | | | | 0 | 0 | 0 |
| Subtotal | Non-Claimable | | | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 0 | 0 | 0 | 80 |
| | | | | | | | | | | | | | | | | | | | | |
| Daily Grand Total | | | | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | **10** | **10** | **10** | **10** | **0** | **0** | **0** | |
| | | | | | | | | | | | | | | | | | | | **Pay Period Total** | **80** |

| | |
|---|---|
| **(01) Compliance with Court Orders** | **0** |
| **(02) Court Costs for Out of Jurisdiction Cases** | **0** |
| **(03) Secure Appearance of Offender** | **0** |
| **(04) Return of Children to Custodian** | **0** |
| **(5) Non Claimable** | **80** |
| **Claimable + Non-Claimable Total** | **80** |

Note: Please enter WK for week end and RDO for your day off.

*For myself, I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

[redacted] 6/30/24

Employee Signature

Supervisor: *I hereby certify* [redacted] *examined and that, to the best of my knowledge and belief, this time record is true and correct, and the*

6/30/24

Supervisor Signature

# EXHIBIT 2

**LA County District Attorney's Office**
**SB90 Child Abduction and Recovery Summary**
**FY 2020-21 to FY 2023-24**

| Fiscal Year | Total Program Employee | Total Program Hours | Total Claimed Amount |
|---|---|---|---|
| 2020-21 | 11 | 14,180.82 | 2,144,841.14 |
| 2021-22 | 11 | 15,065.00 | 2,491,381.68 |
| 2022-23 | 12 | 12,692.25 | 2,157,514.64 |
| 2023-24 | 12 | 7,794.67 | 1,567,429.62 |
| **Grand Total** | **46** | **49,732.74** | **8,361,167.08** |

DECLARATION OF HOWARD GEST

I, Howard Gest, hereby declare:

1. I am a member of Burhenn & Gest and, as such, am one of the attorneys principally responsible for representing Los Angeles County in this matter.

2. I have personal knowledge of the matters set forth herein and, if called to testify, could and would testify competently thereto.

3. Attached hereto as Exhibit 1 is "State Controller's Office Schedule A1: Detail of State-Mandated Program Payments by Fiscal Year." This Schedule A1 was downloaded from the State Controller's website on June 9, 2025.

4. Exhibit 1 reflects Appropriation Number 0001-8885-2019-295-98 for the Custody of Minors - Child Abduction and Recovery Program for the fiscal year 2017-2018.

5. Exhibit 1 also reflects Appropriation Number 0001-8885-2020-295-98 for the Custody of Minors - Child Abduction and Recovery Program for the fiscal year 2018-2019.

6. Exhibit 1 also has entries for "Program Payments and Offsets."

7. The State Controller's website has links to a total of eleven Child Custody Audits from November 28, 2022, to May 23, 2025, in which the Controller's Office disallowed reimbursement based on alleged inadequate documentation. Attached as Exhibit 2 are copies of five Child Custody audits issued by the State Controller's Office. These copies were downloaded from the State Controller's website on June 9, 2025.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed this 10th day of June, 2025, at Los Angeles, California.

Howard Gest

# EXHIBIT 1

State Controller's Office
Schedule A1: Detail of State-Mandated Program Payments by Fiscal Year
As of August 31, 2020

| Program Category and Type of Payment | Fiscal Year | Appropriation Number | Program Name | Legal Reference (Ch./Year) | Program Number | Program Payments and Offsets | Interest Payments and Offsets | Total Payments |
|---|---|---|---|---|---|---|---|---|
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Allocation of Property Tax Revenues | Ch. 697/92 | 152 | $ 584,999 | $0 | $ 584,999 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Custody of Minors – Child Abduction and Recovery | Ch. 1399/76 | 13 | $ 12,872,611 | $0 | $ 12,872,611 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Crime Victim's Domestic Violence Incident Reports | Ch. 1022/99 | 262 | $ 172,453 | $0 | $ 172,453 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Domestic Violence Arrest Policies and Standards | Ch. 246/95 | 167 | $ 9,508,028 | $0 | $ 9,508,028 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Domestic Violence Arrests and Victim Assistance | Ch. 698/98 | 274 | $ 2,220,997 | $0 | $ 2,220,997 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Domestic Violence Treatment Services – Authorization and Case Management | Ch. 183/92 | 177 | $ 2,297,992 | $0 | $ 2,297,992 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Health Benefits for Survivors of Peace Officers and Firefighters | Ch. 1120/96 | 197 | $ 2,616,223 | $0 | $ 2,616,223 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Local Agency Employee Organizations: Impasse Procedures II | Ch. 314/12 | 371 | $ 201,582 | $0 | $ 201,582 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Local Agency Ethics | Ch. 700/05 | 334 | $ 16,200 | $0 | $ 16,200 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Medi-Cal Beneficiary Probate | Ch. 102/81 | 43 | $ 8,146 | $0 | $ 8,146 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Medi-Cal Eligibility of Juvenile Offenders | Ch. 657/06 | 361 | $ 1,628 | $0 | $ 1,628 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Peace Officers Personnel Records: Unfounded Complaints and Discovery | Ch. 630/78 | 264 | $ 785,067 | $0 | $ 785,067 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Rape Victims Counseling Center Notice | Ch. 999/91 | 127 | $ 583,727 | $0 | $ 583,727 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | State Authorized Risk Assessment Tool for Sex Offenders | Ch. 336/06 | 360 | $ 703,084 | $0 | $ 703,084 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Sexually Violent Predators | Ch. 762/95 | 175 | $ 3,688,999 | $0 | $ 3,688,999 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Tuberculosis Control | Ch. 676/93 | 345 | $ 232,475 | $0 | $ 232,475 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | U Visa 918 Form, Victims of Crime: Nonimmigrant Status | Ch. 721/15 | 372 | $ 813,201 | $0 | $ 813,201 |
| Local Agencies-Annual Claim | 2018-19 | 0001-8885-2020-295-98 | Countywide Tax Rates | Ch. 921/87 | 90 | $ 388,169 | $0 | $ 388,169 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2020-295-98 | Local Agency Employee Organizations: Impasse Procedures II | Ch. 314/12 | 371 | $ 326,114 | $0 | $ 326,114 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2020-295-98 | U Visa 918 Form, Victims of Crime: Nonimmigrant Status | Ch. 721/15 | 372 | $ 1,284,690 | $0 | $ 1,284,690 |
| Local Agencies-Annual Claim | 2016-17 | 0001-8885-2020-295-98 | Local Agency Employee Organizations: Impasse Procedures II | Ch. 314/12 | 371 | $ 106,277 | $0 | $ 106,277 |
| Local Agencies-Annual Claim | 2016-17 | 0001-8885-2020-295-98 | U Visa 918 Form, Victims of Crime: Nonimmigrant Status | Ch. 721/15 | 372 | $ 1,202,109 | $0 | $ 1,202,109 |
| Local Agencies-Annual Claim | 2015-16 | 0001-8885-2020-295-98 | Local Agency Employee Organizations: Impasse Procedures II | Ch. 314/12 | 371 | $ 532,224 | $0 | $ 532,224 |
| **Annual Claim Payments Total** | | | | | | **$ 41,146,995** | **$0** | **$ 41,146,995** |

| Program Category and Type of Payment | Fiscal Year | Appropriation Number | Program Name | Legal Reference (Ch./Year) | Program Number | Program Payments and Offsets | Interest Payments and Offsets | Total Payments |
|---|---|---|---|---|---|---|---|---|
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Allocation of Property Tax Revenues | Ch. 697/92 | 152 | $ 15,985 | $0 | $ 15,985 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Custody of Minors – Child Abduction and Recovery | Ch. 1399/76 | 13 | $ 13,910 | $0 | $ 13,910 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Crime Victim's Domestic Violence Incident Reports | Ch. 1022/99 | 262 | $ 2,482 | $0 | $ 2,482 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Domestic Violence Arrest Policies and Standards | Ch. 246/95 | 167 | $ 290,312 | $0 | $ 290,312 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Domestic Violence Arrests and Victim Assistance | Ch. 698/98 | 274 | $ 74,509 | $0 | $ 74,509 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Domestic Violence Treatment Services – Authorization and Case Management | Ch. 183/92 | 177 | $ 22,449 | $0 | $ 22,449 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Health Benefits for Survivors of Peace Officers and Firefighters | Ch. 1120/96 | 197 | $ 28,607 | $0 | $ 28,607 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Peace Officers Personnel Records: Unfounded Complaints and Discovery | Ch. 630/78 | 264 | $ 14,296 | $0 | $ 14,296 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | Rape Victims Counseling Center Notice | Ch. 999/91 | 127 | $ 15,102 | $0 | $ 15,102 |
| Local Agencies-Annual Claim | 2017-18 | 0001-8885-2019-295-98 | State Authorized Risk Assessment Tool for Sex Offenders | Ch. 336/06 | 360 | $ 84,430 | $0 | $ 84,430 |
| Local Agencies-Annual Claim | 2010-11 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 4,259 | $ 4,259 |
| Local Agencies-Annual Claim | 2009-10 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 30,479 | $ 30,479 |
| Local Agencies-Annual Claim | 2008-09 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 6,416 | $ 6,416 |
| Local Agencies-Annual Claim | 2008-09 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 42,576 | $ 42,576 |
| Local Agencies-Annual Claim | 2007-08 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 9,761 | $ 9,761 |
| Local Agencies-Annual Claim | 2007-08 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 44,461 | $ 44,461 |
| Local Agencies-Annual Claim | 2006-07 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 6,660 | $ 6,660 |
| Local Agencies-Annual Claim | 2006-07 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 41,054 | $ 41,054 |
| Local Agencies-Annual Claim | 2005-06 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 5,019 | $ 5,019 |
| Local Agencies-Annual Claim | 2005-06 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 35,107 | $ 35,107 |
| Local Agencies-Annual Claim | 2004-05 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 5,598 | $ 5,598 |
| Local Agencies-Annual Claim | 2004-05 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 28,564 | $ 28,564 |
| Local Agencies-Annual Claim | 2004-05 | 0001-8885-2019-295-98 | Racial Profiling: Law Enforcement Training | Ch. 684/00 | 282 | $0 | $ 8,329 | $ 8,329 |
| Local Agencies-Annual Claim | 2003-04 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 4,628 | $ 4,628 |
| Local Agencies-Annual Claim | 2003-04 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 26,307 | $ 26,307 |
| Local Agencies-Annual Claim | 2003-04 | 0001-8885-2019-295-98 | Racial Profiling: Law Enforcement Training | Ch. 684/00 | 282 | $ 316,636 | $ 439,560 | $ 756,196 |
| Local Agencies-Annual Claim | 2002-03 | 0001-8885-2019-295-98 | Binding Arbitration | Ch. 906/00 | 284 | $0 | $ 8,247 | $ 8,247 |
| Local Agencies-Annual Claim | 2002-03 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 3,980 | $ 3,980 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Local Agencies-Annual Claim | 2002-03 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 26,829 | $ 26,829 |
| Local Agencies-Annual Claim | 2002-03 | 0001-8885-2019-295-98 | Racial Profiling: Law Enforcement Training | Ch. 684/00 | 282 | $0 | $ 198,326 | $ 198,326 |
| Local Agencies-Annual Claim | 2001-02 | 0001-8885-2019-295-98 | Binding Arbitration | Ch. 906/00 | 284 | $0 | $ 11,447 | $ 11,447 |
| Local Agencies-Annual Claim | 2001-02 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 5,022 | $ 5,022 |
| Local Agencies-Annual Claim | 2001-02 | 0001-8885-2019-295-98 | Local Recreational Areas: Background Screenings | Ch. 777/01 | 285 | $0 | $ 11,563 | $ 11,563 |
| Local Agencies-Annual Claim | 2001-02 | 0001-8885-2019-295-98 | Racial Profiling: Law Enforcement Training | Ch. 684/00 | 282 | $0 | $ 4,617 | $ 4,617 |
| Local Agencies-Annual Claim | 2000-01 | 0001-8885-2019-295-98 | Binding Arbitration | Ch. 906/00 | 284 | $0 | $ 2,448 | $ 2,448 |
| Local Agencies-Annual Claim | 2000-01 | 0001-8885-2019-295-98 | Fire Safety Inspections of Care Facilities | Ch. 993/89 | 283 | $0 | $ 3,748 | $ 3,748 |
| Local Agencies-Annual Claim | 2000-01 | 0001-8885-2019-295-98 | Racial Profiling: Law Enforcement Training | Ch. 684/00 | 282 | $0 | $ 283 | $ 283 |
| **0001-8885-2019-295-98 Total** | | | | | | **$ 878,718** | **$ 1,015,288** | **$ 1,894,006** |

| Program Category and Type of Payment | Fiscal Year | Appropriation Number | Program Name | Legal Reference (Ch./Year) | Program Number | Program Payments and Offsets | Interest Payments and Offsets | Total Payments |
|---|---|---|---|---|---|---|---|---|
| Local Agencies-Annual Claim | 2016-17 | 0001-8885-2018-295-98 | Domestic Violence Arrest Policies and Standards | Ch. 246/95 | 167 | $ 292 | $0 | $ 292 |
| Local Agencies-Annual Claim | 2015-16 | 0001-8885-2018-295-98 | Domestic Violence Arrest Policies and Standards | Ch. 246/95 | 167 | $ 372 | $0 | $ 372 |
| Local Agencies-Annual Claim | 2008-09 | 0001-8885-2018-295-98 | Handicapped and Disabled Students, Handicapped and Disabled Students II, and Seriously Emotionally Disturbed (SED) Pupils: Out of State Mental Health Services | Ch. 1747/84 | 273 | $0 | $ 54,230 | $ 54,230 |
| **0001-8885-2018-295-98 Total** | | | | | | **$ 664** | **$ 54,230** | **$ 54,894** |

| Program Category and Type of Payment | Fiscal Year | Appropriation Number | Program Name | Legal Reference (Ch./Year) | Program Number | Program Payments and Offsets | Interest Payments and Offsets | Total Payments |
|---|---|---|---|---|---|---|---|---|
| Local Agencies-Annual Claim | 2013-14 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 5,196 | $ 5,196 |
| Local Agencies-Annual Claim | 2013-14 | 0001-8885-2017-295-98 | State Authorized Risk Assessment Tool for Sex Offenders | Ch. 336/06 | 360 | $0 | $ 255 | $ 255 |
| Local Agencies-Annual Claim | 2013-14 | 0001-8885-2017-295-98 | Countywide Tax Rates | Ch. 921/87 | 90 | $0 | $ 55 | $ 55 |
| Local Agencies-Annual Claim | 2012-13 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 3,669 | $ 3,669 |
| Local Agencies-Annual Claim | 2012-13 | 0001-8885-2017-295-98 | State Authorized Risk Assessment Tool for Sex Offenders | Ch. 336/06 | 360 | $0 | $ 553 | $ 553 |
| Local Agencies-Annual Claim | 2011-12 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 2,449 | $ 2,449 |
| Local Agencies-Annual Claim | 2010-11 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 228 | $ 228 |
| Local Agencies-Annual Claim | 2009-10 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 161 | $ 161 |
| Local Agencies-Annual Claim | 2008-09 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 176 | $ 176 |
| Local Agencies-Annual Claim | 2008-09 | 0001-8885-2017-295-98 | Post Election Manual Tally | Title 2 | 363 | $0 | $ 554 | $ 554 |
| Local Agencies-Annual Claim | 2007-08 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 150 | $ 150 |
| Local Agencies-Annual Claim | 2006-07 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 88 | $ 88 |
| Local Agencies-Annual Claim | 2005-06 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 63 | $ 63 |
| Local Agencies-Annual Claim | 2004-05 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 44 | $ 44 |
| Local Agencies-Annual Claim | 2003-04 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 797 | $ 797 |
| Local Agencies-Annual Claim | 2003-04 | 0001-8885-2017-295-98 | Tuberculosis Control | Ch. 676/93 | 345 | $0 | $ 45 | $ 45 |
| Local Agencies-Annual Claim | 2002-03 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 638 | $ 638 |
| Local Agencies-Annual Claim | 2002-03 | 0001-8885-2017-295-98 | Tuberculosis Control | Ch. 676/93 | 345 | $0 | $ 11 | $ 11 |
| Local Agencies-Annual Claim | 2001-02 | 0001-8885-2017-295-98 | California Public Records Act | Ch. 463/92 | 353 | $0 | $ 564 | $ 564 |
| **0001-8885-2017-295-98 Total** | | | | | | **$0** | **$ 15,696** | **$ 15,696** |

State Controller's Office
Schedule A1: Detail of State-Mandated Program Payments by Fiscal Year
As of August 31, 2020

| Program Category and Type of Payment | Fiscal Year | Appropriation Number | Program Name | Legal Reference (Ch./Year) | Program Number | Program Payments and Offsets | Interest Payments and Offsets | Total Payments |
|---|---|---|---|---|---|---|---|---|
| Local Agencies-Motor Vehicle | 2018-19 | 0044-8885-2020-295-98 | Administrative License Suspension | Ch. 1460/89 | 246 | $ 1,949,892 | $0 | $ 1,949,892 |
| **0044-8885-2020-295-98 Total** | | | | | | **$ 1,949,892** | **$0** | **$ 1,949,892** |
| | | | | | | | | |
| **Program Category and Type of Payment** | **Fiscal Year** | **Appropriation Number** | **Program Name** | **Legal Reference (Ch./Year)** | **Program Number** | **Program Payments and Offsets** | **Interest Payments and Offsets** | **Total Payments** |
| Local Agencies-Motor Vehicle | 2017-18 | 0044-8885-2019-295-98 | Administrative License Suspension | Ch. 1460/89 | 246 | $ 90,011 | $0 | $ 90,011 |
| **0044-8885-2019-295-98 Total** | | | | | | **$ 90,011** | **$0** | **$ 90,011** |
| | | | | | | | | |
| **Program Category and Type of Payment** | **Fiscal Year** | **Appropriation Number** | **Program Name** | **Legal Reference (Ch./Year)** | **Program Number** | **Program Payments and Offsets** | **Interest Payments and Offsets** | **Total Payments** |
| Local Agencies-Pesticide | 2018-19 | 0106-8885-2020-295-98 | Pesticide Use Reports | Ch. 1200/89 | 121 | $ 46,000 | $0 | $ 46,000 |
| **0106-8885-2020-295-98 Total** | | | | | | **$ 46,000** | **$0** | **$ 46,000** |
| | | | | | | | | |
| **Program Category and Type of Payment** | **Fiscal Year** | **Appropriation Number** | **Program Name** | **Legal Reference (Ch./Year)** | **Program Number** | **Program Payments and Offsets** | **Interest Payments and Offsets** | **Total Payments** |
| Local Agencies-Annual Claim | | 0001-8885-2020-295-98 | | | | $ 41,146,995 | $0 | $ 41,146,995 |
| Local Agencies-Annual Claim | | 0001-8885-2019-295-98 | | | | $ 878,718 | $ 1,015,288 | $ 1,894,006 |
| Local Agencies-Annual Claim | | 0001-8885-2018-295-98 | | | | $ 664 | $ 54,230 | $ 54,894 |
| Local Agencies-Annual Claim | | 0001-8885-2017-295-98 | | | | $0 | $ 15,696 | $ 15,696 |
| Local Agencies-Motor Vehicle | | 0044-8885-2020-295-98 | | | | $ 1,949,892 | $0 | $ 1,949,892 |
| Local Agencies-Motor Vehicle | | 0044-8885-2019-295-98 | | | | $ 90,011 | $0 | $ 90,011 |
| Local Agencies-Pesticide | | 0106-8885-2020-295-98 | | | | $ 46,000 | $0 | $ 46,000 |
| **Grand Total** | | | | | | **$ 44,112,280** | **$ 1,085,214** | **$ 45,197,494** |

# EXHIBIT 2

# VENTURA COUNTY

Audit Report

## CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM

Chapter 1399, Statutes of 1976;
Chapter 162, Statutes of 1992; and
Chapter 988, Statutes of 1996

*July 1, 2016, through June 30, 2020*

BETTY T. YEE
California State Controller

November 2022

# BETTY T. YEE
## California State Controller

November 28, 2022

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Jeff Burgh, Auditor-Controller
Ventura County
800 South Victoria Avenue
Ventura, CA 93003

Dear Mr. Burgh:

The State Controller's Office audited the costs claimed by Ventura County for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2016, through June 30, 2020.

The county claimed and was paid $4,284,397 for costs of the mandated program. Our audit found that $99,057 is allowable and $4,185,340 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous supporting documentation and did not claim actual costs.

Following issuance of this audit report, the Local Government Programs and Services Division of the State Controller's Office will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

This final audit report contains an adjustment to costs claimed by the county. If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (Commission). Pursuant to the Commission's regulations, outlined in Title 2, California Code of Regulations, section 1185.1, subdivision (c), an IRC challenging this adjustment must be filed with the Commission no later than three years following the date of this report, regardless of whether this report is subsequently supplemented, superseded, or otherwise amended. IRC information is available on the Commission's website at www.csm.ca.gov/forms/IRCForm.pdf.

If you have any questions, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at (916) 327-3138.

Sincerely,

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

KT/ac

cc: Joanne McDonald, Assistant Auditor-Controller
Financial Reporting Division
Ventura County Auditor-Controller's Office
Stuart Gardner, Director
Fiscal Administrative Services
Ventura County District Attorney's Office
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Steven Pavlov, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Everett Luc, Supervisor
Local Reimbursement Section
State Controller's Office

# Contents

**Audit Report**

**Summary** ..... 1

**Background** ..... 1

**Audit Authority** ..... 2

**Objective, Scope, and Methodology** ..... 2

**Conclusion** ..... 3

**Follow-up on Prior Audit Findings** ..... 3

**Views of Responsible Officials** ..... 3

**Restricted Use** ..... 4

**Schedule—Summary of Program Costs** ..... 5

**Findings and Recommendations** ..... 7

**Attachment—County's Response to Draft Audit Report**

# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by Ventura County for the legislatively mandated Custody of Minors – Child Abduction and Recovery (CAR) Program for the period of July 1, 2016, through June 30, 2020.

The county claimed and was paid $4,284,397 for costs of the mandated program. Our audit found that $99,057 is allowable and $4,185,340 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous supporting documentation and did not claim actual costs.

## Background

Chapter 1399, Statutes of 1976, established the CAR Program, based on the following laws:

- Civil Code section 4600.1 (repealed and added as Family Code sections 3060 through 3064 by Chapter 162, Statutes of 1992);
- Penal Code (PC) sections 278 and 278.5 (repealed and added as PC sections 277, 278, and 278.5 by Chapter 988, Statutes of 1996); and
- Welfare and Institutions Code section 11478.5 (repealed and added as Family Code section 17506 by Chapter 478, Statutes of 1999; last amended by Chapter 759, Statutes of 2002).

These laws require the District Attorney's Office (DAO) to assist persons having legal custody of a child in:

- Locating their children when they are unlawfully taken away;
- Gaining enforcement of custody and visitation decrees and orders to appear;
- Defraying expenses related to the return of an illegally detained, abducted, or concealed child;
- Civil court action proceedings; and
- Guaranteeing the appearance of offenders and minors in court actions.

On September 19, 1979, the State Board of Control (now the Commission on State Mandates) determined that this legislation imposed a state mandate reimbursable under Government Code (GC) section 17561.

The parameters and guidelines establish the state mandate and define reimbursement criteria. The Commission on State Mandates adopted the parameters and guidelines on January 21, 1981; they were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues the *Mandated Cost Manual for Local Agencies* (*Mandated Cost Manual*) for mandated programs to assist local agencies in claiming reimbursable costs.

## Audit Authority

We conducted this performance audit in accordance with GC sections 17558.5 and 17561, which authorize the SCO to audit the county's records to verify the actual amount of the mandated costs. In addition, GC section 12410 provides the SCO with general authority to audit the disbursement of state money for correctness, legality, and sufficient provisions of law.

## Objective, Scope, and Methodology

The objective of our audit was to determine whether costs claimed represent increased costs resulting from the legislatively mandated Custody of Minors – CAR Program. Specifically, we conducted this audit to determine whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.[1]

The audit period was July 1, 2016, through June 30, 2020.

To achieve our objective, we performed the following procedures:

- We reviewed the annual mandated cost claims filed by the county for the audit period and identified the significant cost components of each claim as salaries and benefits, materials and supplies, and indirect costs. We determined whether there were any errors or unusual or unexpected variances from year to year. We reviewed the claimed activities to determine whether they adhered to the SCO's *Mandated Cost Manual* and the program's parameters and guidelines.
- We completed an internal control questionnaire by interviewing key county staff members. We discussed the claim preparation process with county staff members to determine what information was obtained, who obtained it, and how it was used.
- We reviewed time records, which the county called time studies, completed by the county for the audit period. We also reviewed payroll records for claimed employees. We noted various issues with the reviewed time records. The records provided as support for the claimed costs did not meet the requirements of the program's parameters and guidelines (see Finding 1).
- We reviewed claimed materials and supplies costs, and found that the county claimed costs that were allocated to the CAR Program (Function SP04 Activity 3401) as direct costs applicable to the mandated program, although the costs were not actual costs supported by source documentation. Per the program's parameters and guidelines, only actual costs are allowed. We also found that the county claimed costs that were not supported by source documentation, and we were unable to verify that costs charged to Object 2301 – Gas and Diesel Fuel Internal Service Fund (ISF) and Object 2302 – Transportation Charges in the ISF were for mandated activities. We found $204,276 in materials and supplies costs to be unallowable (see Finding 2).

[1] Unreasonable and/or excessive costs include ineligible costs that are not identified in the program's parameters and guidelines as reimbursable costs.

- We reviewed the claimed indirect cost rates, including supporting documentation provided by the county. We found that the indirect cost rates were properly supported.
- We interviewed county personnel and reviewed the county's Single Audit Reports and revenues reports to identify potential sources of offsetting revenues and reimbursements from federal or pass-through programs applicable to this mandated program. We found that the county did receive offsetting revenue for this mandate in fiscal year (FY) 2017-18 and FY 2018-19. We noted no exceptions.

We did not audit the county's financial statements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Conclusion

As a result of performing the audit procedures, we found instances of noncompliance with the requirements described in our audit objective. We found that the county claimed unsupported and ineligible costs, as quantified in the Schedule and described in the Findings and Recommendations section. However, we did not find that the county claimed costs that were funded by other sources, aside from the offsetting revenues that were already reported on the claims.

For the audit period, Ventura County claimed and was paid $4,284,397 for costs of the legislatively mandated Custody of Minors – CAR Program. Our audit found that $99,057 is allowable and $4,185,340 is unallowable.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

## Follow-up on Prior Audit Findings

The county has satisfactorily resolved the findings noted in our prior audit report for the period of July 1, 2003, through June 30, 2007, excluding July 1, 2004, through June 30, 2005, issued on July 28, 2010.

The prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

## Views of Responsible Officials

We issued a draft audit report on September 21, 2022. The county's representatives responded by letters dated September 30, 2022, disagreeing with the audit results (Attachment).

## Restricted Use

This audit report is solely for the information and use of Ventura County, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this audit report, which is a matter of public record and is available on the SCO website at www.sco.ca.gov.

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

November 28, 2022

# Schedule—
# Summary of Program Costs
# July 1, 2016, through June 30, 2020

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment | Reference [1] |
|---|---|---|---|---|
| July 1, 2016, through June 30, 2017 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 777,518 | $ - | $ (777,518) | Finding 1 |
| Materials and supplies | 67,304 | 22,383 | (44,921) | Finding 2 |
| Total direct costs | 844,822 | 22,383 | (822,439) | |
| Indirect costs | 209,930 | - | (209,930) | Finding 1 |
| Total direct and indirect costs | 1,054,752 | 22,383 | (1,032,369) | |
| Less: offsetting revenues and other reimbursements | - | - | - | |
| Total program costs [2] | $ 1,054,752 | 22,383 | $(1,032,369) | |
| Less amount paid by the State [3] | | (1,054,752) | | |
| Amount paid in excess of allowable costs claimed | | $(1,032,369) | | |
| July 1, 2017, through June 30, 2018 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 779,242 | $ - | $ (779,242) | Finding 1 |
| Materials and supplies | 80,633 | 29,716 | (50,917) | Finding 2 |
| Total direct costs | 859,875 | 29,716 | (830,159) | |
| Indirect costs | 218,188 | - | (218,188) | Finding 1 |
| Total direct and indirect costs | 1,078,063 | 29,716 | (1,048,347) | |
| Less: offsetting revenues and other reimbursements | (1,638) | (1,638) | - | |
| Total program costs [4] | $ 1,076,425 | 28,078 | $(1,048,347) | |
| Less amount paid by the State [3] | | (1,076,425) | | |
| Amount paid in excess of allowable costs claimed | | $(1,048,347) | | |
| July 1, 2018, through June 30, 2019 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 757,952 | $ - | $ (757,952) | Finding 1 |
| Materials and supplies | 78,401 | 27,029 | (51,372) | Finding 2 |
| Total direct costs | 836,353 | 27,029 | (809,324) | |
| Indirect costs | 219,806 | - | (219,806) | Finding 1 |
| Total direct and indirect costs | 1,056,159 | 27,029 | (1,029,130) | |
| Less: offsetting revenues and other reimbursements | (116) | (116) | - | |
| Total program costs | $ 1,056,043 | 26,913 | $(1,029,130) | |
| Less amount paid by the State [3] | | (1,056,043) | | |
| Amount paid in excess of allowable costs claimed | | $(1,029,130) | | |

# Schedule (continued)

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment | Reference [1] |
|---|---|---|---|---|
| July 1, 2019, through June 30, 2020 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 765,735 | $ - | $ (765,735) | Finding 1 |
| Materials and supplies | 78,749 | 21,683 | (57,066) | Finding 2 |
| Total direct costs | 844,484 | 21,683 | (822,801) | |
| Indirect costs | 252,693 | - | (252,693) | Finding 1 |
| Total direct and indirect costs | 1,097,177 | 21,683 | (1,075,494) | |
| Less: offsetting revenues and other reimbursements | - | - | - | |
| Total program costs | $ 1,097,177 | 21,683 | $ (1,075,494) | |
| Less amount paid by the State [3] | | (1,097,177) | | |
| Amount paid in excess of allowable costs claimed | | $ (1,075,494) | | |
| Summary: July 1, 2016, through June 30, 2020 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 3,080,447 | $ - | $ (3,080,447) | Finding 1 |
| Materials and supplies | 305,087 | 100,811 | (204,276) | Finding 2 |
| Total direct costs | 3,385,534 | 100,811 | (3,284,723) | |
| Indirect costs | 900,617 | - | (900,617) | Finding 1 |
| Total direct and indirect costs | 4,286,151 | 100,811 | (4,185,340) | |
| Less: offsetting revenues and other reimbursements | (1,754) | (1,754) | - | |
| Total program costs [2, 4] | $ 4,284,397 | 99,057 | $ (4,185,340) | |
| Less amount paid by the State [3] | | (4,284,397) | | |
| Amount paid in excess of allowable costs claimed | | $ (4,185,340) | | |

[1] See the Findings and Recommendations section.

[2] The county originally claimed $1,072,924 for FY 2016-17; however, the SCO's Local Government Programs and Services Division identified an overstatement of claimed indirect costs and adjusted the claim down to $1,054,752, a difference of $18,172.

[3] Payment amount current as of August 2, 2022.

[4] The county originally claimed $1,099,002 for FY 2017-18; however, the SCO's Local Government Programs and Services Division identified an overstatement of claimed indirect costs and adjusted the claim down to $1,076,425, a difference of $22,577.

# Findings and Recommendations

**FINDING 1— Unsupported salaries, benefits, and related indirect costs**

The county claimed $3,080,447 in salaries and benefits for the audit period. We determined that the entire amount is unallowable. The related unallowable indirect costs total $900,617, for total unallowable costs of $3,981,064. The costs are unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.

Following is a summary of the unallowable salaries and benefits, the related indirect costs, and the audit adjustment:

| | | Fiscal Year | | | | |
|---|---|---|---|---|---|---|
| | | 2016-17 | 2017-18 | 2018-19 | 2019-20 | Total |
| Total unallowable salaries and benefits | A | (777,518) | (779,242) | (757,952) | (765,735) | (3,080,447) |
| Claimed indirect cost rate | B | 27.00% | 28.00% | 29.00% | 33.00% | |
| Related indirect costs (A × B) | C | (209,930) | (218,188) | (219,806) | (252,693) | (900,617) |
| Audit Adjustment (A + C) | D | $ (987,448) | $ (997,430) | $ (977,758) | $ (1,018,428) | $ (3,981,064) |

The county provided monthly time studies that included hours charged to the following activity titles:

- CC: Enforcement of Decrees – Family Code Sections 3130 & 3131;
- CC: Court Activity – Family Code Sections 3130 & 3131;
- Out-of-State Decrees – CC: Offender Detention – Family Code Section 3400 et seq. UCCJEA; and
- PC: Return of Detained or Concealed Child – CA Penal Code Sections 278 & 278.5 (Criminal).

Other monthly time studies provided by the county included only the hours charged to the Child Abduction and Recovery Unit.

In addition, the county provided payroll reports for one Senior Attorney position that was charged 100% to the CAR Program. We requested source documentation for the mandated activities performed. The county stated that that the Senior Attorney position does not include collateral assignments or duties and thus does not maintain time studies.

During fieldwork, the county also provided us with declarations and time estimates for 13 different child abduction and recovery cases. These estimates were based on the employees' memory, date and timestamped emails, and their training and experience. Per the program's parameters and guidelines, signed declarations of estimated time spent on case activities are considered corroborating documents, and are not a substitute for source documents. Only actual costs traceable to source documents may be claimed for this program.

Based on the documentation provided, we were unable to determine the mandated functions performed, the actual number of hours devoted to each

function, or the validity of such costs. Without a description of the mandated functions, we were unable to determine whether the county claimed unallowable costs associated with criminal prosecution commencing with the defendant's first appearance in a California court, or claimed costs associated with non-mandated activities.

In addition, the county did not separately identify its time spent for on activities related to cases under PC section 278.7 (commonly referred to as "good cause" cases). Time spent on good-cause cases is unallowable because the parameters and guidelines do not identify "good cause" cases as reimbursable costs.

The parameters and guidelines incorporate requirements of PC sections 278 and 278.5, as amended by Chapter 988, Statutes of 1996. This law, known as the Parental Kidnapping Prevention Act, also added PC section 278.7. However, PC section 278.7 was not incorporated into the parameters and guidelines; therefore, any costs claimed under this section are not reimbursable.

Section VII.A.1., "Salaries and Employees' Benefits" of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. **However, corroborating documents cannot be substituted for source documents** [emphasis added].

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs are supported by source documentation.

County's Response

"Finding 1" relates to unsupported salaries, benefits, and related indirect costs. During the period subject to audit, the CARP unit was staffed with a prosecutor and investigators. The assigned investigators maintained monthly time studies (in addition to timesheets). The prosecutor, who served full-time in the CARP unit, completed timesheets indicating that her activities were 100% dedicated to CARP activities. When SCO staff indicated that the time studies and timesheets, in their current form, would not be considered a "source document," the CARP unit provided evidence corroborating the source documents, such as email correspondence, written legal instruments and other written product, court dockets, attestations, and case file documents. Despite these efforts to supplement the record of the time spent on CARP activities, all costs were determined to be unallowable. It is, however, undisputed that over 150 children were reunited with their legal parent or guardian during the period audited—activities subject to reimbursement pursuant to the mandate.

The audit determined that the DAO costs were unallowable, in part, because the time studies and timesheets did not exclude "good cause" cases. The Guidelines for CARP were initially drafted in 1981 and allow reimbursement for activities related to Penal Code sections 278 and 278.5 (child abduction statutes). Good Cause was established as a defense to child abduction where a parent claims in good faith that removal was necessary to prevent harm to the child. The codification of a Good Cause defense did not exist in 1981 but was later memorialized in Penal Code section 278.7. Notwithstanding subsequent amendments to the Guidelines, they have never been updated to expressly include or exclude 278.7. The SCO asserts that because Good Cause cases were created after the Guidelines and never explicitly incorporated, they are not a reimbursable activity. Significantly, Good Cause cases were not excluded from reimbursement in the 2003-2007 audit. Moreover, since Good Cause is a defense to a reimbursable activity, the litigation of Good Cause cases necessarily involves a reimbursable activity. Good Cause is so intertwined with reimbursable activity that its exclusion is arbitrary and inconsistent with the CARP mandate.

To ensure that our costs are reimbursed in the future, the DAO is implementing time keeping software that will capture extensive detail about cases and allowable activities. The DAO believes that with the enhanced record keeping, all future claims will be allowed. Additionally, with respect to Good Cause, the DAO will seek the specific inclusion of Penal Code section 278.7 in the Guidelines.

SCO Comments

Our findings and recommendation remain unchanged.

The county states:

> When SCO staff indicated that the time studies and timesheets in their current form, would not be considered a "source document," the CARP unit provided evidence corroborating the source documents, such as email correspondence, written legal instruments and other written product, court dockets, attestations, and case file documents. Despite these efforts to supplement the record of the time spent on CARP activities, all costs were determined to be unallowable.

The county must claim only the actual costs for the reimbursable program. Actual costs are supported by source documentation. Email correspondence, written legal instruments and other written products, court dockets, attestations, and case file documents are not considered source documents. The parameters and guidelines do not allow the county to "supplement the record" when source documents are not provided.

Section V., "Reimbursable Costs," of the parameters and guidelines states, in part:

> Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. **However, corroborating documents cannot be substituted for source documents** [emphasis added].

The county states "The audit determined that the DAO costs were unallowable, in part, because the time studies and timesheets did not exclude 'good cause' cases." During fieldwork, we determined that employees claimed time on activities related to cases under PC section 278.7 (commonly referred to as "good cause" cases). Activities performed under this penal code are not considered reimbursable mandated activities. Furthermore, the documentation provided as support for the claims did not contain the required detail to determine the mandated functions performed or identify employees' time spent on activities related to cases under PC section 278.7.

**FINDING 2—**
**Overstated materials and supplies costs**

The county claimed a total of $305,087 in materials and supplies costs for the audit period. We determined that $100,811 is allowable and $204,276 is unallowable. These costs are unallowable because the county claimed costs that were not actual costs incurred to implement the mandated activities, and costs that were allocated to the CAR Program rather than actual costs supported by source documentation, as required by the program's parameters and guidelines.

The following table shows the materials and supplies costs claimed by the DAO, the allowable costs, and the audit adjustment by fiscal year:

| Materials and Supplies | Total Claimed | Total Allowable | Audit Adjustment |
|---|---|---|---|
| FY 2016-17 | | | |
| Direct Materials and Supplies (including GSA Fleet) | $ 36,155 | $ 22,383 | $ (13,772) |
| Rent Allocation | 28,370 | - | (28,370) |
| IT Services Allocation | 2,779 | - | (2,779) |
| | $ 67,304 | $ 22,383 | $ (44,921) |
| FY 2017-18 | | | |
| Direct Materials and Supplies (including GSA Fleet) | $ 42,492 | $ 29,716 | $ (12,776) |
| Rent Allocation | 34,750 | - | (34,750) |
| IT Services Allocation | 3,391 | - | (3,391) |
| | $ 80,633 | $ 29,716 | $ (50,917) |
| FY 2018-19 | | | |
| Direct Materials and Supplies (including GSA Fleet) | $ 45,700 | $ 27,029 | $ (18,671) |
| Rent Allocation | 29,453 | - | (29,453) |
| IT Services Allocation | 3,248 | - | (3,248) |
| | $ 78,401 | $ 27,029 | $ (51,372) |
| FY 2019-20 | | | |
| Direct Materials and Supplies (including GSA Fleet) | $ 45,396 | $ 21,683 | $ (23,713) |
| Rent Allocation | 29,709 | - | (29,709) |
| IT Services Allocation | 3,644 | - | (3,644) |
| | $ 78,749 | $ 21,683 | $ (57,066) |
| Total for Audit Period | | | |
| Direct Materials and Supplies (including GSA Fleet) | $ 169,743 | $ 100,811 | $ (68,932) |
| Rent Allocation | 122,282 | - | (122,282) |
| IT Services Allocation | 13,062 | - | (13,062) |
| | $ 305,087 | $ 100,811 | $ (204,276) |

Direct Materials and Supplies (including General Services Agency Fleet)

The county claimed a total of $169,743 in direct costs, including General Services Agency (GSA) Fleet, for the audit period. The county provided a summary of all costs charged to the CAR Program (Function SP04 Activity 3401) within the Special Prosecution Division (Unit 2101) of the DAO's.

We judgmentally selected Object 2301 – Gas and Diesel Fuel ISF and Object 2302 – Transportation Charges ISF for review. We requested information from the county on what the charges were for and how they were recorded by employees. We also asked the county to provide documentation to show how these charges were related to child abduction and recovery cases. The county responded that investigators assigned to child abduction and recovery cases are issued county vehicles, and must report their mileage reading to the GSA Fleet department every month; however, fleet charges are not associated with specific cases. We were unable to verify that the monthly vehicle and fuel charges were spent directly on the mandated activities.

Rental Cost Allocations

The county claimed a total of $122,282 in rental costs allocated to the CAR Program. The county developed a methodology by which to allocate a percentage of rental costs incurred by the DAO's as direct costs applicable to the mandated program. For each fiscal year, the county calculated the ratio of CAR-related full time equivalent (FTE) to total employees working at the Ralston Street location. To determine program-related materials and supplies costs, the county applied the percentage to the total rental costs incurred at the Ralston Street location.

The following table illustrates the methodology the county used to calculate the CAR Program's rent costs, and the related audit adjustments by fiscal year.

| | FY 2016-17 | | | FY 2017-18 | | | FY 2018-19 | | | FY 2019-20 | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CAR Program | Total Claimed | Total Allowable | Audit Adjustment | Total Claimed | Total Allowable | Audit Adjustment | Total Claimed | Total Allowable | Audit Adjustment | Total Claimed | Total Allowable | Audit Adjustment | Audit Adjustment |
| CAR Program FTE | 4.29 | | | 4.29 | | | 3.68 | | | 3.61 | | | |
| Ralston Street total employees ÷ | 44 | | | 37 | | | 38 | | | 40 | | | |
| CAR Program % of Ralston Street employees | 9.75% | | | 11.59% | | | 9.68% | | | 9.03% | | | |
| Total rent charges at Ralston Street × | $ 290,975 | | | $ 299,706 | | | $ 304,134 | | | $ 329,190 | | | |
| CAR Program rent allocation | $ 28,370 | $ - | $ (28,370) | $ 34,750 | $ - | $ (34,750) | $ 29,453 | $ - | $ (29,453) | $ 29,709 | $ - | $ (29,709) | $ (122,282) |

Based on the documentation provided, we determined that a total of $122,282 in rental costs is unallowable. The costs are unallowable because the county did not claim actual costs that were supported by source documentation.

IT Service Cost Allocations

The county claimed a total of $13,062 for IT service costs allocated to the CAR Program. The county developed a methodology by which to allocate a percentage of IT service costs incurred by the DAO's as direct costs applicable to the mandated program. For each fiscal year, the county calculated the ratio of the CAR Program-related FTE to total DAO's FTE. To determine program-related materials and supplies costs, the county applied the percentage to the total IT service costs incurred by the DAO.

The following table illustrates the methodology used to calculate the CAR Program's IT service costs, and the related audit adjustments by fiscal year:

| | FY 2016-17 | | | FY 2017-18 | | | FY 2018-19 | | | FY 2019-20 | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CAR Program | Total Claimed | Total Allowable | Audit Adjustment | Total Claimed | Total Allowable | Audit Adjustment | Total Claimed | Total Allowable | Audit Adjustment | Total Claimed | Total Allowable | Audit Adjustment | Audit Adjustment |
| CAR Program FTE | $ 4.29 | | | $ 4.29 | | | $ 3.68 | | | $ 3.61 | | | |
| Total DAO FTE ÷ | 59 | | | 64 | | | 64 | | | 58 | | | |
| CAR Program allocation % | 7.27% | | | 6.70% | | | 5.75% | | | 6.28% | | | |
| Total IT service costs × | $ 38,216 | | | $ 50,594 | | | $ 56,493 | | | $ 58,036 | | | |
| CAR Program IT service costs allocation | $ 2,779 | $ - | $ (2,779) | $ 3,391 | $ - | $ (3,391) | $ 3,248 | $ - | $ (3,248) | $ 3,644 | $ - | $ (3,644) | $ (13,062) |

Based on the documentation provided, we determined that a total of $13,062 in IT service costs is unallowable. The costs are unallowable because the county did not claim actual costs that were supported by source documentation.

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County's Response

> "Finding 2" relates to material and supply costs. The Guidelines state that, "The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased costs is limited to the cost of an activity that the claimant is required to incur as a result of the mandate." The DAO interpreted this portion of the mandate differently than the SCO. The DAO applied a common practice among cost sharing programs where the proportional share of usage is applied to the appropriate program. As an example, if an investigator's time studies demonstrated that fifty percent of her time was spent on CARP activities, then fifty percent of her vehicle cost or office rent could be attributed to CARP. It is the SCO's position, however, that only increased costs solely attributable to CARP activity [are] allowable. For instance, because the DAO needs office space for activities other than CARP, no portion of the rent can be attributed to CARP even when determined on a value proportional to CARP activities performed. In the future, the DAO will no longer include any (proportionally) shared costs in its reimbursement requests.

SCO Comment

Our findings and recommendation remain unchanged.

The county states:

> The DAO applied a common practice among cost sharing programs where the proportional share of usage is applied to the appropriate program. As an example, if an investigator's time studies demonstrated that 50 percent of her time was spent on CARP activities, then fifty percent of her vehicle cost or office rent could be attributed to CARP. It is the SCO's position, however, that only increased costs solely attributable to CARP activity are allowable.

We disagree. We did not make the determination that "only increased costs solely attributable to CAR Program activity are allowable." Per the parameters and guidelines, only actual costs may be claimed; these costs are defined as "those costs actually incurred to implement the mandated activities." Costs based on full-time equivalency or a proportional share of usage are not considered actual costs.

# Attachment—
# County's Response to Draft Audit Report

**JEFFERY S. BURGH**
**AUDITOR-CONTROLLER**

COUNTY OF VENTURA
800 SOUTH VICTORIA AVE.
VENTURA, CA 93009-1540

**ASSISTANT**
**AUDITOR-CONTROLLER**
JOANNE McDONALD

**CHIEF DEPUTIES**
BARBARA BEATTY
AMY HERRON
MICHELLE YAMAGUCHI

September 30, 2022

Lisa Kurokawa, Chief
Compliance Audits Bureau
State Controller's Office
Division of Audits

***Via Email: lkurokawa@sco.ca.gov***

SUBJECT: CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM DRAFT AUDIT FINDINGS

Dear Ms. Kurokawa:

The purpose of this letter is to provide a response as requested to the draft of the State Controller's Office report regarding the claims of Ventura County for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program (Chapter 1399, Statutes of 1976; Chapter 162, Statutes of 1992; and Chapter 988, Statutes of 1996) for the period of July 1, 2016, through June 30, 2020.

We have reviewed the draft report and the summary findings are as previously reported to us. Enclosed is the District Attorney's response which includes their views concerning the findings and their corrective actions.

The County disagrees with the disallowance of costs, in particular Good Cause cases, and reserves the right to file an "Incorrect Reduction Claim" with the Commission on State Mandates within three years of the State Controller's Office notification of adjustment.

If you have any questions, please contact Joanne McDonald, Assistant Auditor-Controller, at (805) 654-3191.

Sincerely,

JEFFERY S. BURGH
Auditor-Controller

Enclosure

Cc: Stuart Gardner, District Attorney's Office Fiscal and Administrative Services Director

Phone: (805) 654-3151 Fax: (805) 654-5081 ventura.org/auditor-controllers-office Jeff.Burgh@ventura.org

**OFFICE OF THE DISTRICT ATTORNEY**
**COUNTY OF VENTURA, STATE OF CALIFORNIA**
**ERIK NASARENKO**
District Attorney

September 30, 2022

California State Controller, Division of Audits
Attn: Lisa Kurokawa, Chief Compliance Audits Bureau
Post Office Box 942850
Sacramento, California 94250

RE: Custody of Minors – Child Abduction and Recovery Program

To Lisa Kurokawa:

The Ventura County District Attorney's Office ("DAO") is extremely proud of our efforts to reunite children with their legal parents and guardians from whom they were unlawfully taken. Although it is undisputed that the DAO performed the actual duties required by the Custody of Minors – Child Abduction and Recovery Program ("CARP") mandate, the audit of the DAO's CARP found that nearly all the DAO claimed expenditures are unallowable. The findings do not suggest in any way that there has been any misuse of government funds, rather, the sole issue is whether the DAO provided adequate source documents of its efforts to recover children.

By way of background, the DAO's CARP was last audited by the State Controller's Office ("SCO") in 2010 for the period of July 1, 2003 through June 30, 2007. That audit was successful in that the claimed expenses were found to be allowable. Considering the audit results and endorsement of the then current DAO practices regarding source documents and time keeping, the DAO did not change or alter its practices.

In 2009, the Commission on State Mandates ("Commission") amended the parameters and guidelines ("Guidelines") relating to CARP. The amendment imposed the requirement that actual costs must be supported by a source document. "A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records, or time logs, sign-in sheets, invoices and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations." There is no evidence that the Commission or SCO notified

Hall of Justice • 800 South Victoria Avenue, Suite 314, Ventura, CA 93009-2730 • www.vcdistrictattorney.com • (805) 654-2500 • Fax (805) 654-3850

agencies that had previously submitted for reimbursement under CARP activity of the new amendment. Additionally, the Commission did not provide an example or template of an approved source document that would meet their requirements. Regardless, and with an understanding that an agency seeking reimbursement has a burden to consult the Guidelines when seeking reimbursement, the DAO maintained what it believed to be source documents and corroborating evidence to support its allowable expenditures (i.e., the same documents found to support the allowable costs in the audit of years 2003-2007).

"Finding 1" relates to unsupported salaries, benefits, and related indirect costs. During the period subject to audit, the CARP unit was staffed with a prosecutor and investigators. The assigned investigators maintained monthly time studies (in addition to timesheets). The prosecutor, who served full-time in the CARP unit, completed timesheets indicating that her activities were 100% dedicated to CARP activities. When SCO staff indicated that the time studies and timesheets, in their current form, would not be considered a "source document," the CARP unit provided evidence corroborating the source documents, such as email correspondence, written legal instruments and other written product, court dockets, attestations, and case file documents. Despite these efforts to supplement the record of the time spent on CARP activities, all costs were determined to be unallowable. It is, however, undisputed that over 150 children were reunited with their legal parent or guardian during the period audited – activities subject to reimbursement pursuant to the mandate.

The audit determined that the DAO costs were unallowable, in part, because the time studies and timesheets did not exclude "good cause" cases. The Guidelines for CARP were initially drafted in 1981 and allow reimbursement for activities related to Penal Code sections 278 and 278.5 (child abduction statutes). Good Cause was established as a defense to child abduction where a parent claims in good faith that removal was necessary to prevent harm to the child. The codification of a Good Cause defense did not exist in 1981 but was later memorialized in Penal Code section 278.7. Notwithstanding subsequent amendments to the Guidelines, they have never been updated to expressly include or exclude 278.7. The SCO asserts that because Good Cause cases were created after the Guidelines and never explicitly incorporated, they are not a reimbursable activity. Significantly, Good Cause cases were not excluded from reimbursement in the 2003-2007 audit. Moreover, since Good Cause is a defense to a reimbursable activity, the litigation of Good Cause cases necessarily involves a reimbursable activity. Good Cause is so intertwined with reimbursable activity that its exclusion is arbitrary and inconsistent with the CARP mandate.

To ensure that our costs are reimbursed in the future, the DAO is implementing time keeping software that will capture extensive detail about cases and allowable activities.

The DAO believes that with the enhanced record keeping, all future claims will be allowed. Additionally, with respect to Good Cause, the DAO will seek the specific inclusion of Penal Code section 278.7 in the Guidelines.

"Finding 2" relates to material and supply costs. The Guidelines state that, "The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased costs is limited to the cost of an activity that the claimant is required to incur as a result of the mandate." The DAO interpreted this portion of the mandate differently than the SCO. The DAO applied a common practice among cost sharing programs where the proportional share of usage is applied to the appropriate program. As an example, if an investigator's time studies demonstrated that fifty percent of her time was spent on CARP activities, then fifty percent of her vehicle cost or office rent could be attributed to CARP. It is the SCO's position, however, that only increased costs solely attributable to CARP activity is allowable. For instance, because the DAO needs office space for activities other than CARP, no portion of the rent can be attributed to CARP even when determined on a value proportional to CARP activities performed. In the future, the DAO will no longer include any (proportionally) shared costs in its reimbursement requests.

Among the many services the DAO provides to the Ventura County citizens, CARP is one of the most time intensive and sensitive – recovering children wrongly withheld from a custodial parent. Our professional staff of attorneys and investigators work in all fifty states on behalf of parents who are seeking to be reunited with their children. These efforts on behalf of the parents and children are inarguably consistent with CARP mandates. Importantly, the audit findings do not conclude that the reimbursement requests and expenditures were unnecessary or improper. The SCO simply held that the previously approved source documents were inadequate for reimbursement purposes. While this is unfortunate, it does not tarnish the reputation of the DAO or professional staff working on CARP activities. We believe that we can quickly implement corrective actions to fully recover our expenditures in future years.

Sincerely,

Stuart Gardner
Director, Fiscal and Administrative Services

SG:sg

**State Controller's Office**
**Division of Audits**
**Post Office Box 942850**
**Sacramento, CA 94250**

**http://www.sco.ca.gov**

S21-MCC-0023

# SAN JOAQUIN COUNTY

Audit Report

## CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM

Chapter 1399, Statutes of 1976;
Chapter 162, Statutes of 1992;
and Chapter 988, Statutes of 1996

*July 1, 2017, through June 30, 2020*

MALIA M. COHEN
California State Controller

May 2023

# MALIA M. COHEN
## California State Controller

May 2, 2023

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Jeffery Woltkamp, CPA, Auditor-Controller
San Joaquin County
44 North San Joaquin Street
Fifth Floor, Suite 550
Stockton, CA 95202

Dear Mr. Woltkamp:

The State Controller's Office audited the costs claimed by San Joaquin County for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2017, through June 30, 2020.

The county claimed and was paid $2,061,920 for costs of the mandated program. Our audit found that $28,122 is allowable and $2,033,798 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous supporting documentation. In addition, the county claimed costs that are indirect and, therefore, cannot be claimed as direct costs of the program; claimed costs that were not directly related to the mandated program; claimed some costs more than once; and claimed costs that were not supported with documentation.

Following issuance of this audit report, the Local Government Programs and Services Division of the State Controller's Office will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

If you have any questions, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at (916) 327-3138.

Sincerely,

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

KT/ac

cc: Tod Hill, Assistant Auditor-Controller
San Joaquin County
Belle Silva, Management Services Administrator
San Joaquin County District Attorney's Office
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Ted Doan, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Everett Luc, Supervisor
Local Reimbursement Section
State Controller's Office

# Contents

**Audit Report**

**Summary** ..... 1

**Background** ..... 1

**Audit Authority** ..... 2

**Objective, Scope, and Methodology** ..... 2

**Conclusion** ..... 3

**Follow-up on Prior Audit Findings** ..... 3

**Views of Responsible Officials** ..... 3

**Restricted Use** ..... 4

**Schedule—Summary of Program Costs** ..... 5

**Findings and Recommendations** ..... 7

# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by San Joaquin County for the legislatively mandated Custody of Minors – Child Abduction and Recovery (CAR) Program for the period of July 1, 2017, through June 30, 2020.

The county claimed and was paid $2,061,920 for costs of the mandated program. Our audit found that $28,122 is allowable and $2,033,798 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous supporting documentation. In addition, the county claimed costs that are indirect and, therefore, cannot be claimed as direct costs of the program; claimed costs that are not directly related to the mandated program; claimed some costs more than once; and claimed costs that were not supported with documentation.

## Background

Chapter 1399, Statutes of 1976, established the CAR Program, based on the following laws:

- Civil Code section 4600.1 (repealed and added as Family Code sections 3060 through 3064 by Chapter 162, Statutes of 1992);
- Penal Code (PC) sections 278 and 278.5 (repealed and added as PC sections 277, 278, and 278.5 by Chapter 988, Statutes of 1996); and
- Welfare and Institutions Code section 11478.5 (repealed and added as Family Code section 17506 by Chapter 478, Statutes of 1999; last amended by Chapter 759, Statutes of 2002).

These laws require the District Attorney's (DA's) Office to assist persons having legal custody of a child in:

- Locating their children when they are unlawfully taken away;
- Gaining enforcement of custody decrees, visitation decrees, and orders to appear;
- Defraying expenses related to the return of an illegally detained, abducted, or concealed child;
- Civil court action proceedings; and
- Guaranteeing the appearance of offenders and minors in court actions.

On September 19, 1979, the State Board of Control (now the Commission on State Mandates) determined that this legislation imposed a state mandate reimbursable under Government Code (GC) section 17561.

The parameters and guidelines establish the state mandate and define reimbursement criteria. The Commission on State Mandates adopted the parameters and guidelines on January 21, 1981; they were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues the *Mandated Cost Manual for Local Agencies (Mandated Cost Manual)* for mandated programs to assist local agencies in claiming reimbursable costs.

## Audit Authority

We conducted this performance audit in accordance with GC sections 17558.5 and 17561, which authorize the SCO to audit the county's records to verify the actual amount of the mandated costs. In addition, GC section 12410 provides the SCO with general audit authority to audit the disbursement of state money for correctness, legality, and sufficient provisions of law for payment.

## Objective, Scope, and Methodology

The objective of our audit was to determine whether costs claimed represent increased costs resulting from the legislatively mandated CAR Program. Specifically, we conducted this audit to determine whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

Unreasonable and/or excessive costs include ineligible costs that are not identified in the program's parameters and guidelines as reimbursable costs.

The audit period was July 1, 2017, through June 30, 2020.

To achieve our objective, we performed the following procedures:

- We reviewed the annual mandated cost claims filed by the county for the audit period and identified the significant cost components of each claim as salaries and benefits, materials and supplies, travel and training, contract services, and indirect costs. We determined whether there were any errors or unusual or unexpected variances from year to year. We reviewed the activities claimed to determine whether they adhered to the SCO's *Mandated Cost Manual* and the program's parameters and guidelines.
- We completed an internal control questionnaire by interviewing key county staff memebers. We discussed the claim preparation process with county staff to determine what information was obtained, who obtained it, and how it was used.
- We reviewed payroll records for claimed employees. We noted various issues with the time records reviewed; the records provided as support for the claimed costs did not meet the requirements of the program's parameters and guidelines (see Finding 1).
- We reviewed claimed materials and supplies costs, and found that the county claimed costs that were identified as indirect costs in the DA's Office Indirect Cost Rate Proposal (ICRP), and claimed costs not directly related to the mandated program. We found that $18,516 in materials and supplies costs was unallowable (see Finding 2).
- We reviewed claimed travel and training costs, and found that the county claimed costs that were identified as indirect costs in the DA's Office ICRP. In addition, we found that the county claimed costs that were not directly related to the mandated program; claimed some costs more than once; and claimed costs that were not supported with documentation. We found that $84,843 in travel and training costs was unallowable (see Finding 3).

- We reviewed claimed contract services costs and found that the county claimed costs that were identified as indirect costs in the DA's Office ICRP. We found that $5,707 in contract services costs was unallowable (see Finding 4).
- We reviewed the offsetting revenues identified on the county's reimbursement claims, and found that the county accurately accounted for the revenues it received for the mandated program in the form of court-ordered payments.

We did not audit the county's financial statements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Conclusion

As a result of performing the audit procedures, we found instances of noncompliance with the requirements described in our audit objective. We did not find that the county claimed costs that were funded by other sources; however, we did find that it claimed unsupported and ineligible costs, as quantified in the Schedule and described in the Findings and Recommendations section.

For the audit period, San Joaquin County claimed and was paid $2,061,920 for costs of the legislatively mandated CAR Program. Our audit found that $28,122 is allowable and $2,033,798 is unallowable.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

## Follow-up on Prior Audit Findings

The county has satisfactorily resolved the findings noted in our prior audit report for the period of July 1, 2001, through June 30, 2003, issued on May 27, 2006, with the exception of Finding 1 of this audit report.

## Views of Responsible Officials

We issued a draft audit report on January 27, 2023. San Joaquin County's representative responded by email on January 31, 2023, agreeing with the audit results.

## Restricted Use

This audit report is solely for the information and use of San Joaquin County, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record and is available on the SCO website at www.sco.ca.gov.

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

May 2, 2023

# Schedule—
# Summary of Program Costs
# July 1, 2017, through June 30, 2020

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment | Reference[1] |
|---|---|---|---|---|
| July 1, 2017, through June 30, 2018 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 445,476 | $ - | $ (445,476) | Finding 1 |
| Materials and supplies | 4,648 | 53 | (4,595) | Finding 2 |
| Travel and training | 33,929 | 12,860 | (21,069) | Finding 3 |
| Total direct costs | 484,053 | 12,913 | (471,140) | |
| Indirect costs | 60,772 | - | (60,772) | Finding 1 |
| Total direct and indirect costs | 544,825 | 12,913 | (531,912) | |
| Less offsetting revenues | (985) | (985) | - | |
| Total program costs | $ 543,840 | 11,928 | $ (531,912) | |
| Less amount paid by the State[2] | | (543,840) | | |
| Amount paid in excess of allowable costs claimed | | $ (531,912) | | |
| July 1, 2018, through June 30, 2019 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 597,300 | $ - | $ (597,300) | Finding 1 |
| Materials and supplies | 7,401 | 363 | (7,038) | Finding 2 |
| Travel and training | 43,926 | 12,192 | (31,734) | Finding 3 |
| Total direct costs | 648,627 | 12,555 | (636,072) | |
| Indirect costs | 81,536 | - | (81,536) | Finding 1 |
| Total direct and indirect costs | 730,163 | 12,555 | (717,608) | |
| Less offsetting revenues | (970) | (970) | - | |
| Total program costs | $ 729,193 | 11,585 | $ (717,608) | |
| Less amount paid by the State[2] | | (729,193) | | |
| Amount paid in excess of allowable costs claimed | | $ (717,608) | | |
| July 1, 2019, through June 30, 2020 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 636,297 | $ - | $ (636,297) | Finding 1 |
| Materials and supplies | 7,887 | 1,004 | (6,883) | Finding 2 |
| Travel and training | 40,057 | 8,017 | (32,040) | Finding 3 |
| Contract services | 5,707 | - | (5,707) | Finding 4 |
| Total direct costs | 689,948 | 9,021 | (680,927) | |
| Indirect costs | 103,351 | - | (103,351) | Finding 1 |
| Total direct and indirect costs | 793,299 | 9,021 | (784,278) | |
| Less offsetting revenues | (4,412) | (4,412) | - | |
| Total program costs | $ 788,887 | 4,609 | $ (784,278) | |
| Less amount paid by the State[2] | | (788,887) | | |
| Amount paid in excess of allowable costs claimed | | $ (784,278) | | |

# Schedule (continued)

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment | Reference[1] |
|---|---|---|---|---|
| Summary: July 1, 2017, through June 30, 2020 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 1,679,073 | $ - | $ (1,679,073) | Finding 1 |
| Materials and supplies | 19,936 | 1,420 | (18,516) | Finding 2 |
| Travel and training | 117,912 | 33,069 | (84,843) | Finding 3 |
| Contract services | 5,707 | - | (5,707) | Finding 4 |
| Total direct costs | 1,822,628 | 34,489 | (1,788,139) | |
| Indirect costs | 245,659 | - | (245,659) | Finding 1 |
| Total direct and indirect costs | 2,068,287 | 34,489 | (2,033,798) | |
| Less offsetting revenues | (6,367) | (6,367) | - | |
| Total program costs | $ 2,061,920 | 28,122 | $ (2,033,798) | |
| Less amount paid by the State[2] | | (2,061,920) | | |
| Amount paid in excess of allowable costs claimed | | $ (2,033,798) | | |

[1] See the Findings and Recommendations section.

[2] Payment amount current as of November 8, 2022.

# Findings and Recommendations

**FINDING 1— Unsupported salaries, benefits, and related indirect costs**

The county claimed $1,679,073 in salaries and benefits for the audit period. We determined that the entire amount is unallowable. The related unallowable indirect costs total $245,659, for total unallowable costs of $1,924,732. The costs are unallowable because the county did not provide contemporaneous supporting documentation, did not provide time records showing the actual number of hours devoted to each mandated function, and claimed time for activities performed on "good cause" cases.

The following table summarizes the unallowable salaries, benefits, and related indirect costs claimed by the DA's Office, and the audit adjustment by fiscal year:

| Cost Element | | 2017-18 | 2018-19 | 2019-20 | Total |
|---|---|---|---|---|---|
| **Compliance with Court Orders** | | | | | |
| Unallowable salaries | | $ (229,286) | $ (312,726) | $ (327,059) | $ (869,071) |
| Unallowable benefits | | (184,090) | (261,718) | (309,238) | (755,046) |
| **Court Costs for Out of Jurisdiction Cases** | | | | | |
| Unallowable salaries | | (18,661) | (12,119) | - | (30,780) |
| Unallowable benefits | | (13,439) | (10,737) | - | (24,176) |
| Total unallowable salaries | **A** | (247,947) | (324,845) | (327,059) | (899,851) |
| Total unallowable benefits | **B** | (197,529) | (272,455) | (309,238) | (779,222) |
| Claimed indirect cost rate* | **C** | 24.51% | 25.10% | 31.60% | |
| Related indirect costs [A × C] | **D** | (60,772) | (81,536) | (103,351) | (245,659) |
| Audit adjustment [A + B + D] | | $ (506,248) | $ (678,836) | $ (739,648) | $ (1,924,732) |

*The indirect cost base includes only salaries.

DA's Office employees track their time daily by entering it on a timesheet. The timesheets are submitted biweekly and are approved by a supervisor. The county uses the information in the biweekly timesheets, together with the payroll department's Employee Benefits Report, to create a monthly "Child Abduction Time Details" spreadsheet. The timesheets show how many total hours employees work per day within a two-week time period. The timesheets also show hours of overtime, compensatory time, and various types of paid time off.

The timesheets use the following categories:

- Local or Outside Jurisdiction SB90
- CAT – Child Abduction Team
- DA
- Real Estate
- Other/Mainline
- Admin

Time recorded as "Local," "Outside Jurisdiction SB90," and "CAT" reflects time spent on the CAR Program. Other recorded time reflects time spent on other activities within the DA's Office. The timesheets do not describe the mandated functions performed or specify the number of hours

devoted to each function. We noted that most of the claimed employees charged 100% of their time to the CAR Program. These positions include District Attorney Investigators, Investigative Assistants, and Office Assistants. Other employees, including the Deputy DA and Office Assistants, charge only a small amount of their time to the program.

The county uses the hours recorded on the timesheets to determine what percentage of an employee's time is spent on the CAR Program. To calculate claimed costs, the county applies this "percent to bill" percentage to an employee's salaries and benefits. The county performs these calculations on a monthly basis to create the "Child Abduction Time Details" spreadsheet. The county uses the monthly spreadsheets to calculate yearly totals, which are then transferred to the mandated cost claims. During the course of the audit, we confirmed with DA's Office staff members that they do not track their time in any manner other than the biweekly timesheets.

We also reviewed the county's list of child abduction cases by fiscal year. We noted that many of the cases were "good cause" cases. Furthermore, during a meeting with DA's Office staff, we confirmed that all staff members within the DA's Office work on cases under PC section 278.7 (commonly referred to as "good cause" cases) to some extent. Time spent on activities related to "good cause" cases is unallowable because the parameters and guidelines do not identify such cases as reimbursable costs.

Based on the documentation provided, we were unable to determine the mandated functions performed, the actual number of hours devoted to each function, or the validity of the claimed costs. Without descriptions of the mandated functions performed, we were unable to determine whether the county claimed unallowable costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court; or claimed costs associated with other unallowable activities, including "good cause" cases.

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Section VII.A.1., "Salary and Employees' Benefits," of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs are supported by source documentation.

County's Response

The county agreed with the audit finding and recommendation.

**FINDING 2— Overstated materials and supplies costs**

The county claimed a total of $19,936 in materials and supplies costs for the audit period. We determined that $1,420 is allowable and $18,516 is unallowable. The costs are unallowable because they are indirect and, therefore, cannot be claimed as direct costs of the program; in addition, one miscellaneous cost was not related to the program or a specific case.

The following table shows the materials and supplies costs claimed by the DA's Office, the allowable costs, and the audit adjustment by fiscal year:

| Fiscal Year | Amount Claimed | Total Allowable | Audit Adjustment |
|---|---|---|---|
| 2017-18 | $ 4,648 | $ 53 | $ (4,595) |
| 2018-19 | 7,401 | 363 | (7,038) |
| 2019-20 | 7,887 | 1,004 | (6,883) |
| Total | $ 19,936 | $ 1,420 | $ (18,516) |

The county claimed materials and supplies in two different categories: "Miscellaneous Supplies" and "Communications."

Miscellaneous Supplies

For "Miscellaneous Supplies" the county claimed a variety of items, including, but not limited to, furniture, shipping costs, printers, insurance, data processing, and electronic devices. The allowable "Miscellaneous Supplies" costs are those for items directly related to the mandated program and/or directly tied to a case number. The unallowable "Miscellaneous Supplies" costs are included as indirect costs in the DA's Office ICRP and, therefore, cannot also be claimed as direct costs. An additional expense, labeled "EAP Special Expense Miscellaneous Supplies" in FY 2019-20 is unallowable because, per the county, it is not directly related to a case or the mandated program.

Communications

"Communications" costs consisted of cellular phone charges. All of the claimed communications costs are unallowable because they are included as indirect costs in the DA's Office ICRP and, therefore, cannot also be claimed as direct costs.

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Section VII.A., "Direct Costs," states that "direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions."

Section VII.A.3., "Materials and Supplies," requires that claimed materials and supplies costs be supported by the following cost element information:

> Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications may be claimed. List the cost of the materials and supplies consumed specifically for the purpose of this mandate.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County's Response

The county agreed with the audit finding and recommendation.

**FINDING 3— Overstated travel and training costs**

The county claimed a total of $117,912 in travel and training costs for the audit period. We determined that $33,069 is allowable and $84,843 is unallowable. The costs are unallowable because they are indirect and, therefore, cannot be claimed as direct costs. In addition, the costs are not directly related to the mandated program, some costs were claimed more than once, and other costs were not supported with documentation.

The following table shows the travel and training costs claimed by the DA's Office, the allowable costs, and the audit adjustment by fiscal year:

| Fiscal Year | Amount Claimed | Total Allowable | Audit Adjustment |
|---|---|---|---|
| 2017-18 | $ 33,929 | $ 12,860 | (21,069) |
| 2018-19 | 43,926 | 12,192 | (31,734) |
| 2019-20 | 40,057 | 8,017 | (32,040) |
| Total | $ 117,912 | $ 33,069 | $ (84,843) |

The county claimed travel and training costs in two different categories: "Travel & Training" and "Motorpool." "Travel & Training" costs were claimed under both the Compliance with Court Orders and Return of Child to Custodian cost components, while "Motorpool" costs were claimed under the Compliance with Court Orders cost component.

Travel & Training

For "Travel & Training" the county claimed a variety of items, including, but not limited to, travel expenses for child-abduction case investigations and retrieval of children (airplane flights, lodging, food, rental cars, parking, etc.), special department expenses, and various types of professional training. Allowable costs for travel and training include items that are directly related to the mandated program and/or directly tied to a case number. The county's unallowable costs for travel and training include training that was not mandate-related, one training session that was claimed more than once, and a "special department expense" without accompanying supporting documentation.

Motorpool

"Motorpool" costs consisted of monthly charges to the Child Abduction Unit for Fleet Services vehicles used by the DA's Office investigators in their daily duties. All of the claimed motorpool costs are unallowable because they are included as indirect costs in the DA's Office ICRP for each fiscal year of the audit period.

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Section VII.A., "Direct Costs," states that "direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions."

Section VII.A.4., "Travel," requires that claimed travel costs be supported by the following cost element information:

> Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the travelers(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

Section VII.A.5., "Training," requires that claimed training costs be supported by the following cost element information:

> The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County's Response

The county agreed with the audit finding and recommendation.

**FINDING 4— Unallowable contract services costs**

The county claimed a total of $5,707 in contract services costs for FY 2019-20. We determined that the entire amount is unallowable. The costs are unallowable because they are indirect costs and, therefore, cannot be claimed as direct costs of the program.

The following table summarizes the contract services costs:

| Cost Element | Amount Claimed |
|---|---|
| Communications | $ 2,490 |
| Workers' compensation insurance | 2,562 |
| Casualty insurance | 655 |
| Total | $ 5,707 |

The county claimed contract services costs in two different categories: "Communications" and "Insurance." "Communications" consisted of monthly cellular phone charges, and "Insurance" consisted of workers' compensation and casualty insurance costs. All of the claimed contract services costs are unallowable because they are included as indirect costs in the DA's Office FY 2019-20 ICRP.

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Section VII.A., "Direct Costs," states that "direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions."

Section VII.A.2., "Contracted Services," requires that claimed contract services costs be supported by the following cost element information:

> Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with the claim.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County's Response

The county agreed with the audit finding and recommendation.

**State Controller's Office**
**Division of Audits**
**Post Office Box 942850**
**Sacramento, CA 94250**

**www.sco.ca.gov**

# SAN DIEGO COUNTY

Audit Report

## CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM

Chapter 1399, Statutes of 1976;
Chapter 162, Statutes of 1992;
and Chapter 988, Statutes of 1996

*July 1, 2017, through June 30, 2021*

MALIA M. COHEN
California State Controller

July 2023

# MALIA M. COHEN
## California State Controller

July 14, 2023

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Tracy Drager, Auditor and Controller
San Diego County
5530 Overland Avenue, Suite 410
San Diego, CA 92123

Dear Ms. Drager:

The State Controller's Office audited the costs claimed by San Diego County for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2017, through June 30, 2021.

The county claimed and was paid $3,433,637 for the costs of the mandated program. Our audit found that $43,026 is allowable and $3,390,611 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous supporting documentation and did not claim actual costs.

Following issuance of this audit report, the Local Government Programs and Services Division of the State Controller's Office will notify the county of the adjustment to its claim via a system-generated letter for each fiscal year in the audit period.

This final audit report contains an adjustment to costs claimed by the county. If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (Commission). Pursuant to the Commission's regulations, outlined in Title 2, California Code of Regulations, section 1185.1, subdivision (c), an IRC challenging this adjustment must be filed with the Commission no later than three years following the date of this report, regardless of whether this report is subsequently supplemented, superseded, or otherwise amended. IRC information is available on the Commission's website at www.csm.ca.gov/forms/IRCForm.pdf.

If you have any questions, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at (916) 327-3138.

Sincerely,

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

KT/ac

cc: Luis Mallett, Chief Administrative Officer
San Diego County District Attorney's Office
Julie Sexauer, Financial Policy and Planning Officer
San Diego County District Attorney's Office
Jacob Breillatt, Administrative Analyst
San Diego County District Attorney's Office
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Ted Doan, Finance Budget Analyst
Local Government Unit
California Department of Finance
Daryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Everett Luc, Supervisor
Local Reimbursement Section
State Controller's Office

# Contents

**Audit Report**

**Summary** ..... 1

**Background** ..... 1

**Audit Authority** ..... 2

**Objective, Scope, and Methodology** ..... 2

**Conclusion** ..... 3

**Follow-up on Prior Audit Findings** ..... 3

**Views of Responsible Officials** ..... 3

**Restricted Use** ..... 4

**Schedule—Summary of Program Costs** ..... 5

**Findings and Recommendations** ..... 7

**Attachment—County's Response to Draft Audit Report**

# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by San Diego County for the legislatively mandated Custody of Minors – Child Abduction and Recovery (CAR) Program for the period of July 1, 2017, through June 30, 2021.

The county claimed and was paid $3,433,637 for costs of the mandated program. Our audit found that $43,026 is allowable and $3,390,611 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous supporting documentation and did not claim actual costs.

## Background

Chapter 1399, Statutes of 1976, established the CAR Program, based on the following laws:

- Civil Code section 4600.1 (repealed and added as Family Code sections 3060 through 3064 by Chapter 162, Statutes of 1992);
- Penal Code (PC) sections 278 and 278.5 (repealed and added as PC sections 277, 278, and 278.5 by Chapter 988, Statutes of 1996); and
- Welfare and Institutions Code section 11478.5 (repealed and added as Family Code Section 17506 by Chapter 478, Statutes of 1999; last amended by Chapter 759, Statutes of 2002).

These laws require the District Attorney's (DA's) Office to assist persons having legal custody of a child in:

- Locating their children when they are unlawfully taken away;
- Gaining enforcement of custody decrees, visitation decrees, and orders to appear;
- Defraying expenses related to the return of an illegally detained, abducted, or concealed child;
- Civil court action proceedings; and
- Guaranteeing the appearance of offenders and minors in court actions.

On September 19, 1979, the State Board of Control (now the Commission on State Mandates) determined that this legislation imposed a state mandate reimbursable under Government Code (GC) Section 17561.

The parameters and guidelines establish the state mandate and define reimbursement criteria. The Commission on State Mandates adopted the parameters and guidelines on January 21, 1981; they were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues the *Mandated Cost Manual for Local Agencies (Mandated Cost Manual)* for mandated programs to assist local agencies in claiming reimbursable costs.

## Audit Authority

We conducted this performance audit in accordance with GC sections 17558.5 and 17561, which authorize the SCO to audit the county's records to verify the actual amount of the mandated costs. In addition, GC section 12410 provides the SCO with general audit authority to audit the disbursement of state money for correctness, legality, and sufficient provisions of law for payment.

## Objective, Scope, and Methodology

The objective of our audit was to determine whether claimed costs represent increased costs resulting from the legislatively mandated CAR Program. Specifically, we conducted this audit to determine whether claimed costs were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive. Unreasonable and/or excessive costs include ineligible costs that are not identified in the program's parameters and guidelines as reimbursable costs.

The audit period was July 1, 2017, through June 30, 2021.

To achieve our objective, we completed the following tasks:

- We reviewed the annual mandated cost claims filed by the county for the audit period and identified the significant cost components of each claim as salaries and benefits, materials and supplies, travel and training, and indirect costs. We determined whether there were any errors or unusual or unexpected variances from year to year. We reviewed the claimed activities to determine whether they adhered to the SCO's *Mandated Cost Manual* and the program's parameters and guidelines.
- We completed an internal control questionnaire by interviewing key county staff. We discussed the claim preparation process with county staff to determine what information was obtained, who obtained it, and how it was used.
- We reviewed time records, which the county called *time studies*, provided by the county for the audit period. We also reviewed payroll records for claimed employees. We noted various issues with the time studies that we reviewed. The records provided as support for the claimed costs did not meet the requirements of the program's parameters and guidelines (see Finding 1).
- We reviewed claimed materials and supplies costs, and found that the county claimed costs that were not supported by source documentation. We were unable to verify that costs claimed under materials and supplies were for mandated activities. We also found that the county claimed allocated costs as direct costs. Per the program's parameters and guidelines, only actual costs are allowable (see Finding 2).
- We reviewed the county's Single Audit and revenue reports to identify potential sources of offsetting revenues and reimbursements from federal or pass-through programs applicable to this mandated program. The county did not claim offsetting revenues for the audit period, and we found no instances of unreported offsetting revenue. We noted no exceptions.

We did not audit the county's financial statements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Conclusion

As a result of performing the audit procedures, we found instances of noncompliance with the requirements described in our audit objective. We did not find that the county claimed costs that were funded by other sources; however, we did find that it claimed unsupported and ineligible costs, as quantified in the Schedule and described in the Findings and Recommendations section.

For the audit period, San Diego County claimed and was paid $3,433,637 for costs of the legislatively mandated CAR Program. Our audit found that $43,026 is allowable and $3,390,611 is unallowable.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

## Follow-up on Prior Audit Findings

The county has satisfactorily resolved the findings noted in our prior audit report for the period of July 1, 1999, through June 30, 2002, issued on January 10, 2005. The prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

## Views of Responsible Officials

We issued a draft audit report on April 17, 2023. The county's representative responded by letter dated May 3, 2023. The county disagreed with the audit results, except for Finding 2. This final audit report includes the county's response.

## Restricted Use

This audit report is solely for the information and use of San Diego County, the California Department of Finance, and the SCO; it is not intended to be, and should not be, used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record and is available on the SCO website at www.sco.ca.gov.

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

July 14, 2023

# Schedule—
# Summary of Program Costs
# July 1, 2017, through June 30, 2021

| Cost Elements | Amount Claimed | Allowable per Audit | Audit Adjustment | Reference [1] |
|---|---|---|---|---|
| July 1, 2017, through June 30, 2018 | | | | |
| Direct costs: | | | | |
| Salaries and benefits [2] | $ 762,864 | $ - | $ (762,864) | Finding 1 |
| Materials and supplies | 33,386 | 972 | (32,414) | Finding 2 |
| Travel and training | 11,843 | 11,843 | - | |
| Total direct costs | 808,093 | 12,815 | (795,278) | |
| Indirect costs | 44,559 | - | (44,559) | Finding 1 |
| Total direct and indirect costs | 852,652 | 12,815 | (839,837) | |
| Less: offsetting revenue | - | - | - | |
| Total program costs | $ 852,652 | 12,815 | $ (839,837) | |
| Less amount paid by the State [3] | | (852,652) | | |
| Amount paid in excess of allowable costs claimed | | $ (839,837) | | |
| July 1, 2018, through June 30, 2019 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 924,121 | $ - | $ (924,121) | Finding 1 |
| Materials and supplies | 47,607 | 1,481 | (46,126) | Finding 2 |
| Travel and training | 9,904 | 9,904 | - | |
| Total direct costs | 981,632 | 11,385 | (970,247) | |
| Indirect costs | 55,694 | - | (55,694) | Finding 1 |
| Total direct and indirect costs | 1,037,326 | 11,385 | (1,025,941) | |
| Less: offsetting revenue | - | - | - | |
| Total program costs | $ 1,037,326 | 11,385 | $ (1,025,941) | |
| Less amount paid by the State [3] | | (1,037,326) | | |
| Amount paid in excess of allowable costs claimed | | $ (1,025,941) | | |
| July 1, 2019, through June 30, 2020 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 651,605 | - | $ (651,605) | Finding 1 |
| Materials and supplies [2] | 34,584 | 200 | (34,384) | Finding 2 |
| Travel and training | 16,118 | 16,118 | - | |
| Total direct costs | 702,307 | 16,318 | (685,989) | |
| Indirect costs | 38,462 | - | (38,462) | Finding 1 |
| Total direct and indirect costs | 740,769 | 16,318 | (724,451) | |
| Less: offsetting revenue | - | - | - | |
| Total program costs | $ 740,769 | 16,318 | $ (724,451) | |
| Less amount paid by the State [3] | | (740,769) | | |
| Amount paid in excess of allowable costs claimed | | $ (724,451) | | |

# Schedule (continued)

| Cost Elements | Amount Claimed | Allowable per Audit | Audit Adjustment | Reference [1] |
|---|---|---|---|---|
| July 1, 2020, through June 30, 2021 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 717,549 | - | $ (717,549) | Finding 1 |
| Materials and supplies | 41,520 | 283 | (41,237) | Finding 2 |
| Travel and training | 2,225 | 2,225 | - | |
| Total direct costs | 761,294 | 2,508 | (758,786) | |
| Indirect costs | 41,596 | - | (41,596) | Finding 1 |
| Total program costs | $ 802,890 | 2,508 | $ (800,382) | |
| Total direct and indirect costs | 802,890 | 2,508 | (800,382) | |
| Less: offsetting revenue | - | - | - | |
| Total program costs | $ 802,890 | 2,508 | $ (800,382) | |
| Less amount paid by the State [3] | | (802,890) | | |
| Amount paid in excess of allowable costs claimed | | $ (800,382) | | |
| Summary: July 1, 2017, through June 30, 2021 | | | | |
| Direct costs: | | | | |
| Salaries and benefits | $ 3,056,139 | - | $ (3,056,139) | |
| Materials and supplies | 157,097 | 2,936 | (154,161) | |
| Travel and training | 40,090 | 40,090 | - | |
| Total direct costs | 3,253,326 | 43,026 | (3,210,300) | |
| Indirect costs | 180,311 | - | (180,311) | |
| Total direct and indirect costs | 3,433,637 | 43,026 | (3,390,611) | |
| Less: offsetting revenue | - | - | - | |
| Total program costs | $ 3,433,637 | 43,026 | $ (3,390,611) | |
| Less amount paid by the State [3] | | (3,433,637) | | |
| Amount paid in excess of allowable costs claimed | | $ (3,390,611) | | |

[1] See the Findings and Recommendations section.

[2] Immaterial differences due to rounding.

[3] Payment amount current as of June 1, 2023.

# Findings and Recommendations

**FINDING 1— Unsupported salaries, benefits, and related indirect costs**

The county claimed $3,056,139 in salaries and benefits for the audit period. We determined that the entire amount is unallowable. The related unallowable indirect costs total $180,311, for total unallowable costs of $3,236,450. The costs are unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.

The following is a summary of the audit adjustment:

| Cost Elements | | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Total |
|---|---|---|---|---|---|---|
| Unallowable salaries[1] | **A** | $ (445,587) | $ (556,941) | $ (384,620) | $ (415,959) | $ (1,803,107) |
| Unallowable benefits | **B** | (317,277) | (367,180) | (266,985) | (301,590) | (1,253,032) |
| Sub-total: Unallowable salaries and benefits | **C** | (762,864) | (924,121) | (651,605) | (717,549) | (3,056,139) |
| Claimed indirect cost rate | **D** | 10.00% | 10.00% | 10.00% | 10.00% | |
| Related indirect costs **[A x D]** | **E** | (44,559) | (55,694) | (38,462) | (41,596) | (180,311) |
| Audit adjustment **[C + E]** | | $ (807,423) | $ (612,635) | $ (423,082) | $ (457,555) | $ (3,236,450) |

[1] Immaterial differences due to rounding

The county provided bi-weekly time studies that record "Allocable Regular Hours" charged to the following activity titles:

- Compliance with Court Orders (CA/Other Duties)
- Court Costs for Out-of-State Jurisdiction Cases (Out-of-State/Hague)
- Securing Appearance of Offender
- Return of Children to Custodian

The bi-weekly time studies also record "Nonallocable Hours," which include time associated with vacation, sick leave, compensatory time, and hours spent on non-child abduction unit activities. No further description of activities was provided. Without a description of the mandated functions performed, we were unable to verify that the hours claimed under the description of "Allocable Regular Hours" or "Nonallocable Hours" were for reimbursable activities.

We noted that many time studies were signed months after the last day of the pay period. The county acknowledged that staff members often submit their time studies late, and stated "The San Diego District Attorney's Office is implementing a process where staff submit their time studies each pay period." We also noted that several employees' time studies claimed both "Compliance with Court Orders" and "Court Costs for Out-of-State Jurisdiction Cases"; however, none of the claims submitted to the SCO included "Court Costs for Out-of-State Jurisdiction Cases."

Based on the documentation provided, we were unable to determine the mandated functions performed, the actual number of hours devoted to each function, or the validity of the claimed costs. Without a description of the

mandated functions performed, we were unable to determine whether the county claimed unallowable costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court; or claimed costs associated with activities that are non-mandate related.

Criteria

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Section VII.A.I., "Salary and Employees' Benefits," of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs are supported by source documentation.

County Response

> The County respectfully disagrees with this finding and disallowance of costs.
>
> The San Diego County District Attorney's Office (DAO) supported the salaries and benefits costs with reports from the County's timekeeping software – Kronos, time studies, and PeopleSoft Budget Unit Labor Cost reports (BULC). Kronos entries are made by DAO Custody of Minors – Child Abduction and Recovery Program (CARP) funded employees and approved by their supervisors each bi-weekly pay period, contemporaneous to the time worked. To corroborate the Kronos reports, DAO provided bi-weekly time studies to reflect the reimbursable/non-reimbursable activities and BULC reports to reflect employees, classifications, and other salary/benefit information. DAO staff members additionally provided case notes and redacted records.

> As the audit noted, the corroborating time studies were not always submitted on time. DAO plans to implement changes to further substantiate costs using available County systems and resources.

SCO Comment

The Kronos entries for employees' actual hours worked consist of hours charged to a code for "Child Abduction – General Fund" or "General Prosecution – General Fund". Hours charged to a code do not show the hours worked on reimbursable mandated activities. The Kronos and BULC reports are payroll documentation that do not show the actual number of hours the employees worked on mandated activities, as required by the parameters and guidelines.

The county states, "To corroborate the Kronos reports, DAO provided bi-weekly time studies to reflect the reimbursable/non-reimbursable activities. . . ." The activity titles used in the time studies are generally vague; they do not describe the mandated functions performed or specify the actual number of hours devoted to each function. Furthermore, the county acknowledges that "the corroborating time studies were also not always submitted on time."

Section VII.A.1., "Salaries and Employees' Benefits" of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits.

**FINDING 2— Overstated materials and supplies costs**

The county claimed a total of $157,097 in materials and supplies costs for the audit period. We determined that $2,936 is allowable and $154,161 is unallowable. These costs are unallowable because the county did not provide supporting documentation; and it claimed costs that were allocated to the CAR Program, rather than actual costs supported by source documentation as required by the program's parameters and guidelines.

The following table shows the materials and supplies costs claimed by the DA's Office, the allowable costs, and the audit adjustment:

| Materials and Supplies | | Total | Amount | Audit |
|---|---|---|---|---|
| Account | Description | Claimed | Allowable | Adjustment |
| **Cell phone expenses** | | | | |
| 52068 | Cellular Phone Use | $ 10,351 | - | $ (10,351) |
| Total cell phone expenses | | 10,351 | - | (10,351) |
| **Vehicle-related expenses** | | | | |
| 52178 | Auto Maintenance – Vehicle Charge | 33,217 | - | (33,217) |
| 52182 | Automotive Fuel | 21,906 | - | (21,906) |
| 52616 | Transportation & Travel (Parking) | 14,939 | - | (14,939) |
| 52758 | Vehicle Lease – ISF [Internal Service Fund] | 11,116 | - | (11,116) |
| Total vehicle-related expenses | | 81,178 | - | (81,178) |
| **Allocated expenses** | | | | |
| 52670 | Utility Charges – ISF | 16,525 | - | (16,525) |
| 52708 | Fac Management – ISF | 46,107 | - | (46,107) |
| Total allocated expenses | | 62,632 | - | (62,632) |
| **Other Expenses** | | | | |
| 52156 | Interpreters | 215 | 215 | - |
| 52270 | Memberships | 115 | 115 | - |
| 52332 | Postage | 285 | 285 | - |
| 52550 | Misc. Dept. Expense | 2,321 | 2,321 | - |
| Total other expenses | | 2,936 | 2,936 | |
| Total materials and supplies costs | | $ 157,097 | $ 2,936 | $ (154,161) |

*Cell phone expenses*

The county claimed a total of $10,351 for "Cellular Phone Use" for the audit period. These costs include the monthly cell phone charges for the DA's Office investigators.

The following table shows cell phone expenses claimed by the DA's Office, the allowable costs, and the audit adjustment by fiscal year:

| Cell phone expenses | | Fiscal Year | | | | Total | Total |
|---|---|---|---|---|---|---|---|
| Account | Description | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Claimed | Allowable |
| 52068 | Cellular Phone Use | $ 3,641 | $ 4,287 | $ 984 | $ 1,439 | $ 10,351 | $ - |
| Total cell phone expenses | | $ 3,641 | $ 4,287 | $ 984 | $ 1,439 | $ 10,351 | $ - |

We reviewed cell phone bills for DA's Office investigators for the audit period. The investigators' timesheets included time charged to "General Prosecution" activities, which are not mandate-related. Based on the documentation provided, we were unable to determine how much of the claimed cell phone expenses were related to the reimbursable activities. The county did not support the claimed cell phone expenses with source documents that show the validity of such costs and their relationship to the reimbursable activities. Therefore, we determined that $10,351 in cell phone expenses is unallowable.

*Vehicle-related expenses*

The county claimed a total of $81,178 in vehicle-related expenses for the audit period. Costs included maintenance, fuel, parking, and lease expenses for vehicles assigned to DA's Office investigators.

The following table shows the vehicle-related expenses claimed by the DA's Office, the allowable costs, and the audit adjustment by fiscal year:

| Vehicle-related expenses | | Fiscal Year | | | | Total | Total | Audit |
|---|---|---|---|---|---|---|---|---|
| Account | Description | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Claimed | Allowable | Adjustment |
| 52178 | Auto Maintenance – Vehicle Charge | $ 6,655 | $ 8,845 | $ 11,505 | $ 6,212 | $ 33,217 | - | $ (33,217) |
| 52182 | Automotive Fuel | 4,304 | 7,216 | 6,647 | 3,739 | 21,906 | - | (21,906) |
| 52616 | Transportation & Travel (Parking) | 2,807 | 6,631 | 2,213 | 3,288 | 14,939 | - | (14,939) |
| 52758 | Vehicle Lease – ISF | - | - | - | 11,116 | 11,116 | - | (11,116) |
| Total vehicle-related expenses | | $ 13,766 | $ 22,692 | $ 20,365 | $ 24,355 | $ 81,178 | - | $ (81,178) |

We requested a vehicle use log to determine the reimbursable activities for the audit period; however, the county does not keep this type of record. We were informed that investigators are assigned vehicles, but daily vehicle usage is not tracked. Investigators can use vehicles for business-related purposes and for transportation from their personal homes to the DA's Office location. The county was not able to provide source documents showing that "Automotive Fuel" and "Transportation & Travel (Parking)" charges were direct costs of the mandate.

Based on the documentation provided, we were unable to determine how much of the claimed vehicle-related expenses was related to the reimbursable activities. The county did not support the claimed vehicle-related expenses with source documents that show the validity of such costs and their relationship to the reimbursable activities. Therefore, we determined that a total of $81,178 in vehicle-related expenses is unallowable.

*Allocated expenses*

The county claimed a total of $62,632 for costs allocated to the CAR Program. Costs included utility costs and facility management costs charged to the Internal Service Fund. The county developed a methodology to allocate a percentage of utility costs and facility management costs (i.e., fire safety, custodial, and building upkeep costs) as direct costs applicable to the mandated program. For each quarter, the county calculated the percentage of the CAR Program full-time equivalents to the total full-time equivalents at the DA's Office Hall of Justice location. To determine program-related utility and facility management costs, the county applied the percentage to the total costs incurred by the DA's Office Hall of Justice location.

The following table shows the allocated expenses claimed by the DA's Office, the allowable costs, and the audit adjustment by fiscal year:

| Allocated expenses | | Fiscal Year | | | | Total | Total | Audit |
|---|---|---|---|---|---|---|---|---|
| Account | Description | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Claimed | Allowable | Adjustment |
| 52670 | Utility Charges – ISF | $ 4,016 | $ 5,798 | $ 3,283 | $ 3,428 | $ 16,525 | - | $ (16,525) |
| 52708 | Fac Management – ISF | 10,991 | 13,349 | 9,754 | 12,013 | 46,107 | - | (46,107) |
| Total allocated expenses | | $ 15,007 | $ 19,147 | $ 13,037 | $ 15,441 | $ 62,632 | - | $ (62,632) |

Based on the documentation provided, we determined that a total of $62,632 in allocated expenses is unallowable. The costs are unallowable because the county did not claim actual costs that were supported by source documentation.

Criteria

Section V., "Reimbursable Costs," of the parameters and begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County Response

> The County concurs with this finding and disallowance of costs.
>
> The mandated program's parameters and guidelines provide: "The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate" (Amendment to Parameters and Guidelines 05-PGA-26 (CSM 4237), page 3). The DAO interpreted this to apply the commonly accepted practice among cost sharing programs that the proportional share of usage is applied to the appropriate program. The DAO will implement changes to ensure that only expenditures which can be identified as a direct cost of the mandate and are supported by source documentation are claimed.

# Attachment—
# County's Response to Draft Audit Report

# County of San Diego

**TRACY DRAGER**
AUDITOR AND CONTROLLER
(858) 694-2176
FAX: (858) 694-2296

AUDITOR AND CONTROLLER
5530 OVERLAND AVE, SUITE 410, SAN DIEGO, CA 92123-1261

May 3, 2023

Lisa Kurokawa, Chief
Compliance Audits Bureau
Division of Audits
State Controller's Office
PO Box 942850
Sacramento, CA 94250

Dear Ms. Kurokawa:

COUNTY OF SAN DIEGO RESPONSE TO DRAFT AUDIT REPORT FOR THE CHILD ABDUCTION RECOVERY PROGRAM: FISCAL YEARS 2017/18 THROUGH 2020/2021.

Thank you for giving the County the opportunity to review the draft audit report. As reported, the County claimed costs of $3,433,637 during the audit period. Of this amount, the audit found $43,026 allowable and $3,390,611 unallowable. The primary grounds stated in the audit for the costs being unallowable were that the County did not provide contemporaneous supporting documentation and did not claim actual costs. The County generally does not concur with the findings and disallowance of costs. A response to each of the findings is provided below:

Finding 1 – Unsupported Salaries, Benefits, and Related Indirect Costs

The County claimed unallowable salaries and benefits costs of $3,056,139 and related unallowable indirect costs of $180,311 totaling $3,236,450 for the audit period.

Response:

The County respectfully disagrees with this finding and disallowance of costs.

The San Diego County District Attorney's Office (DAO) supported the salaries and benefits costs with reports from the County's timekeeping software - Kronos, time studies, and PeopleSoft Budget Unit Labor Cost reports (BULC). Kronos entries are made by DAO Custody of Minors - Child Abduction and Recovery Program (CARP) funded employees and approved by their supervisors each bi-weekly pay period, contemporaneous to the time worked. To corroborate the Kronos reports, DAO provided bi-weekly time studies to reflect the reimbursable/non-reimbursable activities and BULC reports to reflect employees, classifications, and other salary/benefit information. DAO staff members additionally provided case notes and redacted records.

As the audit noted, the corroborating time studies were not always submitted on time. DAO plans to implement changes to further substantiate costs using available County systems and resources.

Finding 2 – Overstated Materials and Supplies Costs

The County claimed unallowable materials and supplies costs totaling $154,161 for the audit period.

Response:

The County concurs with this finding and disallowance of costs.

The mandated program's parameters and guidelines provide: "The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate" (Amendment to Parameters and Guidelines 05-PGA-26 (CSM 4237), page 3). The DAO interpreted this to apply the commonly accepted practice among cost sharing programs that the proportional share of usage is applied to the appropriate program. The DAO will implement changes to ensure that only expenditures which can be identified as a direct cost of the mandate and are supported by source documentation are claimed.

The DAO has a strong record of successfully reuniting children with their custodial parents and legal guardians from whom they were unlawfully taken. During this audit period, the DAO reunited 182 children with their custodial parents and guardians, demonstrating the reunification services were successfully performed as required by the CARP mandate. Though the audit report reflects no assertions of the inappropriate use of funds, the claimed expenditures for salary and benefits were disallowed in their entirety and only $2,936 in materials and supplies costs were allowed.

The recovery of children who have been illegally taken from their custodial parent or guardian is a highly sensitive and complex duty. These potentially volatile cases are carefully handled by our expert and highly professional Child Abduction Unit staff. To allow less than 2% of the claimed costs (or a total of $43,026) for a multimillion-dollar program is patently unreasonable. Accordingly, the County disagrees with the findings and disallowance of costs and reserves the right to file an "Incorrect Reduction Claim" with the Commission on State Mandates within three years of the SCO's notification of adjustment.

If you have any questions, please contact Karl Halbritter of the District Attorney's Office at (619) 515-8710.

Sincerely,

TRACY DRAGER
Auditor and Controller

PRGA:MHW:tw

Attachment

c: Luis Mallett, Chief District Attorney Administrative Officer, District Attorney's Office
Karl Halbritter, Legal Operations Administrator, District Attorney's Office
Julie Sexauer, Financial Policy and Planning Officer, District Attorney's Office
Jacob Breillatt, Administrative Analyst, District Attorney's Office
Rosemarie Degracia, Group Finance Director, Public Safety
Babette Baltazar, Manager, Auditor & Controller
Michele Wilroy, Principal Accountant, Auditor & Controller

**State Controller's Office**
**Division of Audits**
**Post Office Box 942850**
**Sacramento, CA 94250**

**www.sco.ca.gov**

# SHASTA COUNTY

Audit Report

## CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM

Chapter 1399, Statutes of 1976;
and Chapter 162, Statutes of 1992;
and Chapter 988, Statutes of 1996

*July 1, 2017, through June 30, 2021*

MALIA M. COHEN
California State Controller

August 2023

MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

August 23, 2023

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Nolda Short, Auditor-Controller
Shasta County
1450 Court Street, Suite 238
Redding, CA 96001

Dear Ms. Short:

The State Controller's Office audited the costs claimed by Shasta County for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2017, through June 30, 2021.

The county claimed $1,204,994 for costs of the mandated program. Our audit found that $12,410 is allowable and $1,192,584 is unallowable. The costs are unallowable primarily because the county's time records do not show the actual hours devoted to each mandated function or the validity of such costs. In addition, the county claimed costs that were allocated to the program instead of actual direct costs incurred to implement the mandated activities. The State paid the county $1,203,448.

Following issuance of this audit report, the Local Government Programs and Services Division of the State Controller's Office will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

If you have any questions, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at (916) 327-3138.

Sincerely,

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

KT/rs

cc: Rich Vietheer, Assistant Auditor-Controller
Shasta County
Michelle Gambill, Chief Deputy Auditor
Shasta County Auditor-Controller's Office
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Ted Doan, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Everett Luc, Supervisor
Local Reimbursement Section
State Controller's Office

# Contents

**Audit Report**

**Summary** ..... 1

**Background** ..... 1

**Audit Authority** ..... 2

**Objective, Scope, and Methodology** ..... 2

**Conclusion** ..... 3

**Follow-up on Prior Audit Findings** ..... 3

**Views of Responsible Officials** ..... 3

**Restricted Use** ..... 4

**Schedule—Summary of Program Costs** ..... 5

**Findings and Recommendations** ..... 7

**Attachment—County's Response to Draft Audit Report**

# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by Shasta County for the legislatively mandated Custody of Minors – Child Abduction and Recovery (CAR) Program for the period of July 1, 2017, through June 30, 2021.

The county claimed $1,204,994 for costs of the mandated program. Our audit found that $12,410 is allowable and $1,192,584 is unallowable. The costs are unallowable primarily because the county's time records do not show the actual hours devoted to each mandated function or the validity of such costs. In addition, the county claimed costs that were allocated to the program instead of actual direct costs incurred to implement the mandated activities. The State paid the county $1,203,448.

## Background

Chapter 1399, Statutes of 1976, established the mandated CAR Program, based on the following laws:

- Civil Code section 4600.1 (repealed and added as Family Code sections 3060 through 3064 by Chapter 162, Statutes of 1992);
- Penal Code (PC) sections 278 and 278.5 (repealed and added as PC sections 277, 278, and 278.5 by Chapter 988, Statutes of 1996); and
- Welfare and Institutions Code section 11478.5 (repealed and added as Family Code section 17506 by Chapter 478, Statutes of 1999; last amended by Chapter 759, Statutes of 2002).

These laws require the District Attorney's (DA's) Office to assist persons having legal custody of a child in:

- Locating their children when they are unlawfully taken away;
- Gaining enforcement of custody and visitation decrees and orders to appear;
- Defraying expenses related to the return of an illegally detained, abducted, or concealed child;
- Civil court action proceedings; and
- Guaranteeing the appearance of offenders and minors in court actions.

On September 19, 1979, the State Board of Control (now the Commission on State Mandates) determined that this legislation imposed a state mandate reimbursable under Government Code (GC) section 17561.

The parameters and guidelines establish the state mandate and defines reimbursement criteria. The Commission on State Mandates adopted the parameters and guidelines on January 21, 1981; they were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues the *Mandated Cost Manual for Local Agencies (Mandated Cost Manual)* for mandated programs to assist local agencies in claiming reimbursable costs.

## Audit Authority

We conducted this performance audit in accordance with GC sections 17558.5 and 17561, which authorize the SCO to audit the county's records to verify the actual amount of the mandated costs. In addition, GC section 12410 provides the SCO with general authority to audit the disbursement of state money for correctness, legality, and sufficient provisions of law.

## Objective, Scope, and Methodology

The objective of our audit was to determine whether costs claimed represent increased costs resulting from the legislatively mandated CAR Program. Specifically, we conducted this audit to determine whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive. Unreasonable and/or excessive costs include ineligible costs that are not identified in the program's parameters and guidelines as reimbursable costs.

The audit period was July 1, 2017, through June 30, 2021.

To achieve our objective, we performed the following procedures:

- We reviewed the annual mandated cost claims filed by the county for the audit period and identified the significant cost components of each claim as salaries and benefits, materials and supplies, travel and training, and indirect costs. We determined whether there were any errors or unusual or unexpected variances from year to year. We reviewed the activities claimed to determine whether they adhered to the SCO's *Mandated Cost Manual* and the program's parameters and guidelines.
- We completed an internal control questionnaire by interviewing key county staff members. We discussed the claim preparation process with county staff to determine what information was obtained, who obtained it, and how it was used.
- We reviewed payroll records for claimed employees. We noted that the records provided as support for the claimed costs did not meet the requirements of the program's parameters and guidelines (see Finding 1).
- We reviewed claimed materials and supplies costs, and found that the county claimed costs that were allocated to the CAR Program (Project Code DA 0006) as direct costs applicable to the mandated program, although the costs were not actual costs supported by source documentation. Per the program's parameters and guidelines, only actual costs are allowed. We found $70,655 in materials and supplies costs to be unallowable (see Finding 2).
- We reviewed claimed travel and training costs, and found that the county claimed costs that were allocated to the CAR Program (Project Code DA 0006) as direct costs applicable to the mandated program, although the costs were not actual costs supported by source documentation. Per the program's parameters and guidelines, only actual costs are allowed. We found $11,484 in travel and training costs to be unallowable (see Finding 3).

- We reviewed the claimed indirect cost rates, including supporting documentation provided by the county. We found that the indirect cost rates were properly supported.
- We interviewed county personnel and reviewed the county's Single Audit Reports and revenue reports to identify potential sources of offsetting revenues and reimbursements from federal or pass-through programs applicable to this mandated program. We found that the county did not receive offsetting revenue for this mandate during the audit period.

We did not audit the county's financial statements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Conclusion

As a result of performing the audit procedures, we found instances of noncompliance with the requirements described in our audit objective. We did not find that Shasta County claimed costs that were funded by other sources; however, we did find that it claimed unsupported and ineligible costs, as quantified in the Schedule and described in the Findings and Recommendations section.

For the audit period, the county claimed $1,204,994 for costs of the legislatively mandated CAR Program. Our audit found that $12,410 is allowable and $1,192,584 is unallowable. The State paid the county $1,203,448.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

## Follow-up on Prior Audit Findings

Shasta County has satisfactorily resolved the findings noted in our prior audit report for the period of July 1, 2003, through June 30, 2006, issued on November 26, 2008.

The prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

## Views of Responsible Officials

We issued a draft audit report on June 8, 2023. Shasta County's representative responded by letter dated June 19, 2023, agreeing with the audit results. This final audit report includes the county's response as an attachment.

## Restricted Use

This audit report is solely for the information and use of Shasta County, the California Department of Finance, and the SCO; it is not intended to be, and should not be, used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record and is available on the SCO website at www.sco.ca.gov.

*Original signed by*

KIMBERLY TARVIN, CPA
Chief, Division of Audits

August 23, 2023

# Schedule—
# Summary of Program Costs
# July 1, 2017, through June 30, 2021

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment | Reference[1] |
|---|---|---|---|---|
| July 1, 2017, through June 30, 2018 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 227,764 | - | $ (227,764) | Finding 1 |
| Materials and supplies | 18,042 | 2,545 | (15,497) | Finding 2 |
| Travel and training | 6,332 | 1,677 | (4,655) | Finding 3 |
| Total direct costs | 252,138 | 4,222 | (247,916) | |
| Indirect costs | 75,709 | - | (75,709) | Finding 1 |
| Total program costs[2, 4] | $ 327,846 | 4,222 | $ (323,624) | |
| Less amount paid by the State[3] | | (326,300) | | |
| Amount paid in excess of allowable costs claimed | | $ (322,078) | | |
| July 1, 2018, through June 30, 2019 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 188,670 | - | $ (188,670) | Finding 1 |
| Materials and supplies | 21,285 | 1,538 | (19,747) | Finding 2 |
| Travel and training | 3,599 | 1,204 | (2,395) | Finding 3 |
| Total direct costs | 213,553 | 2,741 | (210,812) | |
| Indirect costs | 67,978 | - | (67,978) | Finding 1 |
| Total program costs[4] | $ 281,530 | 2,741 | $ (278,789) | |
| Less amount paid by the State[3] | | (281,530) | | |
| Amount paid in excess of allowable costs claimed | | $ (278,789) | | |
| July 1, 2019, through June 30, 2020 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 202,778 | - | $ (202,778) | Finding 1 |
| Materials and supplies | 21,729 | 2,096 | (19,633) | Finding 2 |
| Travel and training | 4,753 | 2,279 | (2,474) | Finding 3 |
| Total direct costs | 229,260 | 4,375 | (224,885) | |
| Indirect costs | 58,664 | - | (58,664) | Finding 1 |
| Total program costs[4] | $ 287,923 | 4,375 | $ (283,548) | |
| Less amount paid by the State[3] | | (287,923) | | |
| Amount paid in excess of allowable costs claimed | | $ (283,548) | | |

# Schedule (continued)

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment | Reference[1] |
|---|---|---|---|---|
| July 1, 2020, through June 30, 2021 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits | $ 221,301 | - | $ (221,301) | Finding 1 |
| Materials and supplies | 16,850 | 1,072 | (15,778) | Finding 2 |
| Travel and training | 1,960 | - | (1,960) | Finding 3 |
| Total direct costs[4] | 240,110 | 1,072 | (239,038) | |
| Indirect costs | 67,585 | - | (67,585) | Finding 1 |
| Total program costs | $ 307,695 | 1,072 | $ (306,623) | |
| Less amount paid by the State[3] | | (307,695) | | |
| Amount paid in excess of allowable costs claimed | | $ (306,623) | | |
| Summary: July 1, 2017, through June 30, 2021 | | | | |
| Direct Costs: | | | | |
| Salaries and benefits[4] | $ 840,511 | - | $ (840,511) | Finding 1 |
| Materials and supplies | 77,905 | 7,250 | (70,655) | Finding 2 |
| Travel and training | 16,644 | 5,160 | (11,484) | Finding 3 |
| Total direct costs | 935,060 | 12,410 | (922,650) | |
| Indirect costs[4] | 269,935 | - | (269,935) | Finding 1 |
| Total program costs[4] | $ 1,204,994 | 12,410 | $ (1,192,584) | |
| Less amount paid by the State[3] | | (1,203,448) | | |
| Amount paid in excess of allowable costs claimed | | $ (1,191,038) | | |

[1] See the Findings and Recommendations section.

[2] The county's original claim for fiscal year (FY) 2017-18 totaled $312,390 and was filed on time. The county submitted an amended claim on February 11, 2020, totaling $327,846. As the amended claim was filed after the filing deadline specified in the SCO's *Mandated Cost Manual*, the increased claimed costs, totaling $15,456, was subject to the late penalty specified by GC section 17568, equal to 10% of claimed costs, not to exceed $10,000. However, the allowable audited costs for the county's FY 2017-18 claim total $4,222, which is less than the amount originally claimed. Therefore, a late penalty is no longer applicable to the county's claim.

[3] Payment amount current as of July 5, 2023.

[4] Adjusted for immaterial rounding error.

# Findings and Recommendations

**FINDING 1— Unsupported salaries and benefit costs and related indirect costs**

Shasta County claimed $840,511 in salaries and benefits for the audit period. We determined that the entire amount is unallowable. The related unallowable indirect costs total $269,935, for total unallowable costs of $1,110,446. The costs are unallowable because the county's time records do not show the actual hours devoted to each mandated function or the validity of such costs, and the county claimed time for activities performed on "good cause" cases.

The following table summarizes the unallowable salaries, benefits, and related indirect costs claimed, and the audit adjustment by fiscal year:

| | | Fiscal Year | | | | |
|---|---|---|---|---|---|---|
| | | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Total** |
| Unallowable salaries | | $ (137,463) | $ (119,145) | $ (117,457) | $ (126,599) | $ (500,663) |
| Unallowable benefits | | (90,301) | (69,525) | (85,321) | (94,702) | (339,848) |
| Total unallowable salaries and benefits | **A** | $ (227,764) | $ (188,670) | $ (202,778) | $ (221,301) | (840,511) |
| Claimed indirect cost rate* | **B** | 33.24% | 36.03% | 28.93% | 30.54% | |
| Related indirect costs **(A x B)** | **C** | (75,709) | (67,978) | (58,664) | (67,585) | (269,935) |
| Audit Adjustment **(A + C)** | **D** | $ (303,473) | $ (256,648) | $ (261,442) | $ (288,886) | $ (1,110,446) |

*The indirect costs base includes salaries and benefits

**Slight differences due to rounding

The county claimed various employee classifications, including Chief of Investigations, Investigator, Investigative Assistant, Investigative Technician, and Deputy District Attorney, performed activities for the Complying with Court Orders cost component. During our fieldwork, the county explained that when preparing claims, the DA's Office uses data (i.e., hourly rate and benefits) from the payroll system, in combination with bi-weekly employee timesheets, to claim salaries and benefits costs. Both the payroll data and the bi-weekly timesheets are generated by the integrated system. Employees electronically sign and submit their timesheets on a bi-weekly basis.

The timesheets do not show the mandated functions performed for the program or the number of hours devoted to each function. The timesheets show how many hours an employee works per day within a two-week time period, as well as compensatory time and various types of paid time off. The timesheets indicate an "activity" code and various "project" codes. The main activity code "1100" indicates regular salaries. Following are some of the project codes used in the timesheets:

- DA 1000 – District Attorney Main
- DA 0006 – Child Abduction
- DA 0008 – Auto Insurance Fraud
- DA 0014 – Welfare Fraud
- DA 0015 – Consumer Fraud
- DA 0027 – OTS DUI Grant

Time recorded as Project Code DA 0006 indicates time spent on the CAR Program. Recorded time was also spent on other programs within the DA's Office, such as those noted in the list above. As evidenced in the timesheets, there is no breakdown within Project Code DA 0006 that shows how much time was spent on specific mandated activities. We noted that Investigative Technicians typically charge most of their time to the CAR Program, while employees in other classifications charge their time to various projects. For each fiscal year, payroll data is queried from the system, where time spent on Project Code DA 0006 can be grouped and summarized for each employee. The data for each employee is then further summarized and labeled as "child abduction hours" and the total hours for the fiscal year are then transferred to the mandated cost claims.

We reviewed the county's list of child abduction cases by fiscal year and noted that many of the cases were "good cause" cases. During a meeting with DA's Office staff, we confirmed that cases under PC section 278.7 (commonly referred to as "good cause" cases) are commonly worked on by Investigative Technicians; however, Investigators may also work on such cases, depending on staffing availability. Time spent on activities related to "good cause" cases is unallowable because the parameters and guidelines do not identify such cases as reimbursable costs. The parameters and guidelines incorporate requirements of PC sections 278 and 278.5, as amended by Chapter 988, Statutes of 1996. This law, known as the Parental Kidnapping Prevention Act, also added PC section 278.7. However, PC section 278.7 was not incorporated into the parameters and guidelines; therefore, any costs claimed under this section are not reimbursable.

Based on the documentation provided, we were unable to determine the mandated functions performed or the actual number of hours devoted to each function. Without a description of the mandated functions, we are unable to determine whether the county claimed unallowable costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court; time associated with "good cause" cases; or any other unallowable activities.

Section VII., "Claim Preparation and Submission," of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

Section V., "Reimbursable Costs," of the parameters and guidelines states, in part:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity

in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County's Response

We understand that our program must comply with state regulations. We want to reassure you that we are willing to cooperate with your team to ensure that our program meets all the necessary standards. We have established a plan of action to address all the concerns outlined in your report. Our team has taken immediate steps to implement corrective actions, which will ensure that our program remains in compliance with state regulations.

**FINDING 2— Overstated materials and supplies costs**

The county claimed a total of $77,905 in materials and supplies costs for the audit period. We determined that $7,250 is allowable and $70,655 is unallowable. The costs are unallowable because the county claimed costs that were allocated to the CAR Program instead of actual costs supported by source documentation, as required by the program's parameters and guidelines.

The following table shows the materials and supplies costs claimed, the allowable costs, and the audit adjustment by fiscal year:

| Fiscal Year | Amount Claimed | Total Allowable | Audit Adjustment |
|---|---|---|---|
| 2017-18 | $ 18,042 | $ 2,545 | $ (15,497) |
| 2018-19 | 21,285 | 1,538 | (19,747) |
| 2019-20 | 21,729 | 2,096 | (19,633) |
| 2020-21 | 16,850 | 1,072 | (15,778) |
| Total | $ 77,905 | $ 7,250 | $ (70,655) |

The county claimed materials and supplies costs for the following object codes:

| Obj/Revenue | Description | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 | Total |
|---|---|---|---|---|---|---|
| 32500 | Communications | $ 826 | $ 1,234 | $ 1,288 | $ 1,062 | $ 4,410 |
| 32591 | IT Communications | 392 | 604 | 631 | - | 1,627 |
| 35500 | Small Tools & Equip. (cell phone) | 437 | - | - | - | 437 |
| 32992 | FM Household Expense | 1,930 | 2,690 | 3,159 | - | 7,780 |
| 33791 | FM Maintenance of Structures | 1,514 | 1,911 | 1,580 | - | 5,005 |
| 34537 | Books | | | 1,095 | | 1,095 |
| 34890 | FM Professional Services | 193 | - | - | - | 193 |
| 35100 | Rents & Leases of Equip. (copier) | 152 | 352 | - | - | 504 |
| 36100 | Utilities | 1,765 | 1,666 | 1,650 | - | 5,081 |
| 32300 | Clothing/Personal Supplies | 554 | 296 | 220 | 332 | 1,402 |
| 34500 | Office Expense | 19 | - | 150 | 740 | 909 |
| 34527 | Office Expense - Printing IKON | 128 | 135 | - | - | 262 |
| 34835 | Prof. Photo - Cert. Records | 354 | - | - | - | 354 |
| 33592 | IT Maintenance of Equip. | 281 | - | - | - | 281 |
| 34860 | Prof Benefits Admin Services (JALAN) | 4,326 | 4,182 | 3,175 | 3,840 | 15,524 |
| 34892 | IT Professional Service | 5,136 | 8,064 | 8,780 | 10,876 | 32,856 |
| 34100 | Memberships | 36 | 151 | - | - | 187 |
| | | $ 18,042 | $ 21,285 | $ 21,729 | $ 16,850 | $ 77,905 |

We judgmentally selected a total of six object codes for review, as the county claimed a material amount over the four-year audit period. The selected object codes included the following:

- 32500 – Communications
- 32992 – FM Household Expense
- 33791 – FM Maintenance of Structures
- 36100 – Utilities
- 34860 – Professional Benefits Admin Services (JALAN)
- 34892 – IT Professional Service

We inquired with the DA's Office how the claimed materials and supplies costs were calculated. DA's Office staff explained that each program within the DA's Office is assigned an allocation percentage, which is applied to the total expenses of all programs. Therefore, for the CAR Program (Project Code DA 0006), the direct costs claimed were allocated from a larger pool of DA's Office costs. Per DA's Office representatives, the CAR Program is about 3.24% of the DA's Office total expenses. In addition to the CAR Program, the DA's Office participates in approximately 18 other programs, each of which is assigned an allocation percentage. The DA's Office refers to the percentages as "splits" or "spreads."

For the selected object codes, the DA's Office calculates the "splits" on a monthly basis and then totals them at year-end to arrive at a dollar amount to include on the mandated cost claims. We performed a rough calculation for FY 2017-18, and the monthly splits did not equate to 3.24%; there were some variances.

In order to gain a basic understanding of the DA Office's methodology, we inquired how the 3.24% is derived. The DA's Office explained that it totals the number of people working on the program and the total dollar amount assigned to the program and divides this number by the total of all programs. However, we noted that regardless of the exact "split" percentage used for the CAR Program for each fiscal year, the county claimed costs based on an allocation method and did not claim actual direct costs to the program that were supported by source documentation.

The following table shows the total costs claimed for each of the six object codes reviewed, and the related audit adjustments by fiscal year:

| Obj/Revenue | Description | Total Claimed | Total Allowable | Audit Adjustment |
|---|---|---|---|---|
| 32500 | Communications | $ 4,410 | $ - | $ (4,410) |
| 32992 | FM Household Expense | 7,780 | - | (7,780) |
| 33791 | FM Maintenance of Structures | 5,005 | - | (5,005) |
| 36100 | Utilities | 5,081 | - | (5,081) |
| 34860 | Prof Benefits Admin Services (JALAN) | 15,524 | - | (15,524) |
| 34892 | IT Professional Service | 32,856 | - | (32,856) |
| | | $ 70,655 | $ - | $ (70,655) |

Section V., "Reimbursable Costs," of the parameters and guidelines states, in part:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County's Response

> We understand that our program must comply with state regulations. We want to reassure you that we are willing to cooperate with your team to ensure that our program meets all the necessary standards. We have established a plan of action to address all the concerns outlined in your report. Our team has taken immediate steps to implement corrective actions, which will ensure that our program remains in compliance with state regulations.

**FINDING 3— Overstated travel and training costs**

The county claimed a total of $16,644 in travel and training costs for the audit period. We determined that $5,160 is allowable and $11,484 is unallowable. The costs are unallowable because the county claimed costs that were allocated to the CAR Program instead of actual costs to implement the mandated activities supported by source documentation, as required by the program's parameters and guidelines.

The following table shows the travel and training costs claimed, the allowable costs, and the audit adjustment by fiscal year:

| Fiscal Year | Amount Claimed | Total Allowable | Audit Adjustment |
|---|---|---|---|
| 2017-18 | $ 6,332 | $ 1,677 | $ (4,655) |
| 2018-19 | 3,599 | 1,204 | (2,395) |
| 2019-20 | 4,753 | 2,279 | (2,474) |
| 2020-21 | 1,960 | - | (1,960) |
| Total | $ 16,644 | $ 5,160 | $ (11,484) |

The county did not claim training costs within the category of travel and training. The county claimed costs for the following three object codes:

| Obj/Revenue | Description | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2020-21 | Total |
|---|---|---|---|---|---|---|
| 35900 | Transportation & Travel | $ 177 | $ 150 | $ 2,279 | $ - | $ 2,606 |
| 35940 | Fuel | 1,500 | 1,053 | - | - | 2,554 |
| 35990 | Vehicle Maintenance Services | 4,655 | 2,395 | 2,474 | 1,960 | 11,484 |
| | | $ 6,332 | $ 3,599 | $ 4,753 | $ 1,960 | $ 16,644 |

Through our discussions with DA's Office staff, we found that the Transportation and Travel code is used for case-related travel expenses such as flights and hotels; the Fuel code is used for fuel charges (actual fuel fill-ups) by employees assigned to the CAR Program; and the Vehicle Maintenance Services code is used for maintenance of vehicles used by DA's Office staff. We judgmentally selected object code 35990 (Vehicle Maintenance Services) for review, as the county claimed a material amount over the four-year audit period.

We inquired with DA's Office staff how the claimed Vehicle Maintenance Services costs were calculated. The DA's Office explained that each program within the DA's Office is assigned an allocation percentage, which is applied against the total expenses of all programs. Therefore, for the CAR Program, the direct costs claimed were allocated from a larger pool of DA's Office costs. Per the DA's Office, the CAR Program represents approximately 3.24% of DA's Office total expenses. In addition to the CAR Program, the DA's Office participates in approximately 18 other programs, each of which is assigned an allocation percentage. The DA's Office refers to the percentages as "splits" or "spreads."

For Vehicle Maintenance Services specifically, the total monthly charges for the DA's Offices' are generated by Fleet Billing. The DA's Office then spreads the total amount amongst approximately eight different programs, including the CAR Program (Project Code DA 0006). The monthly amounts are then totaled at year-end to arrive at a dollar amount to include on the mandated cost claims. We performed a rough calculation for FY 2017-18, and the monthly splits did not equate to 3.24%; there were some variances.

In order to gain a basic understanding of the DA's Office methodology, we inquired how the 3.24% is derived. The DA's Office explained that it totals the number of people working on the program and the total dollar amount assigned to the program and divides this number by the total of all programs. However, we noted that regardless of the exact "split" percentage used for the CAR Program for each fiscal year, the county claimed costs based on an allocation method and did not claim actual direct costs to the program that were supported by source documentation.

Section V., "Reimbursable Costs," of the parameters and guidelines states, in part:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs include only eligible costs, are based on actual costs, and are properly supported.

County's Response

> We understand that our program must comply with state regulations. We want to reassure you that we are willing to cooperate with your team to ensure that our program meets all the necessary standards. We have established a plan of action to address all the concerns outlined in your report. Our team has taken immediate steps to implement corrective actions, which will ensure that our program remains in compliance with state regulations.

# Attachment—
# County's Response to Draft Audit Report

Office of the District Attorney
Stephanie A. Bridgett

*Seek truth - Do Justice*

---

**TO: California State Controller's Office**

**CC: Nolda Short, Auditor-Controller**

**FROM: Stephanie Bridgett, District Attorney**

**DATE: June 19, 2023**

**SUBJECT: SB90 Audit Response**

Thank you for the opportunity to respond to the audit your agency conducted regarding our Child Abduction Unit. Below is our response to the three findings:

Finding I – Unsupported salaries & benefit cost and related indirect costs

- We understand that our program must comply with state regulations. We want to reassure you that we are willing to cooperate with your team to ensure that our program meets all the necessary standards. We have established a plan of action to address all the concerns outlined in your report. Our team has taken immediate steps to implement corrective actions, which will ensure that our program remains in compliance with state regulations.

Finding 2 – Overstated materials and supplies costs

- We understand that our program must comply with state regulations. We want to reassure you that we are willing to cooperate with your team to ensure that our program meets all the necessary standards. We have established a plan of action to address all the concerns outlined in your report. Our team has taken immediate steps to implement corrective actions, which will ensure that our program remains in compliance with state regulations.

Finding 3 – Overstated travel and training costs

- We understand that our program must comply with state regulations. We want to reassure you that we are willing to cooperate with your team to ensure that our program meets all the necessary standards. We have established a plan of action to address all the concerns outlined in your report. Our team has taken immediate steps to implement corrective actions, which will ensure that our program remains in compliance with state regulations.

Office of the District Attorney
Stephanie A. Bridgett

We appreciate your efforts in highlighting the areas of improvement in our program. We acknowledge the issues identified by your team during the audit. We take your report seriously, and we would like to express our commitment to resolving these issues.

Additionally, thank you for your suggestion to contact the Sacramento County District Attorney's Office to seek insight on how to operate our units tracking and reporting practices. At this time, we are researching the costs associated with the development of a very robust SB90 tracking program to mimic Sacramento County.

We appreciate your continued support as we work to incorporate the necessary change and improvements. Your feedback and input will be invaluable as we strive to provide high-quality services to our community.

Thank you again for your assistance and guidance during this process. If you have further suggestions or recommendations, please do not hesitate to reach out to us.

Sincerely,

Stephanie A. Bridgett

Shasta County District Attorney

**State Controller's Office**
**Division of Audits**
**Post Office Box 942850**
**Sacramento, CA 94250**

**www.sco.ca.gov**

# ORANGE COUNTY

Audit Report

## CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM

Chapter 1399, Statutes of 1976;
and Chapter 162, Statutes of 1992;
and Chapter 988, Statutes of 1996

*July 1, 2018, through June 30, 2022*

MALIA M. COHEN

CALIFORNIA STATE CONTROLLER

December 2024

MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

December 6, 2024

CERTIFIED MAIL—RETURN RECEIPT REQUESTED

Mr. Andrew Hamilton, CPA, Auditor-Controller
Orange County
1770 North Broadway
Orange, CA 92706

Dear Mr. Hamilton:

The State Controller's Office audited the costs claimed by Orange County (the county) for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2018, through June 30, 2022.

The county claimed and was paid $3,074,047 for costs of the mandated program. Our audit found that $3,891 is allowable and $3,070,156 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.

Following issuance of this audit report, the Local Government Programs and Services Division of the State Controller's Office will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

This audit report contains an adjustment to costs claimed by the county. If you disagree with the audit finding, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (Commission). Pursuant to the Commission's regulations, outlined in Title 2, California Code of Regulations, section 1185.1(c), an IRC challenging this adjustment must be filed with the Commission no later than three years following the date of this report, regardless of whether this report is subsequently supplemented, superseded, or otherwise amended. IRC information is available on the Commission's website at www.csm.ca.gov/forms/IRCForm.pdf.

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250
SACRAMENTO 3301 C Street, Suite 700, Sacramento, CA 95816 | 916.324.8907
LOS ANGELES 901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754 | 323.981.6802

If you have any questions regarding this report, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at 916-327-3138. Thank you.

Sincerely,

*Original signed by*

Kimberly A. Tarvin, CPA
Chief, Division of Audits

KAT/rs

Copy: Kenneth Brockbank, Senior Fiscal Manager
Orange County District Attorney's Office
Jaimie Nguyen, Administrative Manager
Orange County District Attorney's Office
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Kaily Yap, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursements Section
State Controller's Office
Everett Luc, Supervisor
Local Reimbursements Section
State Controller's Office

# Contents

**Audit Report**

**Summary** ..... 1

**Background** ..... 1

**Audit Authority** ..... 2

**Objective, Scope, and Methodology** ..... 2

**Conclusion** ..... 3

**Follow-up on Prior Audit Findings** ..... 3

**Views of Responsible Officials** ..... 3

**Restricted Use** ..... 3

**Schedule—Summary of Program Costs** ..... 4

**Finding and Recommendation** ..... 6

**Attachment—County's Response to Draft Audit Report**

# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by Orange County (the county) for the legislatively mandated Custody of Minors – Child Abduction and Recovery (CAR) Program for the period of July 1, 2018, through June 30, 2022.

The county claimed and was paid $3,074,047 for costs of the mandated program. Our audit found that $3,891 is allowable and $3,070,156 is unallowable. The costs are unallowable primarily because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.

## Background

Chapter 1399, Statutes of 1976, established the mandated CAR Program, based on the following laws:

- Civil Code section 4600.1 (repealed and added as Family Code Sections 3060 through 3064 by Chapter 162, Statutes of 1992);
- Penal Code (PC) sections 278 and 278.5 (repealed and added as PC sections 277, 278, and 278.5 by Chapter 988, Statutes of 1996); and
- Welfare and Institutions Code section 11478.5 (repealed and added as Family Code section 17506 by Chapter 478, Statutes of 1999; last amended by Chapter 759, Statutes of 2002).

These laws require the District Attorney's (DA's) Office to assist persons having legal custody of a child in:

- Locating their children when they are unlawfully taken away;
- Gaining enforcement of custody and visitation decrees and orders to appear;
- Defraying expenses related to the return of an illegally detained, abducted, or concealed child;
- Civil court action proceedings; and
- Guaranteeing the appearance of offenders and minors in court actions.

On September 19, 1979, the State Board of Control (now the Commission on State Mandates [Commision]) determined that this legislation imposed a state mandate reimbursable under Government Code (GC) section 17561.

The parameters and guidelines establish the state mandate and define reimbursement criteria. The Commission adopted the parameters and guidelines on January 21, 1981; they were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues the *Mandated Cost Manual for Local Agencies (Mandated Cost Manual)* for mandated programs to assist local agencies in claiming reimbursable costs.

## Audit Authority

We conducted this performance audit in accordance with GC sections 17558.5 and 17561, which authorize the SCO to audit the county's records to verify the actual amount of the mandated costs. In addition, GC section 12410 provides the SCO with general authority to audit the disbursement of state money for correctness, legality, and sufficient provisions of law for payment.

## Objective, Scope, and Methodology

The objective of our audit was to determine whether claimed costs represent increased costs resulting from the legislatively mandated CAR Program. Specifically, we conducted this audit to determine whether claimed costs were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

The audit period was July 1, 2018, through June 30, 2022.

To achieve our objective, we performed the following procedures:

- We reviewed the annual mandated cost claims filed by the county for the audit period and identified the significant cost components of each claim as salaries and benefits, travel and training, and indirect costs. We determined whether there were any errors or unusual or unexpected variances from year to year. Then we reviewed the activities claimed to determine whether they adhered to the SCO's *Mandated Cost Manual* and the program's parameters and guidelines.
- We completed an internal control questionnaire by interviewing key county staff. We discussed the claim preparation process with county staff to determine what information was obtained, who obtained it, and how it was used.
- We reviewed payroll records for claimed employees. We noted that the records provided as support for the claimed costs did not meet the requirements of the program's parameters and guidelines (see the Finding).
- We reviewed the claimed indirect cost rates, including supporting documentation provided by the county. We found that the indirect cost rates were properly supported.
- We reviewed the county's single audit and revenue reports to identify potential sources of offsetting revenues and reimbursements from federal or pass-through programs applicable to this mandated program. The county did not claim offsetting revenues for the audit period, and we found no instances of unreported offsetting revenue. We noted no exceptions.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Conclusion

As a result of performing the audit procedures, we found that the county did not comply with the requirements described in our audit objective. We did not find that the county claimed costs that were funded by other sources; however, we did find that it claimed unsupported and ineligible costs, as quantified in the Schedule and described in the Finding and Recommendation section.

For the audit period, the county claimed and was paid $3,074,047 for costs of the legislatively mandated CAR Program. Our audit found that $3,891 is allowable and $3,070,156 is unallowable.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

## Follow-up on Prior Audit Findings

The county has satisfactorily resolved the finding noted in our prior audit report for the period of July 1, 1997, through June 30, 1998, issued on February 28, 2001. The prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

## Views of Responsible Officials

We issued a draft audit report on September 11, 2024. The county's representative responded by letter dated September 20, 2024, disagreeing with audit results. This final audit report includes the county's response as an attachment.

## Restricted Use

This audit report is solely for the information and use of the county, the California Department of Finance, and the SCO; it is not intended to be, and should not be, used by anyone other than these specified parties. This restriction is not intended to limit distribution of this audit report, which is a matter of public record and is available on the SCO website at www.sco.ca.gov.

*Original signed by*

Kimberly A. Tarvin, CPA
Chief, Division of Audits

December 6, 2024

# Schedule—
# Summary of Program Costs
# July 1, 2018, through June 30, 2022

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment[1] |
|---|---|---|---|
| July 1, 2018, through June 30, 2019 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 541,656 | $ - | $ (541,656) |
| Travel and training | 810 | 810 | - |
| Total direct costs | 542,466 | 810 | (541,656) |
| Indirect costs | 173,492 | - | (173,492) |
| Total direct and indirect costs | 715,958 | 810 | (715,148) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 715,958 | 810 | $ (715,148) |
| Less amount paid by the State [2] | | (715,958) | |
| Amount paid in excess of allowable costs claimed | | $ (715,148) | |
| July 1, 2019, through June 30, 2020 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 538,789 | $ - | $ (538,789) |
| Travel and training | 1,906 | 1,906 | - |
| Total direct costs | 540,695 | 1,906 | (538,789) |
| Indirect costs | 194,072 | - | (194,072) |
| Total direct and indirect costs | 734,767 | 1,906 | (732,861) |
| Less: offsetting revenue | - | | - |
| Total program costs | $ 734,767 | 1,906 | $ (732,861) |
| Less amount paid by the State [2] | | (734,767) | |
| Amount paid in excess of allowable costs claimed | | $ (732,861) | |

# Schedule (continued)

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment[1] |
|---|---|---|---|
| July 1, 2020, through June 30, 2021 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 612,707 | $ - | $ (612,707) |
| Travel and training | 625 | 625 | - |
| Total direct costs | 613,332 | 625 | (612,707) |
| Indirect costs | 218,981 | - | (218,981) |
| Total direct and indirect costs | 832,313 | 625 | (831,688) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 832,313 | 625 | $ (831,688) |
| Less amount paid by the State [2] | | (832,313) | |
| Amount paid in excess of allowable costs claimed | | $ (831,688) | |
| July 1, 2021, through June 30, 2022 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 580,026 | $ - | $ (580,026) |
| Travel and training | 550 | 550 | - |
| Total direct costs | 580,576 | 550 | (580,026) |
| Indirect costs | 210,433 | - | (210,433) |
| Total direct and indirect costs | 791,009 | 550 | (790,459) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 791,009 | 550 | $ (790,459) |
| Less amount paid by the State [2] | | (791,009) | |
| Amount paid in excess of allowable costs claimed | | $ (790,459) | |
| Summary: July 1, 2018, through June 30, 2022 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 2,273,178 | $ - | $ (2,273,178) |
| Travel and training | 3,891 | 3,891 | - |
| Total direct costs | 2,277,069 | 3,891 | (2,273,178) |
| Indirect costs | 796,978 | - | (796,978) |
| Total direct and indirect costs | 3,074,047 | 3,891 | (3,070,156) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 3,074,047 | 3,891 | $ (3,070,156) |
| Less amount paid by the State [2] | | (3,074,047) | |
| Amount paid in excess of allowable costs claimed | | $ (3,070,156) | |

[1] See the Finding and Recommendation section.

[2] Payment amount current as of November 12, 2024.

# Finding and Recommendation

**FINDING—**
**Unsupported salaries, benefits, and related indirect costs**

The county claimed $2,273,178 in salaries and benefits for the audit period. We determined that the entire amount is unallowable. The related unallowable indirect costs total $796,978, for total unallowable costs of $3,070,156. The costs are primarily unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.

Following is a summary of the unallowable salaries and benefits, the related indirect costs, and the audit adjustment:

| Cost Elements | | Fiscal Year 2018-19 | 2019-20 | 2020-21 | 2021-22 | Total |
|---|---|---|---|---|---|---|
| Total unallowable salaries and benefits | **A** | $ (541,656) | $ (538,789) | $ (612,707) | $ (580,026) | $ (2,273,178) |
| Claimed indirect cost rate | **B** | 32.03% | 36.02% | 35.74% | 36.28% | |
| Related indirect costs **[A×B]** | **C** | (173,492) | (194,072) | (218,981) | (210,433) | (796,978) |
| Audit Adjustment **[A+C]** | **D** | $ (715,148) | $ (732,861) | $ (831,688) | $ (790,459) | $ (3,070,156) |

The county provided two types of records to support the claimed hours: (1) monthly timesheets completed by employees to track time spent on child abduction and recovery activities; and (2) bi-weekly Virtual Timesheet Interface (VTI) time cards completed by employees documenting total hours worked. The employee classifications claimed included Deputy DAs, DA Investigators, and DA Investigative Assistants.

The VTI time card hours include employee hours charged to various pay codes. The VTI system is the countywide time system that interfaces with the Countywide Accounting and Personnel System.

The timesheet hours were split between Reimbursable and Non-Reimbursable categories. No further descriptions for the categories were included.

The Reimbursable categories included:

- Child Abduction 3130;
- Training Training/Investigation/Meeting 3130; and
- Overtime 3130.

The Non-Reimbursable categories included:

- Special Assignments;
- Court Time;
- Other/Misc;
- Vacation/Annual leave/Holiday;

- Compensatory Time/PIP; and
- Overtime.

**District Attorney Investigators and Investigative Assistants**

For fiscal year (FY) 2018-19 and FY 2019-20, the county provided timesheets and VTI time cards to support the hours claimed for the DA Investigators and DA Investigative Assistants. Neither timesheets nor VTI time cards include a description of the mandated activities performed. Without a description of the mandated functions performed, we were unable to verify that the claimed hours were for reimbursable activities.

For FY 2020-21 and FY 2021-22, the county provided VTI time cards only. These VTI time cards included job code "DA0110", specific to the CAR Program. Through discussions with DA's Office staff members, we determined that all of their time is charged to job code DA0110 because these positions spend all their time completing CAR Program duties. As evidenced on the VTI time cards, there is no breakdown within job code DA0110 that shows how much time was spent on specific mandated activities.

Furthermore, after discussions with DA's Office staff members, we determined that DA investigative assistants input reports for cases that fell under PC section 278.7 (commonly referred to as "good cause" cases) into the "good cause" database. Time spent on activities related to good-cause cases is unallowable because the parameters and guidelines do not identify such cases as reimbursable.

The parameters and guidelines incorporate requirements of PC sections 278 and 278.5, as amended by Chapter 988, Statutes of 1996. This law, known as the Parental Kidnapping Prevention Act, also added PC section 278.7. However, PC section 278.7 was not incorporated into the parameters and guidelines; therefore, no costs claimed under this section are reimbursable.

**Deputy District Attorney**

For the entire audit period, the county provided timesheets and VTI time cards to support the hours claimed for the Deputy DA. Neither timesheets nor VTI time cards include a description of the mandated activities performed. Without a description of the mandated functions performed, we were unable to verify that the claimed hours were for reimbursable activities.

In addition, we noted multiple inconsistencies with the FY 2020-21 and FY 2021-22 Deputy DA timesheets. The time sheets were often signed and dated several months after the end of the timesheet period. We also noted instances in which multiple timesheets had been signed and dated on the same date, indicating that they were not completed contemporaneously.

During audit fieldwork, the county provided documentation for three child-abduction cases, including case file notes, Minute Orders from the Superior Court of California for the County of Orange, as well as the timesheets and VTI time cards previously provided. The documents provided do not describe the mandated functions performed or specify the actual number of hours devoted to each function. Without the detail required by the parameters and guidelines, we cannot determine whether the documents provided and any associated time were claimed on a particular day.

Additionally, the county provided declarations from a Deputy DA and a Senior Fiscal Manager, as well as exhibits, including VTI time cards and organizational charts, that it had previously provided. Per the program's parameters and guidelines, signed declarations are considered corroborating documents and are not a substitute for source documents. Only actual costs traceable to source documents may be claimed for this program.

Criteria

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. **However, corroborating documents cannot be substituted for source documents** [emphasis added].

Section VI.A, "Non-Reimbursable Costs," of the parameters and guidelines states:

> Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

Section VII.A.1., "Salaries and Employees' Benefits" of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs are supported by source documentation.

County's Response

**A. The County Properly Submitted Claims for the Costs of Performing Reimbursable Activities In Compliance with the Parameters and Guidelines for the CAR Program and the Instructions and Forms Issued By the Controller, Which Were Supported by Source Documents**

Under article XIII B, section 6 of the state Constitution, which specifies that if the state imposes any "new program or higher level of service" on any local government (including a school district), the State must reimburse the locality for the costs of the program or increased level of service. California courts have recognized that the purpose of article XIII B, section 6, is to preclude the state from shifting financial responsibility for carrying out governmental functions to local agencies, which are ill equipped to assume increased financial responsibilities. (*Department of Finance v. Commission on State Mandates* (2003) 30 Cal.4th 727, 751–752.) Section 17561[1] is the primary code section that sets forth the State's duties once a mandate is determined by the Commission on State Mandates (the "Commission"). (*California School Bds. Assn. v. State of California* (2011) 192 Cal.App.4th 770, 787.) Section 17561, subdivision (a) states: "The state shall reimburse each local agency and school district for all 'costs mandated by the state,' as defined in Section 17514 and for legislatively determined mandates in accordance with Section 17573."

The Commission first determines whether a new program or higher level of service exists and whether there are actual, increased costs mandated by the state. (§§ 17514, 17551.) If these findings are made, the Commission determines the amount to be reimbursed to all local agencies and school districts by adopting parameters and guidelines. (§ 17557.) The parameters and guidelines identify the eligible claimants, period of reimbursement, reimbursable activities, and any offsetting revenues or savings. (Cal. Code Regs., tit. 2, § 1183.7.)

---

[1] All section references are to the Government Code unless otherwise specified.

After the adoption of the parameters and guidelines, the Commission submits the adopted parameters and guidelines to the Controller's Office to issue claiming instructions and to pay and audit reimbursement claims. (§§ 17558, 17560, 17561.) "The claiming instructions shall be derived from the test claim decision and the adopted parameters and guidelines, reasonable reimbursement methodology, or statute declaring a legislatively determined mandate." (§ 17558.)

Here, the parameters and guidelines for the CAR program were originally adopted in 1981, and the currently applicable parameters and guidelines were last amended in 2009. The Controller has also issued claiming instructions pursuant to Section 17558, which included the forms that delineate the information that the County is required to submit in support of its claims. For example, the Controller issued Form CAR-2, which refers to "Child Abduction And Recovery Component/Activity Cost Detail." Under box (03), the form requires claimants to: "Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity." A 2003 version of the form listed two available activities: "Compliance with Court Orders" and "Court Costs for Out-of-Jurisdiction Cases." The current 2022 version of Form CAR-2 expanded the list to the following four categories of reimbursable activities:

1. Compliance with Court Orders [Section V.B.1]
2. Court Costs for Out-of-Jurisdiction Cases [Section V.B.2]
3. Secure Appearance of Offender [Section V.B.2.b.(3)]
4. Return of Children to Custodian [Section V.B.2.b.(4)]

These four reimbursable activities correspond to the above referenced "Reimbursable Activities," of the parameters and guidelines. Thus, when the Controller has determined that additional detail regarding the nature of reimbursable activities performed is necessary to comply with the current parameters and guidance, the Controller has revised its claiming instructions and forms for the program in question.

Given the population of Orange County, the Orange County District Attorney performs the duties mandated by the CAR program by assigning an experienced Deputy District Attorney IV to the Child Abduction Unit (CAU), which is contained in the District Attorney's Family Protection Unit. The Deputy District Attorney is supported by a DA Investigator and an Investigative Assistant. As depicted in the organizational charts submitted by the County during the audit, the CAU is a dedicated unit that investigates and handles cases of missing children in civil and/or criminal court when the suspected abductor is a family member. Indeed, the fact that the Orange County District Attorney's office has a dedicated unit that focuses on performing the CAR program mandates further reduces the likelihood that the individuals assigned to unit are submitting hours for work unrelated to the CAR program. During the four-year audit period, the Orange County District Attorney's Office opened 246 civil cases and closed about 324 cases. Based on this work, the County submitted claims for

payment for $715,958, $734,767, $832,313 and $791,009 for Fiscal Years 2018-19 through 2021-22, respectively.

From FY 2018-19 to 2021-22, the County recorded and maintained employee time records using a Virtual Timesheet Interface (VTI) system. The VTI system is a countywide time system, which requires all County employees to record and submit their time on a biweekly basis. The County processes its payroll based on each employee's submittal of biweekly timesheets through VTI. Each time an employee submits their time sheet, they are required to state: "I certify to the best of knowledge that the above information is true and correct." Each employee's manager is then required to review and approve the submittal of the timesheet by stating: "I certify that I have reviewed and approved the above information." The contemporaneous certifications are set forth at the bottom of the VTI timesheet for each biweekly pay period. The timesheets that are submitted through VTI constitute a source document, which is created at or near the same time the actual cost was incurred for the event or activity in question. The VTI timesheets for the employees whose hours were listed in the County's claims for reimbursement were provided to the auditors.

The County also provided time logs, which were completed by the employees whose hours were listed in the County's claims for reimbursement, to the auditors. In most instances, these logs were prepared within a month of the period referenced. The logs consist of worksheets that were completed by hand by each employee for the period referenced, then signed by the employee and their supervisor. On the logs, the employee would allocate their time between reimbursable work and non-reimbursable work with the bulk of hours being allocated to the code "Child Abduction 3130." From FY 2018-19 to 2019-20, 22 out of 25 time logs were prepared and signed by the attorneys referenced within a month of the period at issue. Likewise, from FY 2018-19 to 2020-21, 31 out of 32 logs were completed within a month of the period referenced for the Investigator, and 34 out of 36 logs were completed within a month of the period referenced for the Investigative Assistant. Finally, beginning in March 2021 through the end of FY 2021-22, both the Investigator and Investigative Assistant began to directly code their time in VTI to code "DA0110," which refers to the CAR program. The time logs for the employees whose hours were listed in the County's claims for reimbursement were provided to the auditors.

The VTI timesheets and the time logs that the County employees submitted within a month of the period referenced clearly fall within the definition of a source document:

> A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

In addition, even the minority of time logs, which are not contemporaneous, can also be considered as corroborating evidence as worksheets that allocate the time depicted in the source documents between reimbursable and non-reimbursable activities.

Even though the employees were assigned to Family Protection with the assigned attorney Deputy District Attorney being specifically assigned to the Child Abduction Unit in Family Protection, the County did not simply claim the hours they worked as costs. Instead, the billing code of "3130," including Child Abduction 3130, on the time logs and "DA0110" on the VTI timesheets directly correspond to the reimbursable activity listed on Form CAR-2 (that was in effect at the time the County filed its claim) for "Compliance with Court Orders" and were used to calculate the hours that the County claimed for the performance of this activity. There is no finding in the Draft Audit that the hours claimed by the County were excessive or unreasonable. (See § 17561 [Controller may reduce any claim that the Controller determines is excessive or unreasonable].)

**B. The Disallowance of Almost All of the County's CAR Program Costs is Arbitrary and Capricious, and Lacks Evidentiary Support**

Consistent with the purpose of requiring the State to reimburse the actual costs of local agencies, the Government Code authorizes the Controller to audit claims to correct inaccurate fund disbursements. The draft audit cites Section 17558.5 of the Government Code, which provides: "A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."[2] Likewise, the draft audit cites Section 17561, which states that the Controller has the authority to audit the records of "any local agency or school district to verify the actual amount of the mandated costs" and "may reduce any claim that the Controller determines is excessive or unreasonable." Thus, courts have held that Section 17561 allows the Controller to correct inaccurate fund disbursements after auditing the local entity's supporting records. (See *California School Bds. Assn. v. State of California* (2011) 192 Cal.App.4th 770, 789 [this administrative power to adjust payments is not equivalent to stating that the Legislature has the authority to provide a nominal payment for a mandate].)

Here, notwithstanding the clear evidence that the County has incurred and submitted documented claims for costs resulting from the Orange County District Attorney's performance of the CAR program mandates, the Draft Audit disallows almost all costs incurred and claimed by the County. The auditor did not find that the County's costs were either excessive or unreasonable. Instead, the Draft Audit found: "The costs are primarily unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function."

[2] The County's claim for FY 2018-19 was submitted on February 5, 2020. The current audit was initiated on May 5, 2023, which is 3 years, 3 months, 14 days after the submittal of the claim. Thus, the disallowance of the amounts claimed for FY 2018-19 is untimely and should be withdrawn.

As noted by several other counties in response to similar audit findings by the Controller with respect to the CAR program, the Draft Audit appears to base this finding on a strained reading of the of the [sic] program's parameters and guidelines to broadly reject time records that established that County employees performed mandated activities, which had been acceptable for decades. For example, even though the Draft Audit acknowledges that the County provided time logs and VTI timesheets, which contain codes that directly correspond to the reimbursable activities identified in both the parameters and guidelines and the Controller's claiming instructions and forms, the Draft Audit states:

> Neither timesheets nor VTI timecards include a description of the mandated activities performed. Without a description of the mandated functions performed, we were unable to verify that the claimed hours were for reimbursable activities.

Implicit in this finding is the assumption that (1) the use of time codes that directly correspond to the reimbursable activities identified in parameters and guidelines and the Controller's claiming instructions is insufficient and (2) the parameters and guidelines require an unspecified level detail that goes beyond the stated requirements of the Controller's own claiming instructions and forms. The claiming instructions divide reimbursable activities into the four categories discussed above.[3] Indeed, the claiming instructions use the term function to refer to a description of the job duties of the employees who the County must list on Form CAR-2. The form requires the County: "To itemize costs for the activity checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses."

Orange County is not alone in having almost all its claimed costs disallowed based on this recent re-interpretation of the parameters and guidelines given that the Controller has made similar findings for other counties, which also resulted in the disallowance of almost all costs associated with the CAR program. Every county that has been audited

[3] If the parameters and guidelines required the level of detail implied by the Draft Audit beyond the use of billing codes that correspond to reimbursable activities such as a requiring a narrative description to accompany time entries, then the parameters and guidelines and claiming instructions would expressly state such a requirement, though doing so would itself create a reimbursable mandate.

since November 2022 had over 97 percent of its CAR program costs disallowed:

| County Name | Audit Date | Claimed Costs (A) | Disallowed Costs (B) | Disallowance Rate (B/A) |
|---|---|---|---|---|
| Sacramento | 2/23/2022 | $1,885,876 | $465,094 | 24.70% |
| Ventura | 11/28/2022 | $4,284,397 | $4,185,340 | 97.70% |
| San Joaquin | 5/2/2023 | $2,061,920 | $2,033,798 | 98.60% |
| Riverside | 6/30/2023 | $3,762,254 | $3,649,699 | 97.00% |
| San Diego | 7/14/2023 | $3,433,637 | $3,390,611 | 98.70% |
| Shasta | 8/23/2023 | $1,204,994 | $1,192,584 | 98.90% |
| Los Angeles | 5/2/2024 | $10,292,292 | $10,292,232 | 100% |
| San Luis Obispo | 8/22/2024 | $1,175,665 | $1,174,239 | 99.9% |
| Orange | N/A | $3,074,047 | $3,070,156 | 99.87% |

Like other counties, the Controller previously initiated an audit of the County's CAR program for FY 2006-07 through FY 2008-09, which encompasses the period covered by the current 2009 parameters and guidelines, but cancelled the audit because it concluded that the County's claims were reasonably supported.[4]

These facts, along with the absence of any determination that the County's claimed costs for the CAR program are either excessive or unreasonable, demonstrate that at minimum the County substantially complied with the requirements of the parameters and guidelines for the CAR program along with the Controller's claiming instructions. Substantial compliance, as the phrase is used in court decisions, means actual compliance in respect to the substance essential to every reasonable objective of the statute. (*Southern Pac. Transportation Co. v. State Bd. of Equalization* (1985) 175 Cal.App.3d 438, 442.) "Where there is compliance as to all matters of substance technical deviations are not to be given the stature of noncompliance." (*Ibid*.) "Substance prevails over form." (*Ibid.*) In contrast, "strict compliance with a statute is warranted when the Legislature evinces its intent that the statute's requirements are to be followed precisely. (*2710 Sutter Ventures, LLC v. Millis* (2022) 82 Cal.App.5th 842, 860–861.) A court may infer such an intent when (1) the Legislature has provided a *detailed and specific mandate*, or (2) the intent of the statute can only be served by demanding strict compliance with its terms. (*Ibid.*) Thus, unless the intent of a statute can only be served by demanding strict compliance with its terms, substantial compliance is the governing test. (*San Diegans for Open Government v. City of Oceanside* (2016) 4 Cal.App.5th 637, 647.)

The Draft Audit's wholesale disallowance of claimed hours based on the alleged inclusion of time spent by DA investigative assistants inputting reports for cases for which Penal Code section 278.7 (which can be raised an affirmative defense to the enforcement of Penal Code 278.5) might apply, illustrates the arbitrary nature of the Draft Audit's finding and disallowance of costs. As the Draft Audit notes, the parameters and guidelines for CAR do not mention Penal Code section 278.7. Likewise, the Controller's claiming instructions are silent with respect to the need to track or deduct time spent on this affirmative defense, thus the County did not create any codes to track

[4] The 2009 parameters and guidelines were effective for claims filed from FY 2005-06 going forward.

time that is potentially attributable to Penal Code section 278.7. Yet, despite the absence of any mention in the parameters and guidance or the Controller's claiming instructions and the absence of any records establishing that the County has claimed time attributable to Penal Code section 278.7, the Draft Audit disallows 100 percent of the time claimed by the County because the auditors "determined that DA investigative assistants input reports for cases that fell under PC section 278.7" based on "discussions with DA's Office staff members" during the audit. However, the Draft Audit fails to reflect that the DA investigative assistant stated during the discussion that it takes an investigative assistant 2-3 minutes to input a good cause report into the database, and that on average, there are about 3 to 6 reports per week, or 9 to 18 minutes per week, or less than 8 to 16 hours a year, spent on Penal Code section 278.7 "good cause" activities by the investigative assistant.[5] Thus, while the Draft Audit otherwise takes a strict view against the consideration of corroborating evidence, which "cannot be substituted for source documents," the Draft Audit relies on such corroborating evidence to disregard time records, which had been acceptable for decades.

Accordingly, to the extent that the Draft Audit concludes that the County has not complied with the rigorous (but unspecified) detail required by the parameters and guidelines, which extends far beyond the express requirements of the Controller's claiming instructions, the County has substantially complied and relying on such a technical violation to disallow the County's claimed costs as a penalty without any facts showing that these costs are unreasonable or excessive conflicts with the purpose of article XIII B, section 6, of the Constitution and its implementing statutes.[6] This is particularly true with respect to the wholesale disallowance of costs based on the County's failure to comply with the alleged requirement that it separately track and deduct time attributed to Penal Code section 278.7, which the Draft Audit acknowledges is not discussed in the parameters and guidelines or the Controller's claiming instructions.

---

[5] In the Controller's audit of Sacramento County, the auditor attributed 2.6 percent of labor costs to work attributable to Penal Code section 278.7 and disallowed this percentage of costs, rather than the entirety of costs claimed. Sacramento's calculation of time spent on Penal Code section 278.7 work is in line with the estimates provided by the investigative assistant during the current audit. Thus, it is arbitrary and capricious to presume in the Draft Audit that 100 percent of the County's labor costs were spent on work attributable to Penal Code section 278.7 and disallow such costs.

[6] It is well established that the rulemaking power of an administrative agency such as the Commission does not permit the agency to exceed the scope of authority conferred on the agency by the Legislature. (*Agnew v. State Bd. of Equalization* (1999) 21 Cal.4th 310, 321.) Likewise, administrative regulations that alter or amend the statute or enlarge or impair its scope are void and courts not only may, but it is their obligation to, strike down such regulations. (*Home Depot, U.S.A., Inc. v. Contractors' State License Bd.* (1996) 41 Cal.App.4th 1592, 1604.) Thus, the parameters and guidelines must be read in a manner to effectuate, not defeat, the purpose of article XIII B, section 6, of the Constitution and its implementing

> statutes, which is to preclude the state from shifting financial responsibility for carrying out governmental functions to local agencies, the Commission and Controller must do so. (See *Conservatorship of T.B.* (2024) 99 Cal.App.5th 1361 [under canon of "constitutional avoidance," if statute is susceptible of two constructions, one of which will render it constitutional and other unconstitutional in whole or in part, or raise serious and doubtful constitutional questions, court will adopt construction which will render it valid in its entirety, or free from doubt as to its constitutionality, even though other construction is equally reasonable].)

SCO's Response

Our finding and recommendation remain unchanged. We will address the county's concerns in the order in which they appear in the county's response.

On page 4 (Section A. The County Properly Submitted Claims for the Costs of Performing Reimbursable Activities In Compliance with the Parameters and Guidelines for the CAR Program and the Instructions and Forms Issued By the Controller, Which were Supported by Source Documents), the county states, in part:

> Even though the employees were assigned to Family Protection with the assigned attorney Deputy District Attorney being specifically assigned to the Child Abduction Unit in Family Protection, the County did not simply claim the hours they worked as costs. Instead, the billing code of "3130," including Child Abduction 3130, on the time logs and "DA0110" on the VTI timesheets directly correspond to the reimbursable activity listed on Form CAR-2 (that was in effect at the time County filed its claim) for "Compliance with Court Orders" and were used to calculate the hours claimed for the performance of this activity.

We disagree. Assigning a billing code to hours worked without including a description of the mandated functions performed, and simply providing the total hours to align with the claim's summarization of a reimbursable activity described as "Compliance with Court Orders" does not meet the requirements of the parameters and guidelines. The county's use of a summary form does not exempt it from adhering to parameters and guidelines requirements.

The "Audit of Costs" section ("Program No. 13," page 2) of the SCO's *Mandated Cost Manual* begins:

> All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions **and the Ps & Gs adopted by CSM** [emphasis added]. . . .

On page 4 (Section B. The Disallowable of Almost All of the County's CAR Program Costs is Arbitrary and Capricious, and Lacks Evidentiary Support), the county states, in part:

> The draft audit cites Section 17558.5 of the Government Code, which provides: "A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."[2]

In footnote 2, the county states:

> The County's claim for FY 2018-19 was submitted on February 5, 2020. The current audit was initiated on May 5, 2023, which is 3 years, 3 months, 14 days after the submittal of the claim. Thus, the disallowance of the amounts claimed for FY 2018-19 is untimely and should be withdrawn.

The county does not quote GC section 17558.5(a) in its entirety. The subparagraph concludes:

> . . . However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The initial payment of the FY 2018-19 claim was made on August 14, 2020. The SCO contacted the county on May 4, 2023, to initiate the audit, and the engagement start letter was dated May 19, 2023. Therefore, our audit of the FY 2018-19 claims was initiated in a timely manner. The three-year statutory limit had not expired.

In footnote 3, the county states:

> If the parameters and guidelines required the level of detail implied by the Draft Audit beyond the use of billing codes that correspond to reimbursable activities such as requiring a narrative description to accompany time entries, then the parameters and guidelines and claiming instructions would expressly state such a requirement, though doing so would itself create a reimbursable mandate.

We disagree. The county's response fails to address the primary audit issue that the county did not adhere to the parameters and guidelines. The parameters and guidelines clearly state how claimed costs must be supported.

Section VII.A "Direct Costs," of the parameters and guidelines states, in part:

> Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

> **Claimed costs shall be supported by the following cost element information** [emphasis added]:
>
> 1. Salary and Employees' Benefits
>
> Identify the employee(s), show the classification of the employee(s) involved, **describe the mandated functions performed and specify the actual number of hours devoted to each function**, [emphasis added] the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

Furthermore, the regulatory parameters and guidelines for the CAR Program establish the state mandate and define reimbursement criteria; SCO issues nonregulatory claiming instructions to assist local agencies in claiming reimbursable costs (see *Clovis Unified School District v. Chiang* [2010] 188 Cal.App.4th 794).

On page 16 (B. The Controller's Reductions Based on the Denial of Activities Included in the Claimant's Time Study that the Controller Found Were Beyond the Scope of the Mandate Are Correct as Matter of Law, and Not Arbitrary, Capricious, or Entirely Lacking in Evidentiary Support), the Commission's July 27, 2018 Decision for the incorrect reduction claim filed by Carlsbad Unified School District (Case No. 14-9825-I-02, *The Stull Act*) states, in part:

> Pursuant to Government Code section 17564, reimbursement claims filed with the Controller shall be filed in the manner prescribed in the Parameters and Guidelines, and the Parameters and Guidelines, as a quasi-judicial decision of the Commission, are final and binding.

On page 6 (Section B. The Disallowance of Almost All of the County's CAR Program Costs is Arbitrary and Capricious, and Lacks Evidentiary Support) of its response, the county states, in part:

> The Draft Audit's wholesale disallowance of claimed hours based on the alleged inclusion of time spent by DA investigative assistants inputting reports for cases for which Penal Code section 278.7 (which can be raised an affirmative defense to the enforcement of Penal Code 278.5) might apply, illustrates the arbitrary nature of the Draft Audit's finding and disallowance of costs.

There is no evidence in the record contradicting the statement that DA investigative assistants inputted reports for cases related to PC section 278.7. The parameters and guidelines incorporate requirements of PC sections 278 and 278.5, as amended by Chapter 988, Statutes of 1996. This law, known as the Parental Kidnapping Prevention Act, also added PC section 278.7. However, PC section 278.7 was not incorporated into the parameters and guidelines; therefore, no costs claimed under this section are reimbursable. Furthermore, the VTI timesheets and time logs provided by the county do not comply with the requirements of the parameters and guidelines to support the actual number of hours devoted to each reimbursable function.

# Attachment—
# County's Response to Draft Audit Report

OFFICE OF THE COUNTY COUNSEL
COUNTY OF ORANGE

400 WEST CIVIC CENTER DRIVE, SUITE 202
SANTA ANA, CA 92701
MAILING ADDRESS: P.O. BOX 1379
SANTA ANA, CA 92702-1379
(714) 834-3300
FAX: (714) 560-4552

Mark D. Servino
Supervising Deputy
(714) 834-4714

E-Mail:
mark.servino@coco.ocgov.com

September 20, 2024

**VIA U.S. MAIL & ELECTRONIC MAIL**

Lisa Kurokawa
Chief, Compliance Audits Bureau, Division of Audits
State Controller's Office
Post Office Box 942850
Sacramento, California 94250
Email: lkurokawa@sco.ca.gov

Re: Draft Audit Report for Orange County's Child Abduction and Recovery Program (July 1, 2018 - June 30, 2022)

Dear Ms. Kurokawa:

I write on behalf of the County of Orange (the "County") in response to the State Controller's draft audit report for Orange County's Child Abduction and Recovery ("CAR") Program (the "Draft Audit"). The Draft Audit covers the period of July 1, 2018 - June 30, 2022. Out of $3,074,047 in costs claimed by the County, the State Controller disallowed $3,070,156, which represents 99.87 percent of the costs claimed. The disallowance is based on the Draft Audit's finding that the "costs are primarily unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function." Notably, the Draft Audit does not dispute that the costs were incurred and were reasonable. Rather, the Draft Audit effectively rejects all the County's costs on the assertion that the employees dedicated to the CAR program and its mission didn't record their time spent on reimbursable activities with sufficient detail. The County's timekeeping followed the State Controller's guidance in its forms, guidance that did not reflect the State Controller's current strained reading of its parameters and guidelines, which has resulted in the disallowance of the reimbursable costs resulting from the efforts of Orange County prosecutors' efforts to protect families. As discussed below, the County disagrees with Draft Audit's finding and the disallowance of almost all costs claimed by the County for performing the mandates of the CAR program.

**A. The County Properly Submitted Claims for the Costs of Performing Reimbursable Activities In Compliance with the Parameters and Guidelines for the CAR Program and the Instructions and Forms Issued By the Controller, Which Were Supported by Source Documents**

Under article XIII B, section 6 of the state Constitution, which specifies that if the state imposes any "new program or higher level of service" on any local government (including a school district), the State must reimburse the locality for the costs of the program or increased level of service. California courts have recognized that the purpose of article XIII B, section 6, is to preclude the state from shifting financial responsibility for carrying out governmental

functions to local agencies, which are ill equipped to assume increased financial responsibilities. (*Department of Finance v. Commission on State Mandates* (2003) 30 Cal.4th 727, 751–752.) Section 17561[1] is the primary code section that sets forth the State's duties once a mandate is determined by the Commission on State Mandates (the "Commission"). (*California School Bds. Assn. v. State of California* (2011) 192 Cal.App.4th 770, 787.) Section 17561, subdivision (a) states: "The state shall reimburse each local agency and school district for all 'costs mandated by the state,' as defined in Section 17514 and for legislatively determined mandates in accordance with Section 17573."

The Commission first determines whether a new program or higher level of service exists and whether there are actual, increased costs mandated by the state. (§§ 17514, 17551.) If these findings are made, the Commission determines the amount to be reimbursed to all local agencies and school districts by adopting parameters and guidelines. (§ 17557.) The parameters and guidelines identify the eligible claimants, period of reimbursement, reimbursable activities, and any offsetting revenues or savings. (Cal. Code Regs., tit. 2, § 1183.7.) After the adoption of the parameters and guidelines, the Commission submits the adopted parameters and guidelines to the Controller's Office to issue claiming instructions and to pay and audit reimbursement claims. (§§ 17558, 17560, 17561.) "The claiming instructions shall be derived from the test claim decision and the adopted parameters and guidelines, reasonable reimbursement methodology, or statute declaring a legislatively determined mandate." (§ 17558.)

Here, the parameters and guidelines for the CAR program were originally adopted in 1981, and the currently applicable parameters and guidelines were last amended in 2009. The Controller has also issued claiming instructions pursuant to Section 17558, which included the forms that delineate the information that the County is required to submit in support of its claims. For example, the Controller issued Form CAR-2, which refers to "Child Abduction And Recovery Component/Activity Cost Detail." Under box (03), the form requires claimants to: "Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity." A 2003 version of the form listed two available activities: "Compliance with Court Orders" and "Court Costs for Out-of-Jurisdiction Cases." The current 2022 version of Form CAR-2 expanded the list to the following four categories of reimbursable activities:

1. Compliance with Court Orders [Section V.B.1]
2. Court Costs for Out-of-Jurisdiction Cases [Section V.B.2]
3. Secure Appearance of Offender [Section V.B.2.b.(3)]
4. Return of Children to Custodian [Section V.B.2.b.(4)]

These four reimbursable activities correspond to the above referenced "Reimbursable Activities," of the parameters and guidelines. Thus, when the Controller has determined that additional detail regarding the nature of reimbursable activities performed is necessary to comply with the current parameters and guidance, the Controller has revised its claiming instructions and forms for the program in question.

[1] All section references are to the Government Code unless otherwise specified.

Given the population of Orange County, the Orange County District Attorney performs the duties mandated by the CAR program by assigning an experienced Deputy District Attorney IV to the Child Abduction Unit (CAU), which is contained in the District Attorney's Family Protection Unit. The Deputy District Attorney is supported by a DA Investigator and an Investigative Assistant. As depicted in the organizational charts submitted by the County during the audit, the CAU is a dedicated unit that investigates and handles cases of missing children in civil and/or criminal court when the suspected abductor is a family member. Indeed, the fact that the Orange County District Attorney's office has a dedicated unit that focuses on performing the CAR program mandates further reduces the likelihood that the individuals assigned to unit are submitting hours for work unrelated to the CAR program. During the four-year audit period, the Orange County District Attorney's Office opened 246 civil cases and closed about 324 cases. Based on this work, the County submitted claims for payment for $715,958, $734,767, $832,313 and $791,009 for Fiscal Years 2018-19 through 2021-22, respectively.

From FY 2018-19 to 2021-22, the County recorded and maintained employee time records using a Virtual Timesheet Interface (VTI) system. The VTI system is a countywide time system, which requires all County employees to record and submit their time on a biweekly basis. The County processes its payroll based on each employee's submittal of biweekly timesheets through VTI. Each time an employee submits their time sheet, they are required to state: "I certify to the best of knowledge that the above information is true and correct." Each employee's manager is then required to review and approve the submittal of the timesheet by stating: "I certify that I have reviewed and approved the above information." The contemporaneous certifications are set forth at the bottom of the VTI timesheet for each biweekly pay period. The timesheets that are submitted through VTI constitute a source document, which is created at or near the same time the actual cost was incurred for the event or activity in question. The VTI timesheets for the employees whose hours were listed in the County's claims for reimbursement were provided to the auditors.

The County also provided time logs, which were completed by the employees whose hours were listed in the County's claims for reimbursement, to the auditors. In most instances, these logs were prepared within a month of the period referenced. The logs consist of worksheets that were completed by hand by each employee for the period referenced, then signed by the employee and their supervisor. On the logs, the employee would allocate their time between reimbursable work and non-reimbursable work with the bulk of hours being allocated to the code "Child Abduction 3130." From FY 2018-19 to 2019-20, 22 out of 25 time logs were prepared and signed by the attorneys referenced within a month of the period at issue. Likewise, from FY 2018-19 to 2020-21, 31 out of 32 logs were completed within a month of the period referenced for the Investigator, and 34 out of 36 logs were completed within a month of the period referenced for the Investigative Assistant. Finally, beginning in March 2021 through the end of FY 2021-22, both the Investigator and Investigative Assistant began to directly code their time in VTI to code "DA0110," which refers to the CAR program. The time logs for the employees whose hours were listed in the County's claims for reimbursement were provided to the auditors.

The VTI timesheets and the time logs that the County employees submitted within a month of the period referenced clearly fall within the definition of a source document:

> A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

In addition, even the minority of time logs, which are not contemporaneous, can also be considered as corroborating evidence as worksheets that allocate the time depicted in the source documents between reimbursable and non-reimbursable activities.

Even though the employees were assigned to Family Protection with the assigned attorney Deputy District Attorney being specifically assigned to the Child Abduction Unit in Family Protection, the County did not simply claim the hours they worked as costs. Instead, the billing code of "3130," including Child Abduction 3130, on the time logs and "DA0110" on the VTI timesheets directly correspond to the reimbursable activity listed on Form CAR-2 (that was in effect at the time the County filed its claim) for "Compliance with Court Orders" and were used to calculate the hours that the County claimed for the performance of this activity. There is no finding in the Draft Audit that the hours claimed by the County were excessive or unreasonable. (See § 17561 [Controller may reduce any claim that the Controller determines is excessive or unreasonable].)

### B. The Disallowance of Almost All of the County's CAR Program Costs Is Arbitrary and Capricious, and Lacks Evidentiary Support

Consistent with the purpose of requiring the State to reimburse the actual costs of local agencies, the Government Code authorizes the Controller to audit claims to correct inaccurate fund disbursements. The draft audit cites Section 17558.5 of the Government Code, which provides: "A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."[2] Likewise, the draft audit cites Section 17561, which states that the Controller has the authority to audit the records of "any local agency or school district to verify the actual amount of the mandated costs" and "may reduce any claim that the Controller determines is excessive or unreasonable." Thus, courts have held that Section 17561 allows the Controller to correct inaccurate fund disbursements after auditing the local entity's supporting records. (See *California School Bds. Assn. v. State of California* (2011) 192 Cal.App.4th 770, 789 [this administrative power to adjust payments is not equivalent to stating that the Legislature has the authority to provide a nominal payment for a mandate].)

[2] The County's claim for FY 2018-19 was submitted on February 5, 2020. The current audit was initiated on May 5, 2023, which is 3 years, 3 months, 14 days after the submittal of the claim. Thus, the disallowance of the amounts claimed for FY 2018-19 is untimely and should be withdrawn.

Here, notwithstanding the clear evidence that the County has incurred and submitted documented claims for costs resulting from the Orange County District Attorney's performance of the CAR program mandates, the Draft Audit disallows almost all costs incurred and claimed by the County. The auditor did not find that the County's costs were either excessive or unreasonable. Instead, the Draft Audit found: "The costs are primarily unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function."

As noted by several other counties in response to similar audit findings by the Controller with respect to the CAR program, the Draft Audit appears to base this finding on a strained reading of the of the program's parameters and guidelines to broadly reject time records that established that County employees performed mandated activities, which had been acceptable for decades. For example, even though the Draft Audit acknowledges that the County provided time logs and VTI timesheets, which contain codes that directly correspond to the reimbursable activities identified in both the parameters and guidelines and the Controller's claiming instructions and forms, the Draft Audit states:

> Neither timesheets nor VTI timecards include a description of the mandated activities performed. Without a description of the mandated functions performed, we were unable to verify that the claimed hours were for reimbursable activities.

Implicit in this finding is the assumption that (1) the use of time codes that directly correspond to the reimbursable activities identified in parameters and guidelines and the Controller's claiming instructions is insufficient and (2) the parameters and guidelines require an unspecified level detail that goes beyond the stated requirements of the Controller's own claiming instructions and forms. The claiming instructions divide reimbursable activities into the four categories discussed above.[3] Indeed, the claiming instructions use the term function to refer to a description of the job duties of the employees who the County must list on Form CAR-2. The form requires the County: "To itemize costs for the activity checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses."

Orange County is not alone in having almost all its claimed costs disallowed based on this recent re-interpretation of the parameters and guidelines given that the Controller has made similar findings for other counties, which also resulted in the disallowance of almost all costs associated with the CAR program. Every county that has been audited since November 2022 had over 97 percent of its CAR program costs disallowed:

[3] If the parameters and guidelines required the level of detail implied by the Draft Audit beyond the use of billing codes that correspond to reimbursable activities such as a requiring a narrative description to accompany time entries, then the parameters and guidelines and claiming instructions would expressly state such a requirement, though doing so would itself create a reimbursable mandate.

| County Name | Audit Date | Claimed Costs (A) | Disallowed Costs (B) | Disallowance Rate (B/A) |
|---|---|---|---|---|
| Sacramento | 2/23/2022 | $1,885,876 | $465,094 | 24.70% |
| Ventura | 11/28/2022 | $4,284,397 | $4,185,340 | 97.70% |
| San Joaquin | 5/2/2023 | $2,061,920 | $2,033,798 | 98.60% |
| Riverside | 6/30/2023 | $3,762,254 | $3,649,699 | 97.00% |
| San Diego | 7/14/2023 | $3,433,637 | $3,390,611 | 98.70% |
| Shasta | 8/23/2023 | $1,204,994 | $1,192,584 | 98.90% |
| Los Angeles | 5/2/2024 | $10,292,292 | $10,292,232 | 100% |
| San Luis Obispo | 8/22/2024 | $1,175,665 | $1,174,239 | 99.9% |
| Orange | N/A | $3,074,047 | $3,070,156 | 99.87% |

Like other counties, the Controller previously initiated an audit of the County's CAR program for FY 2006-07 through FY 2008-09, which encompasses the period covered by the current 2009 parameters and guidelines, but cancelled the audit because it concluded that the County's claims were reasonably supported.[4]

These facts, along with the absence of any determination that the County's claimed costs for the CAR program are either excessive or unreasonable, demonstrate that at minimum the County substantially complied with the requirements of the parameters and guidelines for the CAR program along with the Controller's claiming instructions. Substantial compliance, as the phrase is used in court decisions, means actual compliance in respect to the substance essential to every reasonable objective of the statute. (*Southern Pac. Transportation Co. v. State Bd. of Equalization* (1985) 175 Cal.App.3d 438, 442.) "Where there is compliance as to all matters of substance technical deviations are not to be given the stature of noncompliance." (*Ibid.*) "Substance prevails over form." (*Ibid.*) In contrast, "strict compliance with a statute is warranted when the Legislature evinces its intent that the statute's requirements are to be followed precisely. (*2710 Sutter Ventures, LLC v. Millis* (2022) 82 Cal.App.5th 842, 860–861.) A court may infer such an intent when (1) the Legislature has provided a *detailed and specific mandate*, or (2) the intent of the statute can only be served by demanding strict compliance with its terms. (*Ibid.*) Thus, unless the intent of a statute can only be served by demanding strict compliance with its terms, substantial compliance is the governing test. (*San Diegans for Open Government v. City of Oceanside* (2016) 4 Cal.App.5th 637, 647.)

The Draft Audit's wholesale disallowance of claimed hours based on the alleged inclusion of time spent by DA investigative assistants inputting reports for cases for which Penal Code section 278.7 (which can be raised an affirmative defense to the enforcement of Penal Code 278.5) might apply, illustrates the arbitrary nature of the Draft Audit's finding and disallowance of costs. As the Draft Audit notes, the parameters and guidelines for CAR do not mention Penal Code section 278.7. Likewise, the Controller's claiming instructions are silent with respect to the need to track or deduct time spent on this affirmative defense, thus the County did not create any codes to track time that is potentially attributable to Penal Code section 278.7. Yet, despite the absence of any mention in the parameters and guidance or the Controller's

[4] The 2009 parameters and guidelines were effective for claims filed from FY 2005-06 going forward.

claiming instructions and the absence of any records establishing that the County has claimed time attributable to Penal Code section 278.7, the Draft Audit disallows 100 percent of the time claimed by the County because the auditors "determined that DA investigative assistants input reports for cases that fell under PC section 278.7" based on "discussions with DA's Office staff members" during the audit. However, the Draft Audit fails to reflect that the DA investigative assistant stated during the discussion that it takes an investigative assistant 2-3 minutes to input a good cause report into the database, and that on average, there are about 3 to 6 reports per week, or 9 to 18 minutes per week, or less than 8 to 16 hours a year, spent on Penal Code section 278.7 "good cause" activities by the investigative assistant.[5] Thus, while the Draft Audit otherwise takes a strict view against the consideration of corroborating evidence, which "cannot be substituted for source documents," the Draft Audit relies on such corroborating evidence to disregard time records, which had been acceptable for decades.

Accordingly, to the extent that the Draft Audit concludes that the County has not complied with the rigorous (but unspecified) detail required by the parameters and guidelines, which extends far beyond the express requirements of the Controller's claiming instructions, the County has substantially complied and relying on such a technical violation to disallow the County's claimed costs as a penalty without any facts showing that these costs are unreasonable or excessive conflicts with the purpose of article XIII B, section 6, of the Constitution and its implementing statutes.[6] This is particularly true with respect to the wholesale disallowance of costs based on the County's failure to comply with the alleged requirement that it separately track and deduct time attributed to Penal Code section 278.7, which the Draft Audit acknowledges is not discussed in the parameters and guidelines or the Controller's claiming instructions.

### C. Future Record Keeping

As discussed above, the County believes that the documentation it provided is sufficient and consistent with the parameters and guidelines. Beginning in August 2022, after the period covered by the Draft Audit, the Orange County District Attorney began using the County's new timekeeping system, OC TIME, as part of a countywide transition to the new time system. Like

---

[5] In the Controller's audit of Sacramento County, the auditor attributed 2.6 percent of labor costs to work attributable to Penal Code section 278.7 and disallowed this percentage of costs, rather than the entirety of costs claimed. Sacramento's calculation of time spent on Penal Code section 278.7 work is in line with the estimates provided by the investigative assistant during the current audit. Thus, it is arbitrary and capricious to presume in the Draft Audit that 100 percent of the County's labor costs were spent on work attributable to Penal Code section 278.7 and disallow such costs.

[6] It is well established that the rulemaking power of an administrative agency such as the Commission does not permit the agency to exceed the scope of authority conferred on the agency by the Legislature. (*Agnew v. State Bd. of Equalization* (1999) 21 Cal.4th 310, 321.) Likewise, administrative regulations that alter or amend the statute or enlarge or impair its scope are void and courts not only may, but it is their obligation to, strike down such regulations. (*Home Depot, U.S.A., Inc. v. Contractors' State License Bd.* (1996) 41 Cal.App.4th 1592, 1604.) Thus, the parameters and guidelines must be read in a manner to effectuate, not defeat, the purpose of article XIII B, section 6, of the Constitution and its implementing statutes, which is to preclude the state from shifting financial responsibility for carrying out governmental functions to local agencies, the Commission and Controller must do so. (See *Conservatorship of T.B.* (2024) 99 Cal.App.5th 1361 [under canon of "constitutional avoidance," if statute is susceptible of two constructions, one of which will render it constitutional and other unconstitutional in whole or in part, or raise serious and doubtful constitutional questions, court will adopt construction which will render it valid in its entirety, or free from doubt as to its constitutionality, even though other construction is equally reasonable].)

VTI, OC TIME allows employees to record their time against job numbers that correspond to different activities. The Orange County District Attorney can implement additional job numbers as needed, particularly if clearer guidance is provided. As all County employees are required to use this timekeeping system to submit their hours worked to receive timely bi-weekly pay, the use of OC TIME ensures that County source documents recording work performed for reimbursable activity are created at or near the time the actual costs are incurred for the event or activity in question.

**D. Conclusion**

The Orange County District Attorney is proud of its record of successfully reuniting children with their custodial parents and legal guardians from whom they were unlawfully taken in fulfillment of the mandates set forth in the CAR statutes. During the period of the audit, the Orange County District Attorney's office filed 246 cases resulting in the recovery and reunification of over a hundred children, which provides ample evidence that reimbursable work was performed. To disallow almost all the County's claimed costs based on an unjustifiably narrow and strict interpretation of what constitutes a source document coupled with an expansive interpretation of the level of detail required for time records that goes beyond the claiming instructions and forms issued by the Controller is not reasonable. Accordingly, the County disagrees with the finding against the County and the disallowance of almost all costs it claimed for performing the CAR mandates and reserves the right to file an Incorrect Reduction Claim with the Commission on State Mandates within three years of the Controller's notification of adjustment.

Very truly yours,

LEON J. PAGE
COUNTY COUNSEL

By _____
Mark Servino, Supervising Deputy

cc: Todd Spitzer, Orange County District Attorney
Andrew N. Hamilton, CPA, Orange County Auditor-Controller
Kenneth Brockbank, Senior Fiscal Manager

**State Controller's Office**
**Division of Audits**
**Post Office Box 942850**
**Sacramento, CA 94250**

**www.sco.ca.gov**

# SECTION 8

# CLAIMING INSTRUCTIONS

# CLAIMING INSTRUCTIONS

# FISCAL YEAR 2017-2018

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-32

Custody of Minors-Child Abduction and Recovery – Program No. 13

Revised September 1, 2018

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

**Exception**

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

**Eligible Claimants**

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

**Reimbursement Claim Deadline**

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: October 30, 2009
Amended: August 26, 1999
Amended: July 25, 1987
Amended: July 19, 1984
Adopted: January 21, 1981

# AMENDMENT TO PARAMETERS AND GUIDELINES

Family Code Sections 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare And Institutions Code Section 11478.5

Chapter 1399, Statutes of 1976
Chapter 162, Statutes of 1992
Chapter 988, Statutes of 1996

*Custody of Minors-Child Abduction and Recovery*

05-PGA-26 (CSM 4237)

State Controller's Office, Claimant

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160, and 5169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.

II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate is eligible to claim reimbursement of those costs.

IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30$^{th}$ following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561 (d) (3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

V. REIMBURSABLE COSTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in

Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, all direct and indirect costs of labor, materials and supplies, training and travel for the following activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

   a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care

may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs

of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

VII. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section V of this document.

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with

the claim.

3. Materials and Supplies

Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications, may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through

a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

1. Reimbursements

   On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

   In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

   Any amount received by a county and forwarded directly to the state, must be reported on the cost summary form, but will not reduce the amount of the claim.

2. Mileage and Travel

   Local entities will be reimbursed according to the rules of the local jurisdiction.

VIII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter1 is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

1 This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from the claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained therein.

| PROGRAM 013 | CUSTODY OF MINORS-<br>CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00013<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $2,242,310 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | | **Type of Claim** | | (26) FORM 1, (06) | 64% |
| | (03) | (09) Reimbursement | X | (27) FORM 1, (07) | $894,247 |
| | (04) | (10) Combined | | (28) FORM 1, (09) | |
| | (05) | (11) Amended | | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) 2017-2018 | | (30) | |
| **Total Claimed Amount** | (07) | (13) $3,136,557 | | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | | (33) | |
| **Net Claimed Amount** | | (16) $3,136,557 | | (34) | |
| **Due from State** | (08) | (17) $3,136,557 | | (35) | |
| **Due to State** | | (18) | | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed

Telephone Number (213) 974-8302

John Naimo, Auditor-Controller

Email Address jnaimo@auditor.lacounty.gov

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number (213) 974-9653

Hasmik Yaghobyan

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1. (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year |
|---|---|
| County of Los Angeles | 2017 /2018 |

(03) Department District Attorney's Office

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits 59.659% (1) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $1,404,436.92 | $837,873.02 | | | | $2,242,309.94 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $1,404,436.92 | $837,873.02 | | | | $2,242,309.94 |

| | | | |
|---|---|---|---|
| **Indirect Costs** | | | |
| (06) Indirect Cost Rate | [From ICRP or 10%] | (2) | 63.673% |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | | $894,247.12 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $3,136,557.06 |
| **Cost Reduction** | | | |
| (09) Less: Offsetting Revenues | | | |
| (10) Less: Other Reimbursements | | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | | $3,136,557.06 |

(1) See TAB D
(2) See TAB A

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Compliance with Court Orders

☐ 2. Court Costs for Out-of-Jurisdiction Cases

☐ 3. Secure Appearance of Offender

☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the State Controller's Office (SCO) to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

# CLAIMING INSTRUCTIONS

# FISCAL YEAR 2018-2019

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-32

Custody of Minors-Child Abduction and Recovery – Program No. 13

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

**Exception**

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

**Eligible Claimants**

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

**Reimbursement Claim Deadline**

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: October 30, 2009
Amended: August 26, 1999
Amended: July 25, 1987
Amended: July 19, 1984
Adopted: January 21, 1981

# AMENDMENT TO PARAMETERS AND GUIDELINES

Family Code Sections 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare And Institutions Code Section 11478.5

Chapter 1399, Statutes of 1976
Chapter 162, Statutes of 1992
Chapter 988, Statutes of 1996

*Custody of Minors-Child Abduction and Recovery*

05-PGA-26 (CSM 4237)

State Controller's Office, Claimant

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160, and 5169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.

## II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

## III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate is eligible to claim reimbursement of those costs.

## IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30$^{th}$ following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561 (d) (3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

V. REIMBURSABLE COSTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in

Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, all direct and indirect costs of labor, materials and supplies, training and travel for the following activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

   a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care

may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs

of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

VII. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section V of this document.

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with

the claim.

3. Materials and Supplies

Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications, may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through

a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

1. Reimbursements

   On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

   In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

   Any amount received by a county and forwarded directly to the state, must be reported on the cost summary form, but will not reduce the amount of the claim.

2. Mileage and Travel

   Local entities will be reimbursed according to the rules of the local jurisdiction.

## VIII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter1 is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

1 This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from the claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained therein.

| PROGRAM 013 | CUSTODY OF MINORS-<br>CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00013<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $1,959,043 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | | **Type of Claim** | | (26) FORM 1, (06) | 61 |
| | (03) | (09) Reimbursement | X | (27) FORM 1, (07) | $743,978 |
| | (04) | (10) Combined | | (28) FORM 1, (09) | |
| | (05) | (11) Amended | | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | 2018 / 2019 | (30) | |
| **Total Claimed Amount** | (07) | (13) | $2,703,020 | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | | (33) | |
| **Net Claimed Amount** | | (16) | $2,703,020 | (34) | |
| **Due from State** | (08) | (17) | $2,703,020 | (35) | |
| **Due to State** | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM**

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed

Telephone Number (213) 974-8302

Arlene Barrera, Auditor-Controller

Email Address abarrera@auditor.lacounty.gov

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number (213) 974-9653

Hasmik Yaghobyan

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1. (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | County of Los Angeles | (02) | Fiscal Year 2018 /2019 |
|---|---|---|---|

(03) Department: District Attorney's Office

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries (2) | (b) Benefits 60.886% (1) (2) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $1,217,659.04 | $741,383.91 | | | | $1,959,042.95 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $1,217,659.04 | $741,383.91 | | | | $1,959,042.95 |

| **Indirect Costs** | | | |
|---|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | (1) | 61.099% |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | (2) | $743,977.50 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $2,703,020.45 |
| **Cost Reduction** | | | |
| (09) Less: Offsetting Revenues | | | |
| (10) Less: Other Reimbursements | | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | | $2,703,020.45 |

**(1) See TAB D**
**(2) See TAB A**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Compliance with Court Orders

☐ 2. Court Costs for Out-of-Jurisdiction Cases

☐ 3. Secure Appearance of Offender

☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

# CLAIMING INSTRUCTIONS

# FISCAL YEAR 2019-2020

Office of the State Controller
State-Mandated Costs Claiming Instructions No. 2012-32
Custody of Minors-Child Abduction and Recovery – Program No. 13
Revised September 1, 2020

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The Ps & Gs are an integral part of the claiming instructions and are located on the CSM's website.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: “I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct,” and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO’s claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to

audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website.

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email, by telephone at (916) 324-5729, or by writing to the address above.

| CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT FORM | For State Controller Use Only<br>(19) Program Number 00013<br>(20) Date Filed<br>(21) LRS Input | Program<br>013 |
|---|---|---|

| (01) Claimant Identification Number | | Reimbursement Claim Data | | |
|---|---|---|---|---|
| (02) Claimant Name | | (22) | FORM 1, (04) 1. (f) | |
| County of Location | | (23) | FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box and Suite | | (24) | FORM 1, (04) 3. (f) | |
| City, State, and Zip Code | | (25) | FORM 1, (04) 4. (f) | |
| (03) | Type of Claim | (26) | FORM 1, (06) | |
| (04) | (09) Reimbursement | (27) | FORM 1, (07) | |
| (05) | (10) Combined | (28) | FORM 1, (09) | |
| (06) | (11) Amended | (29) | FORM 1, (10) | |
| (07) | (12) Fiscal Year of Cost | (30) | | |
| (08) | (13) Total Claimed Amount | (31) | | |
| (14) Less: 10% Late Penalty | | (32) | | |
| (15) Less: Prior Claim Payment Received | | (33) | | |
| (16) Net Claimed Amount | | (34) | | |
| (17) Due from State | | (35) | | |
| (18) Due to State | | (36) | | |

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Signature of Authorized Officer | Date Signed | |
|---|---|---|
| | Telephone Number | |
| Type or Print Name and Title of Authorized Signatory | Email Address | |
| | | |

| (38) Name of Agency Contact Person for Claim | Telephone Number | |
|---|---|---|
| | Email Address | |
| Name of Consulting Firm/Claim Preparer | Telephone Number | |
| | Email Address | |

| Program 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT INSTRUCTIONS | **FORM FAM-27** |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or as specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the result from the following penalty calculation formula:

- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified in the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04). (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the process.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, and include their typed or print name, title, telephone number, and email address. Claims cannot be paid unless accompanied by an original signed certification. (Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | **CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY** | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | | | | | | |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| | | |
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) minus {line (09) + line (10)}] | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | **CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL** | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Compliance with Court Orders

☐ 2. Court Costs for Out-of-Jurisdiction Cases

☐ 3. Secure Appearance of Offender

☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | **Object Accounts** | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.

| Object Accounts | Columns | | | | | | | | Submit Supporting Documents with the Claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Job Classification | Hourly Rate | Hours Worked | Salaries equals Hourly Rate times Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits equals Benefit Rate times Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Costs equals Unit Cost times Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Costs equals Hourly Rate times Hours Worked or Total Contract | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel Costs equals Rate times Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

# CLAIMING INSTRUCTIONS

# FISCAL YEAR 2020-2021

Office of the State Controller
State-Mandated Costs Claiming Instructions No. 2012-32
Custody of Minors-Child Abduction and Recovery – Program No. 13
Revised September 1, 2020

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The Ps & Gs are an integral part of the claiming instructions and are located on the CSM's website.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: “I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct,” and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO’s claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to

audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website.

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email, by telephone at (916) 324-5729, or by writing to the address above.

| CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT FORM | For State Controller Use Only<br>(19) Program Number 00013<br>(20) Date Filed<br>(21) LRS Input | Program 013 |
|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| (01) Claimant Identification Number | | 9919 | Reimbursement Claim Data | | | |
| (02) Claimant Name | | Auditor-Controller | (22) | FORM 1, (04) 1. (f) | $1,556,317 |
| County of Location | | County of Los Angeles | (23) | FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box and Suite | | 500 W. Temple Street, Room 603 | (24) | FORM 1, (04) 3. (f) | |
| City, State, and Zip Code | | Los Angeles, CA. 90012 | (25) | FORM 1, (04) 4. (f) | |
| (03) | Type of Claim | | (26) | FORM 1, (06) | 62 |
| (04) | (09) Reimbursement | X | (27) | FORM 1, (07) | $588,524 |
| (05) | (10) Combined | | (28) | FORM 1, (09) | |
| (06) | (11) Amended | | (29) | FORM 1, (10) | |
| (07) | (12) Fiscal Year of Cost | 2020/2021 | (30) | | |
| (08) | (13) Total Claimed Amount | $2,144,841 | (31) | | |
| (14) Less: 10% Late Penalty | | | (32) | | |
| (15) Less: Prior Claim Payment Received | | | (33) | | |
| (16) Net Claimed Amount | | $2,144,841 | (34) | | |
| (17) Due from State | | $2,144,841 | (35) | | |
| (18) Due to State | | | (36) | | |

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Signature of Authorized Officer | Date Signed | |
|---|---|---|
| | Telephone Number | (213) 974-8302 |
| Type or Print Name and Title of Authorized Signatory | Email Address | abarrera@auditor.lacounty.gov |
| Arlene Barrera, Auditor-Controller | | |

| (38) Name of Agency Contact Person for Claim | Telephone Number | (213) 974-0324 |
|---|---|---|
| Fernando Lemus | Email Address | flemus@auditor.lacounty.gov |
| Name of Consulting Firm/Claim Preparer | Telephone Number | |
| | Email Address | |

| Program 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT INSTRUCTIONS | **FORM FAM-27** |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or as specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the result from the following penalty calculation formula:

- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified in the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04). (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the process.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, and include their typed or print name, title, telephone number, and email address. Claims cannot be paid unless accompanied by an original signed certification. (Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | County of Los Angeles | (02) | Fiscal Year 20 20 /20 21 |
|---|---|---|---|

(03) Department

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits 63.235% (1) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $953,421.22 | $602,895.92 | | | | $1,556,317.14 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $953,421.22 | $602,895.92 | | | | $1,556,317.14 |

| | | | |
|---|---|---|---|
| **Indirect Costs** | | | |
| (06) Indirect Cost Rate | [From ICRP or 10%] | (2) | 61.7276 % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | | $588,524.04 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $2,144,841.18 |
| **Cost Reduction** | | | |
| (09) Less: Offsetting Revenues | | | |
| (10) Less: Other Reimbursements | | | |
| (11) Total Claimed Amount | [Line (08) minus {line (09) + line (10)}] | | $2,144,841.18 |

**(1) See TAB A**

**(2) See TAB B**

| PROGRAM 013 | **CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY INSTRUCTIONS** | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | **CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY** | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | **CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL** | FORM 2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Compliance with Court Orders

☐ 2. Court Costs for Out-of-Jurisdiction Cases

☐ 3. Secure Appearance of Offender

☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | **Object Accounts** | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

| PROGRAM 013 | **CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL INSTRUCTIONS** | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.

| **Object Accounts** | **Columns** | | | | | | | | **Submit Supporting Documents with the Claim** |
|---|---|---|---|---|---|---|---|---|---|
| | **(a)** | **(b)** | **(c)** | **(d)** | **(e)** | **(f)** | **(g)** | **(h)** | |
| **Salaries and Benefits** | Employee Name and Job Classification | Hourly Rate | Hours Worked | Salaries equals Hourly Rate times Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits equals Benefit Rate times Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Costs equals Unit Cost times Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Costs equals Hourly Rate times Hours Worked or Total Contract | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel Costs equals Rate times Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

# SECTION 9

# FINAL STATE AUDIT REPORT

# LOS ANGELES COUNTY

Audit Report

## CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM

Chapter 1399, Statutes of 1976;
Chapter 162, Statutes of 1992;
and Chapter 988, Statutes of 1996

*July 1, 2017, through June 30, 2021*

MALIA M. COHEN
California State Controller

May 2024

MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

May 2, 2024

CERTIFIED U.S. MAIL—RETURN RECEIPT REQUESTED

Oscar Valdez, Auditor-Controller
Los Angeles County
500 West Temple Street, Suite 525
Los Angeles, CA 90012

Dear Mr. Valdez:

The State Controller's Office audited the costs claimed by Los Angeles County for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2017, through June 30, 2021.

The county claimed $10,292,232 for costs of the mandated program. Our audit found that none of the claimed costs are allowable, primarily because the county did not provide contemporaneous supporting documentation. The State paid the county $10,172,773.

Following issuance of this audit report, the Local Government Programs and Services Division of the State Controller's Office will notify the county of the adjustment to its claims by a system-generated letter for each fiscal year in the audit period.

This final audit report contains an adjustment to costs claimed by the county. If you disagree with the audit finding, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (Commission). Pursuant to the Commission's regulations, outlined in Title 2, California Code of Regulations, section 1185.1, subdivision (c), an IRC challenging this adjustment must be filed with the Commission no later than three years following the date of this report, regardless of whether this report is subsequently supplemented, superseded, or otherwise amended. IRC information is available on the Commission's website at www.csm.ca.gov/forms/IRCForm.pdf.

If you have any questions regarding this report, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at (916) 327-3138.

Sincerely,

*Original signed by*

Kimberly A. Tarvin, CPA
Chief, Division of Audits

KAT/ac

Attachment

Copy: Rachelle Anema, Chief
Accounting Division
Los Angeles County Auditor-Controller's Office
Fernando Lemus, Principal Accountant-Auditor
Accounting Division
Los Angeles County Auditor-Controller's Office
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Ted Doan, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursements Section
State Controller's Office
Everett Luc, Manager
Local Reimbursements Section
State Controller's Office

# Contents

**Audit Report**

**Summary** ..... 1

**Background** ..... 1

**Audit Authority** ..... 2

**Objective, Scope, and Methodology** ..... 2

**Conclusion** ..... 3

**Follow-up on Prior Audit Findings** ..... 3

**Views of Responsible Officials** ..... 3

**Restricted Use** ..... 3

**Schedule—Summary of Program Costs** ..... 4

**Finding and Recommendation** ..... 6

**Attachment—County's Response to Draft Audit Report**

# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by Los Angeles County for the legislatively mandated Custody of Minors – Child Abduction and Recovery (CAR) Program for the period of July 1, 2017, through June 30, 2021.

The county claimed $10,292,232 for costs of the mandated program. Our audit found that none of the claimed costs are allowable, primarily because the county did not provide contemporaneous supporting documentation. The State paid the county $10,172,773.

## Background

Chapter 1399, Statutes of 1976, established the mandated CAR Program, based on the following laws:

- Civil Code section 4600.1 (repealed and added as Family Code [FC] sections 3060 through 3064 by Chapter 162, Statutes of 1992);
- Penal Code (PC) sections 278 and 278.5 (repealed and added as PC sections 277, 278, and 278.5 by Chapter 988, Statutes of 1996); and
- Welfare and Institutions Code section 11478.5 (repealed and added as FC section 17506 by Chapter 478, Statutes of 1999; last amended by Chapter 759, Statutes of 2002).

These laws require the District Attorney's Office to assist persons having legal custody of a child in:

- Locating their children when they are unlawfully taken away;
- Gaining enforcement of custody and visitation decrees and orders to appear;
- Defraying expenses related to the return of an illegally detained, abducted, or concealed child;
- Civil court action proceedings; and
- Guaranteeing the appearance of offenders and minors in court actions.

On September 19, 1979, the State Board of Control (now the Commission on State Mandates [Commission]) determined that this legislation imposed a state mandate reimbursable under Government Code (GC) section 17561.

The parameters and guidelines establish the state mandate and define reimbursement criteria. The Commission adopted the parameters and guidelines on January 21, 1981; they were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues the *Mandated Cost Manual for Local Agencies* (*Mandated Cost Manual*) for mandated programs to assist local agencies in claiming reimbursable costs.

## Audit Authority

We conducted this performance audit in accordance with GC sections 17558.5 and 17561, which authorize the SCO to audit the county's records to verify the actual amount of the mandated costs. In addition, GC section 12410 provides the SCO with general audit authority to audit the disbursement of state money for correctness, legality, and sufficient provisions of law for payment.

## Objective, Scope, and Methodology

The objective of our audit was to determine whether claimed costs represent increased costs resulting from the legislatively mandated CAR Program. Specifically, we conducted this audit to determine whether claimed costs were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

Unreasonable and/or excessive costs include ineligible costs that are not identified in the program's parameters and guidelines as reimbursable costs.

The audit period was July 1, 2017, through June 30, 2021.

To achieve our objective, we performed the following procedures:

- We reviewed the annual mandated cost claims filed by the county for the audit period and identified the significant cost components of each claim as salaries and benefits, and indirect costs. We then determined whether there were any errors or unusual or unexpected variances from year to year. We reviewed the claimed activities to determine whether they adhered to the SCO's *Mandated Cost Manual* and the program's parameters and guidelines.
- We completed an internal control questionnaire by interviewing key county staff members. We discussed the claim preparation process with county staff members to determine what information was obtained, who obtained it, and how it was used.
- We reviewed time records, which the county called *time studies*, provided by the county for the audit period. We also reviewed payroll records for the claimed employees. We noted various issues with the time studies that we reviewed; the records provided as support for the claimed costs did not meet the requirements of the program's parameters and guidelines (see Finding).
- We reviewed the county's single audit and revenue reports to identify potential sources of offsetting revenues and reimbursements from federal or pass-through programs applicable to this mandated program. The county did not claim offsetting revenues for the audit period, and we found no instances of unreported offsetting revenue. We noted no exceptions.

We did not audit the county's financial statements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our

audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Conclusion

As a result of performing the audit procedures, we found an instance of noncompliance with the requirements described in our audit objective. We did not find that the county claimed costs that were funded by other sources; however, we did find that it claimed unsupported costs, as quantified in the Schedule and described in the Finding and Recommendation section. To the extent that the county claimed costs not supported by appropriate source documents, such costs are also unreasonable and/or excessive.

For the audit period, Los Angeles County claimed $10,292,232 for costs of the legislatively mandated CAR Program. Our audit found that the entire amount is unallowable. The State paid the county $10,172,773.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

## Follow-up on Prior Audit Findings

The county has satisfactorily resolved the findings noted in our prior audit report for the period of July 1, 1999, through June 30, 2002, issued on January 19, 2007.

The prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

## Views of Responsible Officials

We issued a draft audit report on June 28, 2023. Los Angeles County's representative responded by letter dated July 27, 2023, disagreeing with the audit results. This final audit report includes the county's response as an attachment.

## Restricted Use

This audit report is solely for the information and use of Los Angeles County, the Department of Finance, and the SCO; it is not intended to be, and should not be, used by anyone other than these specified parties. This restriction is not intended to limit distribution of this audit report, which is a matter of public record and is available on the SCO website at www.sco.ca.gov.

*Original signed by*

Kimberly A. Tarvin, CPA
Chief, Division of Audits

May 2, 2024

# Schedule—
# Summary of Program Costs
# July 1, 2017, through June 30, 2021

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment[1] |
|---|---|---|---|
| July 1, 2017, through June 30, 2018 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 2,242,310 | - | $ (2,242,310) |
| Total direct costs | 2,242,310 | - | (2,242,310) |
| Indirect costs | 894,247 | - | (894,247) |
| Total direct and indirect costs | 3,136,557 | - | (3,136,557) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 3,136,557 | - | $ (3,136,557) |
| Less amount paid by the State [2] | | (3,136,557) | |
| Amount paid in excess of allowable costs claimed | | $ (3,136,557) | |
| July 1, 2018, through June 30, 2019 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 1,959,043 | - | $ (1,959,043) |
| Total direct costs | 1,959,043 | - | (1,959,043) |
| Indirect costs | 743,977 | - | (743,977) |
| Total direct and indirect costs | 2,703,020 | - | (2,703,020) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,703,020 | - | $ (2,703,020) |
| Less amount paid by the State [2] | | (2,583,561) | |
| Amount paid in excess of allowable costs claimed | | $ (2,583,561) | |
| July 1, 2019, through June 30, 2020 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 1,678,993 | - | $ (1,678,993) |
| Total direct costs | 1,678,993 | - | (1,678,993) |
| Indirect costs | 628,821 | - | (628,821) |
| Total direct and indirect costs | 2,307,814 | - | (2,307,814) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,307,814 | - | $ (2,307,814) |
| Less amount paid by the State [2] | | (2,307,814) | |
| Amount paid in excess of allowable costs claimed | | $ (2,307,814) | |

# Schedule (continued)

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment[1] |
|---|---|---|---|
| July 1, 2020, through June 30, 2021 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 1,556,317 | - | $ (1,556,317) |
| Total direct costs | 1,556,317 | - | (1,556,317) |
| Indirect costs | 588,524 | - | (588,524) |
| Total direct and indirect costs | 2,144,841 | - | (2,144,841) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,144,841 | - | $ (2,144,841) |
| Less amount paid by the State [2] | | (2,144,841) | |
| Amount paid in excess of allowable costs claimed | | $ (2,144,841) | |
| Summary: July 1, 2017, through June 30, 2021 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 7,436,663 | - | $ (7,436,663) |
| Total direct costs | 7,436,663 | - | (7,436,663) |
| Indirect costs | 2,855,569 | - | (2,855,569) |
| Total direct and indirect costs | 10,292,232 | - | (10,292,232) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 10,292,232 | - | $ (10,292,232) |
| Less amount paid by the State [2] | | (10,172,773) | |
| Amount paid in excess of allowable costs claimed | | $ (10,172,773) | |

[1] See the Finding and Recommendation section.

[2] Payment amount current as of October 6, 2023.

# Finding and Recommendation

**FINDING—
Unsupported salaries, benefits, and related indirect costs**

The county claimed $7,436,663 in salaries and benefits for the audit period. We determined that the entire amount is unallowable. The related unallowable indirect costs total $2,855,569, for total unallowable costs of $10,292,232. The costs are primarily unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.

The following table summarizes the unallowable salaries and benefits, the related indirect costs, and the audit adjustment by fiscal year:

| Cost Elements | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Total |
|---|---|---|---|---|---|
| Unallowable salaries | $ (1,404,437) | $ (1,217,659) | $ (1,013,744) | $ (953,421) | $ (4,589,261) |
| Unallowable benefits | + (837,873) | + (741,384) | + (665,249) | + (602,896) | + (2,847,402) |
| Sub-total: Unallowable salaries and benefits | (2,242,310) | (1,959,043) | (1,678,993) | (1,556,317) | (7,436,663) |
| Claimed indirect cost rate (applies to salaries only) | × 63.67% | × 61.10% | × 62.03% | × 61.73% | × |
| Related indirect costs *(immaterial difference due to rounding)* | + (894,247) | + (743,978) | + (628,820) | + (588,524) | + (2,855,569) |
| Audit adjustment | $ (3,136,557) | $ (2,703,021) | $ (2,307,813) | $ (2,144,841) | $ (10,292,232) |

1

The county provided monthly time studies for Bureau of Investigations and Bureau of Prosecution employees. The employees' hours were charged to the following items:

(1) FC sections 3130 through 3133;

(2) FC sections 3408(c) and 3408(d);

(3) FC sections 3411(a) and 3421(c); and

(4) PC sections 277, 278, and 278.5.

The time studies include the following instructions:

> **Section 3130–3133**
>
> Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category. . . .
>
> **Section 277, 278, 278.5**
>
> Activities performed under item (4) in the return of an illegally concealed child or minor to its legal custodian should be indicated in this category.

The time studies also include the following instructions for "non-claimable" activities:

> **Section 277, 278, 278.5 – Non-Claimable (8)**
>
> All non-claimable custody of minors activities should be indicated in this category.
>
> **Other – Non-Claimable Activity Item Number (9)**
>
> Please explain any entries in this category.

After discussions with county personnel, we determined that both Deputy District Attorneys and District Attorney Investigators are, at times, involved in activities after the defendant's arraignment date. Without a description of the mandated functions, we were unable to determine whether the county had claimed unallowable costs associated with criminal prosecution commencing with the defendant's first appearance in a California court, or claimed costs associated with non-mandated activities.

We reviewed the time studies for fiscal year (FY) 2018-19 and FY 2020-21. During our review, we noted the following deficiencies with the time studies:

- Time studies were not signed by the employee and/or the employee's supervisor.
- Time studies were signed before the end of the time-studied month.
- Time study signatures were the same for the employee and the employee's supervisor.
- Time studies were signed a month or several months after the end of the time-studied month.

During fieldwork, the Bureau of Special Prosecutions also provided us with child abduction and recovery case file documents from eight sample cases. The documents included Los Angeles Superior Court Minute Orders, attorney case notes, court transcripts, and attorney emails. In addition, the Bureau of Investigations provided us with child abduction and recovery case file documents for four sample cases (three of which were outside the audit period). None of the provided documents describe the mandated functions performed or specify the actual number of hours devoted to each function.

Based on the documentation provided, we were unable to determine the mandated functions performed, the actual number of hours devoted to each function, or the validity of the costs. Only actual costs traceable to source documents may be claimed for this program.

In addition, the county did not separately identify its time spent on activities for PC section 278.7 cases (commonly referred to as "good cause" cases). After discussions with county personnel, we determined that the Intermediate Typist Clerk position performs activities for "good cause" cases. Time spent on "good cause" cases is unallowable because the parameters and guidelines do not identify "good cause" cases as reimbursable costs.

The parameters and guidelines incorporate requirements of PC sections 278 and 278.5, as amended by Chapter 988, Statutes of 1996. This law, known as the Parental Kidnapping Prevention Act, also added PC section 278.7. However, PC section 278.7 was not incorporated into the parameters and guidelines; therefore, any costs claimed under this section are not reimbursable.

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Section VII.A.1., "Salaries and Employees' Benefits" of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs are supported by source documentation.

County Response

> **I. SUMMARY OF RESPONSE**
>
> By letter dated June 28, 2023, the State Controller's Office ("Controller") has provided the County of Los Angeles ("County") the results of the Controller's draft audit of the County's claims for costs incurred in implementing the Custody of Minors-Child Abduction and Recovery Program ("Child Custody Program") for the period July 1, 2017, through June 30, 2021. During this period, the Los Angeles County District Attorney's Office, including its Bureau of Investigation, filed 141 cases, and declined 244 more. It expended approximately 67,328 hours. For the calendar years 2017 through 2021, these efforts resulted in the recovery or reunification of over 300 minors. The District Attorney's Office is proud of its work. The office has provided immeasurable comfort and peace of mind to the families involved.
>
> The Controller's draft audit, however, values this work as worth $0.00. Although the Child Custody Program in its various forms has been a reimbursable mandate since 1979, and the Controller has reimbursed the County for this work from the program's conception, the Controller has now reversed its position and asserts that the same documentation that was found sufficient in the past is now insufficient. The Controller did this without prior notice or warning and after the time periods had

passed, effectively precluding the County from providing the documentation the Controller now seeks.

The County does not agree with the Controller that the submitted documentation, as well as the supporting documentation provided to the Controller during the audit, is insufficient. The documents provided details of the employees involved and the cost of each employee's services, both direct and indirect. The time sheets provided allocate each employee's time between claimable and non-claimable activities in accordance with this program's Parameters and Guidelines.

There is no dispute that claimable services were rendered. Contrary to the draft audit's conclusions, the time sheets and other documentation submitted in support of the claims are source documents that show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities within the meaning of the Parameters and Guidelines. The draft audit's conclusions otherwise are unsupported and are arbitrary, capricious, and an abuse of discretion. . . .

**IV. THE AUDIT FOR [FY] 2017-2018 SHOULD BE WITHDRAWN AS UNTIMELY**

The audit for FY 2017-2018 is untimely and should be withdrawn.

The County filed its reimbursement claim for FY 2017-2018 on January 25, 2019. *See* Form FAM-27, dated January 25, 2019, enclosed herewith (Attachment II). The Controller initiated its audit of this fiscal year on August 5, 2022. *See* Letter to Arlene Barrera, dated August 5, 2022, enclosed herewith (Attachment III).

Government Code § 17558.5(a) provides that "[a] reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."

Here the initiation of the audit for FY 2017-2018 occurred more than three years after January 25, 2019, the date the claim for these costs were filed. The claim was not amended. The audit for FY 2017-2018 is untimely and should be withdrawn.

**V. THE TIME STUDIES AND OTHER DOCUMENTS SUBMITTED BY THE COUNTY ARE SOURCE DOCUMENTS THAT SHOW THE VALIDITY OF THE CLAIMED COSTS**

**A. The County Submitted Source Documents Consistent with the Parameters and Guidelines**

The County submitted time studies, salary and benefits information, and an indirect cost calculation in support of the costs incurred for each fiscal year. Contrary to the Controller's assertion, these documents are valid source documents as set forth by the Parameters and Guidelines.

The Parameters and Guidelines provide that claimed costs must be supported by documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. Employee time records or time logs are specifically referenced as acceptable source documents. *See* Parameters and Guidelines, Section V.

The County has submitted such source documents here. First, there are the time study reports. Although titled "time study," these are actually time sheets. Each deputy district attorney, paralegal, investigator, and clerk completes his or her own time sheet. The time sheets set forth the time expended on both claimable and non-claimable matters.

Each time sheet contains instructions as to how the time sheet is to be completed. Enforcement of custody orders is included under Family Code §§ 3130–3133. The return of an illegally concealed child or minor to its legal custodian is to be included under Penal Code §§ 277, 278, and 278.5.

The directions also specifically provide that all non-claimable activities are to be segregated and placed under the non-claimable section. The total hours expended on both claimable and non-claimable matters are totaled for each day. Each employee is instructed that the time sheets are to be completed on a daily basis, certified by the employee, and signed, dated, and submitted at the end of each month. Each employee's supervisor also signs and certifies that the time sheet is true and correct to the best of his or her knowledge.

In addition to the time sheet, the Controller also received in support of each claim a list of each attorney, paralegal, and investigator assigned to the appropriate category of compensable activities. With respect to Los Angeles County, these would be Family Code §§ 3130–3133 or Penal Code §§ 277, 278, and 278.5 matters. Support documentation showing salaries, benefits, and indirect costs was also supplied.

These documents were consistent with the Controller's Mandated Cost Manual for Local Agencies. Section 9(a) of that manual addresses actual time reporting. It provides in pertinent part that:

> Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:
>
> (1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee.
>
> (2) Account for the total activity for which each employee is compensated.
>
> (3) Be prepared at least monthly and must coincide with one or more pay periods.
>
> (4) Be signed by the employee.

That is the case here. Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. *Significantly, the Mandated Cost Manual does not call for the further detail on which the draft audit bases its conclusions.*

The County also supplied additional information during the audit. This information included a list of all matters handled by investigators as well as case files from representative custody and Hague Convention matters.

The Parameters and Guidelines provide that the claimant must identify each cost element for which reimbursement is claimed, and claimed costs must be identified to each cost element. With respect to salary and employee's benefits specifically, the Parameters and Guidelines require the documents "identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed, and specify the actual number of hours devoted to each function, the productive hourly rate and the related benefits." Parameters and Guidelines, Section VII.A.1.

That was done here. Each claim was supported by a schedule of employees, his or her classification, and the salary and other benefits claimed. Each employee's time sheet allocated his or her time on a daily basis to the reimbursable activity identified in Section V of the Parameters and Guidelines. Each employee's time was allocated between Section V.B.1, obtaining compliance with court orders (Family Code §§ 3130–3033), or Section V.B.2, return of illegally concealed children or minors to his or her legal custodian (Penal Code §§ 277, 278, 278.5).

The draft audit recognized that the County kept and submitted these time records. It noted that time was allocated between claimable and non-claimable activities by Family and Penal Code section, and that employees were specifically instructed as to how to allocate their time.

The draft audit nevertheless disallowed reimbursement in its entirety. Noting that Deputy District Attorneys and Investigators are at times involved in activities after a defendant's arraignment date, which would be non-claimable, the draft audit asserted that without a further description of the mandated functions, the Controller was unable to determine whether the County was claiming unallowable costs. This conclusion is not well taken.

First, the Parameters and Guidelines do not require the degree of detail the draft audit intends to require. Parameters and Guidelines Section V provides that the source documents must show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities. Here, the only direct costs claimed are the attorneys', paralegals', and investigators' time. The Parameters and Guidelines specifically provide that employee time records or time logs can be used for this purpose.

That is the case here. Each time record separates claimable from non-claimable time, reflects when the claimable activity occurred, and shows the relationship to the reimbursable activity by Family or Penal Code. Each employee certifies the accuracy of that record, and each employee's supervisor also certifies the time.

Significantly, these time records appear to have been used and accepted since 1994, the date of their last revision, without objection. Certainly, they have been used and accepted for audit periods prior to FY 2017-2018, the first audit period at issue here. The Controller, having accepted these records for several years prior to the audit period, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. The time records and logs had already been prepared in the previously-accepted format and, given the period of time between the audit period and the audit, the employee can no longer create further contemporaneous records. By changing requirements without prior notice or warning, the Controller unduly prejudices claimants.

If the Controller desires more detailed information, that information can be provided, *see* Section VI below, but it has to give notice that it is changing its requirements. The Controller's decision to reverse its prior practice of accepting the County's time records and logs in their current format, without prior notice or warning, is arbitrary, capricious and an abuse of discretion.

Moreover, the draft audit does not reflect information provided during the audit. First, during the audit, County representatives explained to the auditor that their investigators' time is almost exclusively devoted to claimable activities (i.e., enforcing custody orders). In support of this fact, the Controller was provided with a list of the cases the investigators handled during the audit period. The Controller was also provided with the case files of representative cases so that the Controller could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there is a place for that to be indicated on the time record.

Second, there is the time expended by the Intermediate Typist Clerk in support of the section. His or her work is also entirely devoted to supporting the investigators. As such, the clerk's work is also fully claimable. Nevertheless, the one month when the clerk was called upon to assist with non-claimable work, he so indicated on his time sheet, indicating that he understood the distinction and how to account for it. See Time Sheet for Roy Alvarado, January 2020.

The draft audit states that the Intermediate Typist Clerk also performs work for Penal Code § 287.7 cases, referred to as "good cause" cases. This is not correct. Penal Code § 287.7 does not create a new crime. It sets forth a defense as to when Penal Code § 278.5 does not apply (i.e., when a person with a right to custody keeps, withholds, or conceals a child because of a good faith and reasonable belief the child will suffer immediate bodily injury or emotional harm). Penal Code § 278.7(a) and (b). As such, there are no separate § 278.7 cases. Instead, this is a defense raised by a parent or person with a right to custody in a custody case. The Intermediate Clerk Typist performs no work other than inputting into a database any report filed by the person who keeps, withholds, or conceals the child so that there will be record of the report should the defense be asserted. This time is de minimus, but in any event claimable because it is part of the Penal Code §§ 278 or 278.5 hearing. The Parameters and Guidelines do not identify "good cause" hearings as reimbursable costs because there is no such hearing independent of Penal Code §§ 278 or 278.5; Penal Code § 278.7 is simply a defense that can be raised in those hearings.

Third, County representatives explained to the auditor that the paralegals work only on Section 3130 and Hague Convention cases and, accordingly, reflect their time under Family Code §§ 3130–3133. Their activities include coordinating with investigators, preparing documents for court, and communicating with the court clerk. As this time is entirely claimable, there is no issue as to whether the paralegals' time sheets contain sufficient information to distinguish claimable from non-claimable time. The draft audit does not set forth any reason to exclude any paralegal time. This time should be fully reimbursed.

Finally, the County representatives explained the work performed by Deputy District Attorneys. Unlike investigators or paralegals, Deputy District Attorneys perform both claimable and non- claimable work. This is reflected, however, in their time records. The attorneys are instructed

in how to allocate between claimable and non-claimable time and certify that they did it correctly. There is no basis to disallow this time.

**B. Representative Cases**

When performing an audit of a large number of items, it is appropriate to review a representative sample to determine accuracy. Here the County provided the Controller with the files relating to eight cases handled by Deputy District Attorneys and four cases handled by investigators. The draft audit states that the documents in the case files did not describe the functions performed or the hours devoted to those tasks.

The eight cases all were cases handled pursuant to the Hague Convention. All activities that relate to Hague matters are claimable, as they all relate to the recovery and return of children by means of a civil proceeding. As the County explained to the Controller, the documents in these case files are not prepared to describe the functions performed or the hours devoted. The claimable hours and reimbursable activities are set forth on the time records. The documents in these case files reflect or are the claimable activities themselves, they are the court orders (memorializing court appearances), investigations, contacts, travel, and reports in the case.

The Parameters and Guidelines provide that evidence corroborating source documents can include, but are not limited to, documents like worksheets, purchase orders, contracts, and agendas. These documents in the case files are the same type of corroborating documents, except generated in the context of child custody court proceedings. As reimbursable activities, these case files were provided to the Controller to corroborate that the activities for which reimbursement was sought are reimbursable activities under the Parameters and Guidelines.

The same is true for the investigator files. These also were cases handled pursuant to Family Code § 3130 and included the investigators' notes, contacts, and reports. Although the draft states that three of the cases were not in the audit period, it is not contested that the one in the audit period and the other three all evidence the type of activities performed by the investigators. As such, they are also corroborative evidence within the meaning of the Parameters and Guidelines.

The County submits that these files are sufficient representatives of the other cases on which the Deputy District Attorneys and investigators worked. Should the Controller believe that the sample is not sufficient, however, the County is willing to make additional case files available for review.

**C. Time Records for FYs 2018-19 and 2020-21**

The draft audit notes that it reviewed the time studies for the FYs 2018-19 and 2019-20 and found some time studies were not signed by the employee or employee's supervisor, signed before the end of the month, signed by the same person as employee and supervisor, or signed a month or several months after the end of the time period. None of these specific issues are disqualifying, but that, in any event, at most it is only the particular time sheet that is objectionable. It is not a basis for rejecting all properly completed time sheets.

> In this regard, the County submitted 147 time sheets for FY 2018-19. Of these, all were signed by the employee and only two were not signed by a supervisor. Only 11 were signed by the supervisor one to three days before the end of the month. (The date of the employee's signature is not controlling because when the supervisor signs it after the end of the month, he or she is certifying that the time was expended as set forth on the time sheet to the best of his or her belief.) Only one was signed more than a month after the end of the time-studied month. Finally, the only instances where the time sheet was signed by the same person were time sheets signed by a supervisor for her own time, which she was authorized to do.
>
> These record-keeping omissions do not show that the time on these time sheets is inaccurate. At worst, however, there are only 14 out of 147 time sheets with one of these issues, other than where the supervisor was authorized to approve her own time. That is not a basis for rejecting the other 133 time sheets, and not a basis for rejecting the time reported prior to the date of the supervisor's signature where circumstances caused him or her to have signed the time sheet a few days before the end of the month.
>
> The same is true for FY 2019-20. 133 time sheets were submitted for this period. Of these, only two were not signed by a supervisor and only two were signed by a supervisor before the end of the month. This is not a basis for rejecting the 129 other time sheets. Of the time sheets signed late by an employee, all were after the COVID County-wide health emergency was declared in March 2020 and County employees were directed to stay home. Similarly, of 17 time studies signed late by a supervisor, 15 of 17 were after March 2020. . . .

SCO Comment

Our finding and recommendation remain unchanged. We will address the county's concerns in the order in which they appear in the county's response.

On page 4 (Section IV., "The Audit for [FY] 2017-2018 Should Be Withdrawn as Untimely") of its response, the county states:

> . . . Government Code § 17558.5(a) provides that "[a] reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."
>
> Here the initiation of the audit for FY 2017-2018 occurred more than three years after January 25, 2019, the date the claim for these costs were filed. The claim was not amended. The audit for FY 2017-2018 is untimely and should be withdrawn.

The county does not quote GC section 17558.5(a) in its entirety. The subparagraph concludes:

> . . . However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be

> completed not later than two years after the date that the audit is commenced.

The initial payment for the FY 2017-18 claim was made on August 15, 2019. SCO contacted the county on July 26, 2022, to initiate the audit and the engagement start letter was dated August 5, 2022. Therefore, the audit of FY 2017-18 claims was initiated in a timely manner. The three-year statutory limit had not expired.

On page 5 (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines") of its response, the county states:

> Each time sheet contains instructions as to how the time sheet is to be completed. Enforcement of custody orders is included under Family Code §§ 3130–3133. The return of an illegally concealed child or minor to its legal custodian is to be included under Penal Code §§ 277, 278, and 278.5.

During our review, we examined the county's time study/time sheet instructions. They specifically state:

> **Section 3130–3133**
>
> Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category. . . .
>
> **Section 277, 278, 278.5**
>
> Activities performed under item (4) in the return of an illegally concealed child or minor to its legal custodian should be indicated in this category.

The time studies also included the following instructions for "Non-claimable" activities:

> **Section 277, 278, 278.5 – Non-Claimable (8)**
>
> All non-claimable custody of minors activities should be indicated in this category.
>
> **Other – Non-Claimable Activity Item Number (9)**
>
> Please explain any entries in this category.

The time study/time sheet instructions list the Penal Code and Family Code section and "Activity performed" or "Activities performed." However, descriptions of the mandated activities performed are not provided.

Likewise, "non-claimable" activities are simply noted as "277/278/278.5 Non-Claimable" or "Other-Non-claimable." No further description of the activities performed is provided.

Section VII.A.1., "Salary and Employees' Benefits," of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, **describe the mandated functions performed and specify the actual number of hours devoted to each function**, [emphasis

> added] the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

On page 5 (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines") of its response, the county states:

> . . . Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. *Significantly, the Mandated Cost Manual does not call for the further detail on which the draft audit bases its conclusions.* [emphasis in original]

As noted in our draft report, the parameters and guidelines for the CAR Program establish the state mandate and define reimbursement criteria; SCO issues the *Mandated Cost Manual* to assist local agencies in claiming reimbursable costs.

Page 1 of "Custody of Minors – Child Abduction and Recovery – Program No. 13" (hereafter "Program No. 13") in the SCO's *Mandated Cost Manual* states, in part:

> . . . SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The Ps & Gs are an integral part of the claiming instructions and are located on CSM's website.

The "Audit of Costs" section ("Program No. 13," page 2) of the SCO's *Mandated Cost Manual* begins:

> All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions **and the Ps & Gs adopted by CSM** [emphasis added]. . . .

On pages 6 and 7 (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines") of its response, the county continues:

> Significantly, these time records appear to have been used and accepted since 1994, the date of their [the Ps & Gs] last revision, without objection. Certainly, they have been used and accepted for audit periods prior to FY 2017-2018, the first audit period at issue here. The Controller, having accepted these records for several years prior to the audit period, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. The time records and logs had already been prepared in the previously-accepted format and, given the period of time between the audit period and the audit, the employee can no longer create further contemporaneous records. By changing requirements without prior notice or warning, the Controller unduly prejudices claimants.

We disagree.

This is the first audit conducted by our office of Los Angeles County's CAR Program mandated cost claims under the amended parameters and guidelines, issued October 30, 2009. The prior audit report for the period of July 1, 1999, through June 30, 2002, was issued on January 19, 2007. Therefore, the prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

The county asserts that the requirements were changed without prior notice or warning; however, page 1 of "Program No. 13" of the SCO's *Mandated Cost Manual* states "On October 30, 2009, CSM approved amendments to the Ps & Gs to clarify source documentation requirements."

The SCO's updated *Mandated Cost Manual* is provided annually to all claimants. Furthermore, the Commission issued a "Notice of Draft Staff Analysis, Comment Period and Hearing Date" to all state agencies and interested parties on September 23, 2009. This notification was to allow any interested parties to comment regarding the proposed changes to the program's parameters and guidelines.

To state that the "Controller unduly prejudices claimants" is inaccurate. Claimants are responsible for reviewing all relevant material, including any changes to the program's parameters and guidelines, *before* any claim is submitted for reimbursement. Claimants are also responsible for adhering to the requirements of the program's parameters and guidelines when submitting their claims.

During this engagement, we audited claims filed under the Amended Parameters and Guidelines, adopted October 30, 2009. These parameters and guidelines became effective beginning with claims for FY 2005-06. Claims applicable to this audit engagement were filed between July 1, 2017, and June 30, 2021.

On page 7 of its response (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines"), the county states:

> Moreover, the draft audit does not reflect information provided during the audit. First, during the audit, County representatives explained to the auditor that their investigators' time is almost exclusively devoted to claimable activities (i.e., enforcing custody orders). In support of this fact, the Controller was provided with a list of the cases [that] the investigators handled during the audit period. The Controller was also provided with the case files of representative cases so that the Controller could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there is a place for that to be indicated on the time record.

We reviewed the list of the cases that the investigators handled during the audit period, as well as case file documents from sample cases. None of the provided documents describes the mandated functions performed or specifies the actual number of hours devoted to each function. Providing case files to support the county's assertion that the "investigators' time is almost exclusively devoted to claimable activities (i.e. enforcing custody

orders)" does not comply with the requirements of the parameters and guidelines to support the actual number of hours devoted to each reimbursable function.

Additionally, the parameters and guidelines do not allow for the Intermediate Typist Clerk's time to be "fully claimable" simply because "his or her work is also entirely devoted to supporting the investigators" (page 7 in Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines").

On page 7 of its response (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines"), the county states:

> The draft audit states that the Intermediate Typist Clerk also performs work for Penal Code § 287.7 cases, referred to as "good cause" cases. This is not correct. Penal Code § 287.7 does not create a new crime. It sets forth a defense as to when Penal Code § 278.5 does not apply. . . . there are no separate § 278.7 cases. Instead, this is a defense raised by a parent or person with a right to custody in a custody case. The Intermediate Clerk Typist performs no work other than inputting into a database any report filed by the person who keeps, withholds, or conceals the child so that there will be record of the report should the defense be asserted. This time is de minimus, but in any event claimable because it is part of the Penal Code §§ 278 or 278.5 hearing. . . .

We disagree.

During an interview with the Sergeant of the Bureau of Investigations on October 18, 2022, we were told that good cause reports are taken and input by the Intermediate Typist Clerk. We emailed a summary of the conversation to the county on October 19, 2022, and the county did not dispute the statement regarding the Intermediate Typist Clerk.

Activities performed related to PC section 278.7 are not considered reimbursable mandated activities. Furthermore, the documentation provided as support for the claims did not contain the required detail to determine the mandated functions performed, or identify employees' time spent on activities related to cases under PC section 278.7.

On page 8 of its response (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines"), the county states:

> County representatives explained to the auditor that the paralegals work only on Section 3130 and Hague Convention cases and, accordingly, reflect their time under Family Code §§ 3130–3133. Their activities include coordinating with investigators, preparing documents for court, and communicating with the court clerk. As this time is entirely claimable, there is no issue as to whether the paralegals' time sheets contain sufficient information to distinguish claimable from non-claimable time. The draft audit does not set forth any reason to exclude any paralegal time. This time should be fully reimbursed.

Documenting time spent on activities under FC sections 3130 through 3133, without describing the mandated functions performed and

specifying the number of hours devoted to each function, does not meet the requirements of the parameters and guidelines.

Section VII.A.1., "Salaries and Employees' Benefits" of the parameters and guidelines states:

> Identify the employee(s), show the classification of the employee(s) involved, **describe the mandated functions performed and specify the actual number of hours devoted to each function** [emphasis added], the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

On page 8 (Section V.B., "Representative Cases") of its response, the county states:

> . . . As the County explained to the Controller, the documents in these case files are not prepared to describe the functions performed or the hours devoted. The claimable hours and reimbursable activities are set forth on the time records. The documents in these case files reflect or are the claimable activities themselves, they are the court orders (memorializing court appearances), investigations, contacts, travel, and reports in the case.

As discussed previously, the time records provided by the county are not adequate source documentation. Furthermore, the documents in the case files do not qualify as source documents; they qualify as corroborating documents.

Section V., "Reimbursable Costs," of the parameters and guidelines states, in part:

> . . . Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. . . . Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. **However, these documents cannot be substituted for source documents** [emphasis added].

Claimants are allowed to submit evidence corroborating their source documents. However, the parameters and guidelines do not allow claimants to substitute corroborating documents for source documents.

On page 9 (Section V.C., "Time Records for FYs 2018-19 and 2020-21") of its response, the county states:

> The draft audit notes that it reviewed the time studies for the FYs 2018-19 and 2019-20 and found some time studies were not signed by the employee or employee's supervisor, signed before the end of the month, signed by the same person as employee and supervisor, or signed a month or several months after the end of the time period. None of these specific issues are disqualifying, but that, in any event, at most it is only the particular time sheet that is objectionable. It is not a basis for rejecting all properly completed time sheets. . . .

We discussed time study deficiencies in the draft audit report to provide readers with a broader understanding of the time records that we reviewed and the deficiencies noted within. The time study deficiencies were not the primary basis for the audit finding; however, these deficiencies represent a lack of consistency with the county's ability to provide accurate, contemporaneous time records to support the hours claimed for the legislatively mandated CAR Program.

# Attachment—
# County's Response to Draft Audit Report

**COUNTY OF LOS ANGELES**
**DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-3873
PHONE: (213) 974-8301 FAX: (213) 626-5427

**OSCAR VALDEZ**
AUDITOR-CONTROLLER

ASSISTANT AUDITOR-CONTROLLERS

**MAJIDA ADNAN**
**ROBERT G. CAMPBELL**
**CONNIE YEE**

July 27, 2023

Lisa Kurokawa, Chief, Compliance Audits Bureau
State Controller's Office
Division of Audits
P.O. Box 942850
Sacramento, CA 94250

Dear Ms. Kurokawa:

**LOS ANGELES COUNTY'S RESPONSE TO THE DRAFT AUDIT REPORT:**
**CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM**

We have received your draft audit report for the State Controller's Office's (SCO) audit of costs claimed by Los Angeles County (County) for the legislatively-mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2017, through June 30, 2021.

The County does not agree with the SCO's results and has prepared the attached response.

If you have any questions please call me, or your staff may contact Fernando Lemus at (213) 974-0324 or at flemus@auditor.lacounty.gov.

Very truly yours,

Oscar Valdez
Auditor-Controller

OV:CY:RA:RC:FL:tm

Attachments

c: Fesia A. Davenport, Chief Executive Officer
George Gascón, District Attorney
Dawyn R. Harrison, County Counsel

*Help Conserve Paper – Print Double-Sided*
*"To Enrich Lives Through Effective and Caring Service"*

## I. SUMMARY OF RESPONSE

By letter dated June 28, 2023, the State Controller's Office ("Controller") has provided the County of Los Angeles ("County") the results of the Controller's draft audit of the County's claims for costs incurred in implementing the Custody of Minors-Child Abduction and Recovery Program ("Child Custody Program") for the period July 1, 2017, through June 30, 2021. During this period, the Los Angeles County District Attorney's Office, including its Bureau of Investigation, filed 141 cases, and declined 244 more. It expended approximately 67,328 hours. For the calendar years 2017 through 2021, these efforts resulted in the recovery or reunification of over 300 minors.[1] The District Attorney's Office is proud of its work. The office has provided immeasurable comfort and peace of mind to the families involved.

The Controller's draft audit, however, values this work as worth $0.00. Although the Child Custody Program in its various forms has been a reimbursable mandate since 1979, and the Controller has reimbursed the County for this work from the program's conception, the Controller has now reversed its position and asserts that the same documentation that was found sufficient in the past is now insufficient. The Controller did this without prior notice or warning and after the time periods had passed, effectively precluding the County from providing the documentation the Controller now seeks.

The County does not agree with the Controller that the submitted documentation, as well as the supporting documentation provided to the Controller during the audit, is insufficient. The documents provided details of the employees involved and the cost of each employee's services, both direct and indirect. The time sheets provided allocate each employee's time between claimable and non-claimable activities in accordance with this program's Parameters and Guidelines.

There is no dispute that claimable services were rendered. Contrary to the draft audit's conclusions, the time sheets and other documentation submitted in support of the claims are source documents that show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities within the meaning of the Parameters and Guidelines. The draft audit's conclusions otherwise are unsupported and are arbitrary, capricious, and an abuse of discretion.

## II. THE CLAIMS AT ISSUE

The draft audit proposes to disallow all costs incurred between July 1, 2017, and June 30, 2021, on the grounds that the County did not provide sufficient supporting documentation as follows:

[1] These statistics are collected on a calendar, as opposed to fiscal, year basis.

| Fiscal Year | Actual Costs Claimed | Audit Adjustment |
|---|---|---|
| 2017-2018 | $3,136,557 | $3,136,557 |
| 2018-2019 | $2,703,020 | $2,703,020 |
| 2019-2020 | $2,307,814 | $2,307,814 |
| 2020-2021 | $2,144,841 | $2,144,841 |
| Total | $10,292,232 | $10,292,232 |

For the following reasons, these draft audit adjustments are erroneous.

## III. THE CHILD CUSTODY PROGRAM

As set forth in the Amended Parameters and Guidelines, *Custody of Minors-Child Abduction and Recovery* 05-PGA-26 (CSM4237) ("Parameters and Guidelines"), the Legislature, through the enactment of several Family and Penal Code sections, has required District Attorney offices to assist parents and interested parties in resolving custody disputes and enforcing custody decrees.

As is pertinent here, Family Code §§ 3130 and 3131 provide that, where a petition to determine custody of a child has been filed, or a temporary order pending determination of custody has been entered, and the whereabouts of a party in possession of the child are unknown, the district attorney shall take all actions necessary to locate the party and the child and procure compliance with an order to appear, and if a child is taken or detained in violation of a custody or visitation order, the district attorney shall take all actions necessary to locate and return the child and the person who violated the order, and to assist in the enforcement of the custody or visitation order. Family Code § 3132 provides that the district attorney acts on behalf of the court, not any party to the proceeding. Family Code § 3133 provides that a court can issue a temporary custody order upon the district attorney's representation that such an order is needed to recover a detained or concealed child.

Penal Code § 277 contains definitions applicable to Penal Code §§ 278 and 278.5. Penal Code § 278 provides that every person not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both, or by imprisonment pursuant to subdivision (h) of Section 1170 for two, three or four years, a fine not exceeding ten thousand dollars, or both. Penal Code § 278.5 provides that every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be subject to similar punishment.

The Child Custody Program's Parameters and Guidelines provide for reimbursement for the costs incurred in implementing these statutes (Parameters and Guidelines, Section I). Section V.A of the Parameters and Guidelines specifically provides that:

> Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI.

(Section VI of the Parameters and Guidelines excludes from reimbursement costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in sections 278 or 278.5.)

Section V.B. of the Parameters and Guidelines provides that the County can recover all direct and indirect costs of labor, material and supplies, training and travel associated with obtaining compliance with court orders relating to child custody or visitation proceedings and enforcement of child custody or visitation orders, including:

> (1) contact with children and other involved persons, receipt of reports and requests for assistance, mediating with or advising involved individuals, and locating missing or concealed offenders and children;
>
> (2) utilizing any appropriate civil or criminal court action to secure compliance, including preparation and investigation of reports and requests for assistance, seeking physical restraint of offenders and/or the children to assure compliance with court orders, process services and depositions; and
>
> (3) physically recovering children, including travel expenses, food, lodging, transportation, and personal necessities for the child. (Section V.B.1.)

Section V.B further provides that the County can recover all direct and indirect costs in cases involving child custody or visitation orders from another jurisdiction, which may include utilization of the Uniform Child Custody Jurisdiction Act, the Federal Parental Kidnapping Prevention Act, and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction ("Hague Convention"), including:

> (1) cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian,
>
> (2) cost of transportation, including travel expenses, and personal necessities for the child;

(3) securing appearance of offenders and children in conjunction with an arrest warrant or court order, and cost of foster or short-term care because of the detention of the individual having custody; and

(4) return of an illegally obtained or concealed child, including the cost of food, lodging and necessities and cost of escorting the child. (Section V.B.2.)

## IV. THE AUDIT FOR FISCAL YEAR (FY) 2017-2018 SHOULD BE WITHDRAWN AS UNTIMELY

The audit for FY 2017-2018 is untimely and should be withdrawn.

The County filed its reimbursement claim for FY 2017-2018 on January 25, 2019. *See* Form FAM-27, dated January 25, 2019, enclosed herewith (Attachment II). The Controller initiated its audit of this fiscal year on August 5, 2022. *See* Letter to Arlene Barrera, dated August 5, 2022, enclosed herewith (Attachment III).

Government Code § 17558.5(a) provides that "[a] reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."

Here the initiation of the audit for FY 2017-2018 occurred more than three years after January 25, 2019, the date the claim for these costs were filed. The claim was not amended. The audit for FY 2017-2018 is untimely and should be withdrawn.

## V. THE TIME STUDIES AND OTHER DOCUMENTS SUBMITTED BY THE COUNTY ARE SOURCE DOCUMENTS THAT SHOW THE VALIDITY OF THE CLAIMED COSTS

### A. The County Submitted Source Documents Consistent with the Parameters and Guidelines

The County submitted time studies, salary and benefits information, and an indirect cost calculation in support of the costs incurred for each fiscal year. Contrary to the Controller's assertion, these documents are valid source documents as set forth by the Parameters and Guidelines.

The Parameters and Guidelines provide that claimed costs must be supported by documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. Employee time records or time logs are specifically referenced as acceptable source documents. *See* Parameters and Guidelines, Section V.

The County has submitted such source documents here. First, there are the time study reports. Although titled "time study," these are actually time sheets. Each deputy district

attorney, paralegal, investigator, and clerk completes his or her own time sheet. The time sheets set forth the time expended on both claimable and non-claimable matters.

Each time sheet contains instructions as to how the time sheet is to be completed. Enforcement of custody orders is included under Family Code §§ 3130-3133. The return of an illegally concealed child or minor to its legal custodian is to be included under Penal Code §§ 277, 278, and 278.5.

The directions also specifically provide that all non-claimable activities are to be segregated and placed under the non-claimable section. The total hours expended on both claimable and non-claimable matters are totaled for each day. Each employee is instructed that the time sheets are to be completed on a daily basis, certified by the employee, and signed, dated, and submitted at the end of each month. Each employee's supervisor also signs and certifies that the time sheet is true and correct to the best of his or her knowledge.

In addition to the time sheet, the Controller also received in support of each claim a list of each attorney, paralegal, and investigator assigned to the appropriate category of compensable activities. With respect to Los Angeles County, these would be Family Code §§ 3130-3133 or Penal Code §§ 277, 278, and 278.5 matters. Support documentation showing salaries, benefits, and indirect costs was also supplied.

These documents were consistent with the Controller's Mandated Cost Manual for Local Agencies. Section 9(a) of that manual addresses actual time reporting. It provides in pertinent part that:

> Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:
>
> (1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee.
>
> (2) Account for the total activity for which each employee is compensated.
>
> (3) Be prepared at least monthly and must coincide with one or more pay periods.
>
> (4) Be signed by the employee.

That is the case here. Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. *Significantly, the Mandated Cost Manual does not call for the further detail on which the draft audit bases its conclusions.*

The County also supplied additional information during the audit. This information included a list of all matters handled by investigators as well as case files from representative custody and Hague Convention matters.

The Parameters and Guidelines provide that the claimant must identify each cost element for which reimbursement is claimed, and claimed costs must be identified to each cost element. With respect to salary and employee's benefits specifically, the Parameters and Guidelines require the documents "identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed, and specify the actual number of hours devoted to each function, the productive hourly rate and the related benefits." Parameters and Guidelines, Section VII.A.1.

That was done here. Each claim was supported by a schedule of employees, his or her classification, and the salary and other benefits claimed. Each employee's time sheet allocated his or her time on a daily basis to the reimbursable activity identified in Section V of the Parameters and Guidelines. Each employee's time was allocated between Section V.B.1, obtaining compliance with court orders (Family Code §§ 3130-3033), or Section V.B.2, return of illegally concealed children or minors to his or her legal custodian (Penal Code §§ 277, 278, 278.5).

The draft audit recognized that the County kept and submitted these time records. It noted that time was allocated between claimable and non-claimable activities by Family and Penal Code section, and that employees were specifically instructed as to how to allocate their time.

The draft audit nevertheless disallowed reimbursement in its entirety. Noting that Deputy District Attorneys and Investigators are at times involved in activities after a defendant's arraignment date, which would be non-claimable, the draft audit asserted that without a further description of the mandated functions, the Controller was unable to determine whether the County was claiming unallowable costs. This conclusion is not well taken.

First, the Parameters and Guidelines do not require the degree of detail the draft audit intends to require. Parameters and Guidelines Section V provides that the source documents must show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities. Here, the only direct costs claimed are the attorneys', paralegals', and investigators' time. The Parameters and Guidelines specifically provide that employee time records or time logs can be used for this purpose.

That is the case here. Each time record separates claimable from non-claimable time, reflects when the claimable activity occurred, and shows the relationship to the reimbursable activity by Family or Penal Code. Each employee certifies the accuracy of that record, and each employee's supervisor also certifies the time.

Significantly, these time records appear to have been used and accepted since 1994, the date of their last revision, without objection. Certainly, they have been used and accepted for audit periods prior to FY 2017-2018, the first audit period at issue here. The Controller,

having accepted these records for several years prior to the audit period, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. The time records and logs had already been prepared in the previously-accepted format and, given the period of time between the audit period and the audit, the employee can no longer create further contemporaneous records. By changing requirements without prior notice or warning, the Controller unduly prejudices claimants.

If the Controller desires more detailed information, that information can be provided, *see* Section VI below, but it has to give notice that it is changing its requirements. The Controller's decision to reverse its prior practice of accepting the County's time records and logs in their current format, without prior notice or warning, is arbitrary, capricious and an abuse of discretion.

Moreover, the draft audit does not reflect information provided during the audit. First, during the audit, County representatives explained to the auditor that their investigators' time is almost exclusively devoted to claimable activities (i.e., enforcing custody orders). In support of this fact, the Controller was provided with a list of the cases the investigators handled during the audit period. The Controller was also provided with the case files of representative cases so that the Controller could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there is a place for that to be indicated on the time record.

Second, there is the time expended by the Intermediate Typist Clerk in support of the section. His or her work is also entirely devoted to supporting the investigators. As such, the clerk's work is also fully claimable. Nevertheless, the one month when the clerk was called upon to assist with non-claimable work, he so indicated on his time sheet, indicating that he understood the distinction and how to account for it. See Time Sheet for Roy Alvarado, January 2020.

The draft audit states that the Intermediate Typist Clerk also performs work for Penal Code § 287.7 cases, referred to as "good cause" cases. This is not correct. Penal Code § 287.7 does not create a new crime. It sets forth a defense as to when Penal Code § 278.5 does not apply (i.e., when a person with a right to custody keeps, withholds, or conceals a child because of a good faith and reasonable belief the child will suffer immediate bodily injury or emotional harm). Penal Code § 278.7(a) and (b). As such, there are no separate § 278.7 cases. Instead, this is a defense raised by a parent or person with a right to custody in a custody case. The Intermediate Clerk Typist performs no work other than inputting into a database any report filed by the person who keeps, withholds, or conceals the child so that there will be record of the report should the defense be asserted. This time is de minimus, but in any event claimable because it is part of the Penal Code §§ 278 or 278.5 hearing. The Parameters and Guidelines do not identify "good cause" hearings as reimbursable costs because there is no such hearing independent of Penal Code §§ 278 or 278.5; Penal Code § 278.7 is simply a defense that can be raised in those hearings.

Third, County representatives explained to the auditor that the paralegals work only on Section 3130 and Hague Convention cases and, accordingly, reflect their time under Family Code §§ 3130-3133. Their activities include coordinating with investigators, preparing documents for court, and communicating with the court clerk. As this time is entirely claimable, there is no issue as to whether the paralegals' time sheets contain sufficient information to distinguish claimable from non-claimable time. The draft audit does not set forth any reason to exclude any paralegal time. This time should be fully reimbursed.

Finally, the County representatives explained the work performed by Deputy District Attorneys. Unlike investigators or paralegals, Deputy District Attorneys perform both claimable and non-claimable work. This is reflected, however, in their time records. The attorneys are instructed in how to allocate between claimable and non-claimable time and certify that they did it correctly. There is no basis to disallow this time.

**B. Representative Cases**

When performing an audit of a large number of items, it is appropriate to review a representative sample to determine accuracy. Here the County provided the Controller with the files relating to eight cases handled by Deputy District Attorneys and four cases handled by investigators. The draft audit states that the documents in the case files did not describe the functions performed or the hours devoted to those tasks.

The eight cases all were cases handled pursuant to the Hague Convention. All activities that relate to Hague matters are claimable, as they all relate to the recovery and return of children by means of a civil proceeding. As the County explained to the Controller, the documents in these case files are not prepared to describe the functions performed or the hours devoted. The claimable hours and reimbursable activities are set forth on the time records. The documents in these case files reflect or are the claimable activities themselves, they are the court orders (memorializing court appearances), investigations, contacts, travel, and reports in the case.

The Parameters and Guidelines provide that evidence corroborating source documents can include, but are not limited to, documents like worksheets, purchase orders, contracts, and agendas. These documents in the case files are the same type of corroborating documents, except generated in the context of child custody court proceedings. As reimbursable activities, these case files were provided to the Controller to corroborate that the activities for which reimbursement was sought are reimbursable activities under the Parameters and Guidelines.

The same is true for the investigator files. These also were cases handled pursuant to Family Code § 3130 and included the investigators' notes, contacts, and reports. Although the draft states that three of the cases were not in the audit period, it is not contested that the one in the audit period and the other three all evidence the type of activities performed by the investigators. As such, they are also corroborative evidence within the meaning of the Parameters and Guidelines.

The County submits that these files are sufficient representatives of the other cases on which the Deputy District Attorneys and investigators worked. Should the Controller believe that the sample is not sufficient, however, the County is willing to make additional case files available for review.

### C. Time Records for FYs 2018-19 and 2020-21

The draft audit notes that it reviewed the time studies for the FYs 2018-19 and 2019-20 and found some time studies were not signed by the employee or employee's supervisor, signed before the end of the month, signed by the same person as employee and supervisor, or signed a month or several months after the end of the time period. None of these specific issues are disqualifying, but that, in any event, at most it is only the particular time sheet that is objectionable. It is not a basis for rejecting all properly completed time sheets.

In this regard, the County submitted 147 time sheets for FY 2018-19. Of these, all were signed by the employee and only two were not signed by a supervisor. Only 11 were signed by the supervisor one to three days before the end of the month. (The date of the employee's signature is not controlling because when the supervisor signs it after the end of the month, he or she is certifying that the time was expended as set forth on the time sheet to the best of his or her belief.) Only one was signed more than a month after the end of the time-studied month. Finally, the only instances where the time sheet was signed by the same person were time sheets signed by a supervisor for her own time, which she was authorized to do.

These record-keeping omissions do not show that the time on these time sheets is inaccurate. At worst, however, there are only 14 out of 147 time sheets with one of these issues, other than where the supervisor was authorized to approve her own time. That is not a basis for rejecting the other 133 time sheets, and not a basis for rejecting the time reported prior to the date of the supervisor's signature where circumstances caused him or her to have signed the time sheet a few days before the end of the month.

The same is true for FY 2019-20. 133 time sheets were submitted for this period. Of these, only two were not signed by a supervisor and only two were signed by a supervisor before the end of the month. This is not a basis for rejecting the 129 other time sheets. Of the time sheets signed late by an employee, all were after the COVID County-wide health emergency was declared in March 2020 and County employees were directed to stay home. Similarly, of 17 time studies signed late by a supervisor, 15 of 17 were after March 2020.

## VI. FUTURE RECORD KEEPING

As set forth above, the County believes that the documentation it has provided is sufficient and consistent with the Parameters and Guidelines. Nevertheless, in order to provide more detailed information in response to the Controller's requests, the County has implemented a new time-keeping policy and created new time records that reflect not only

claimable and non-claimable categories, but also individual task codes for each specific activity performed under each category.

Personnel have been advised to submit these new time records and have them approved by a specified date. These new time records will continue to be consistent with the State Controller's Office's Mandated Cost Manual for Local Agencies.

## VII. CONCLUSION

During the audit period, the District Attorney's office filed 141 cases resulting in the recovery and reunification of over 300 minors. The District Attorney's office is proud of its work.

In support of this claim, the County has submitted documentation consistent with the Parameters and Guidelines: time sheets certified by each employee and their supervisor allocating time between claimable and non-claimable activities, and schedules reflecting the employee's salaries and benefits, as well as indirect cost calculations.

There is no dispute that claimable activities were performed, benefiting hundreds of children and their parents or legal custodians. The draft audit's refusal to allow any compensation for this work is, on its face, unreasonable. Having provided reimbursement based on the same documentation for several years prior to the audit, the Controller's draft audit is arbitrary, capricious, and an abuse of discretion.

For the forgoing reason, the draft audit should be revised, and the Controller should reinstate all disallowed costs.

State Controller's Office — Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only: (19) Program Number 00013, (20) Date Filed, (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | Reimbursement Claim Data | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $2,242,310 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite 603 | | (24) FORM 1, (04) 3. (f) | |
| City Los Angeles | State CA | Zip Code 90012 | | (25) FORM 1, (04) 4. (f) | |
| | | Type of Claim | | (26) FORM 1, (06) | 64% |
| | (03) | (09) Reimbursement | [X] | (27) FORM 1, (07) | $894,247 |
| | (04) | (10) Combined | [ ] | (28) FORM 1, (09) | |
| | (05) | (11) Amended | [ ] | (29) FORM 1, (10) | |
| Fiscal Year of Cost | (06) | (12) 2017-2018 | | (30) | |
| Total Claimed Amount | (07) | (13) $3,136,557 | | (31) | |
| Less: 10% Late Penalty (refer to attached instructions) | | (14) | | (32) | |
| Less: Prior Claim Payment Received | | (15) | | (33) | |
| Net Claimed Amount | | (16) $3,136,557 | | (34) | |
| Due from State | (08) | (17) $3,136,557 | | (35) | |
| Due to State | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer

[redacted]

Date Signed 1/25/19

John Naimo, Auditor-Controller
Type or Print Name and Title of Authorized Signatory

Telephone Number (213) 974-8302

Email Address jnaimo@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

Form FAM-27 (Revised 9/18)

# BETTY T. YEE
## California State Controller

August 5, 2022

Arlene Barrera, Auditor-Controller
Los Angeles County
500 West Temple Street
Los Angeles, CA 90012

Re: Audit of Mandated Cost Claims for the Custody of Minors—Child Abduction and Recovery Program for the Period of July 1, 2017, through June 30, 2021

Dear Ms. Barrera:

This letter constitutes the initiation of an audit by the State Controller's Office of Los Angeles County's legislatively mandated Custody of Minors – Child Abduction and Recovery Program cost claims filed for fiscal year (FY) 2017-18 through FY 2020-21. The amount claimed for the audit period totals $10,292,392. The objective of our audit is to determine whether costs claimed represent increased costs as a result of the mandated program. To that end, we will assess whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

Alexandra Bonezzi, of our office, contacted the county on July 26, 2022, to schedule an entrance conference for Tuesday, August 16, 2022, at 9:00 a.m. The audit will be conducted in accordance with generally accepted government auditing standards. Government Code sections 12410, 17558.5, and 17561 provide the authority for this audit. We will begin audit fieldwork after the entrance conference.

Please furnish working accommodations for staff. Attached is a list of documents that we will need to begin the audit. We request that this information be made available at the time of the entrance conference. We will request additional documentation throughout the audit process, if necessary.

Lisa Kurokawa is the Bureau Chief with overall responsibility for the audit. Kimberly Tarvin, CPA, is the Division Chief, and is responsible for final review and signing the audit report.

P.O. Box 942850, Sacramento, CA 94250 ♦ (916) 445-2636
3301 C Street, Suite 700, Sacramento, CA 95816 ♦ (916) 324-8907
901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754 ♦ (323) 981-6802

If you have any questions, please contact me by telephone at (916) 323-2368, or email at khowell@sco.ca.gov.

Sincerely,

*Original signed by*

KEN HOWELL, Audit Manager
Compliance Audits Bureau
Division of Audits

KH/ac

*21205*

Attachment

cc: Fernando Lemus, Principal Accountant-Auditor
Los Angeles County
Holly Mitchell, Chair
Los Angeles County Board of Supervisors
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Steven Pavlov, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Lisa Kurokawa, Bureau Chief
Division of Audits
State Controller's Office
Alexandra Bonezzi, Auditor-in-Charge
Division of Audits
State Controller's Office

## Attachment—
## Records Request for Mandated Cost Program
## FY 2017-18 through 2020-21

---

1. Copies of claims filed for the Custody of Minors – Child Abduction and Recovery Program for FY 2017-18, FY 2018-19, FY 2019-20 and FY 2020-21
2. Copies of external and internal audit reports performed on the mandated cost program.
3. Organization charts for the county effective during the audit period, showing employee names and position titles.
4. Chart of accounts
5. Documentation that supports the productive hourly rate used, including support for benefit rates.
6. Employee timesheets or time logs that support claimed hours.
7. Access to payroll records showing employee salaries and benefits paid during the audit.
8. Access to general ledger accounts that support disbursements.
9. Documentation that supports amounts received from other funding sources.
10. Documentation that supports the indirect cost rate proposal.
11. List of child abduction cases for each fiscal year.
12. Access to case files.

**State Controller's Office**
**Division of Audits**
**Post Office Box 942850**
**Sacramento, CA 94250**

**www.sco.ca.gov**

# SECTION 10

# REIMBURSEMENT CLAIMS

# REIMBURSEMENT CLAIMS

# FISCAL YEAR 2017-2018

State Controller's Office | Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only: (19) Program Number 00013 (20) Date Filed (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | Reimbursement Claim Data | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $2,242,310 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite 603 | | (24) FORM 1, (04) 3. (f) | |
| City Los Angeles | State CA | Zip Code 90012 | | (25) FORM 1, (04) 4. (f) | |
| | | Type of Claim | | (26) FORM 1, (06) | 64% |
| | (03) | (09) Reimbursement | [X] | (27) FORM 1, (07) | $894,247 |
| | (04) | (10) Combined | [ ] | (28) FORM 1, (09) | |
| | (05) | (11) Amended | [ ] | (29) FORM 1, (10) | |
| Fiscal Year of Cost | (06) | (12) 2017-2018 | | (30) | |
| Total Claimed Amount | (07) | (13) $3,136,557 | | (31) | |
| Less: 10% Late Penalty (refer to attached Instructions) | | (14) | | (32) | |
| Less: Prior Claim Payment Received | | (15) | | (33) | |
| Net Claimed Amount | | (16) $3,136,557 | | (34) | |
| Due from State | (08) | (17) $3,136,557 | | (35) | |
| Due to State | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM**

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

John Naimo

Date Signed 1/25/19

John Naimo, Auditor-Controller

Type or Print Name and Title of Authorized Signatory

Telephone Number (213) 974-8302

Email Address jnaimo@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

Form FAM-27 (Revised 9/18)

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year |
|---|---|
| County of Los Angeles | 2017 /2018 |

(03) Department District Attorney's Office

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits 59.659% (1) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $1,404,436.92 | $837,873.02 | | | | $2,242,309.94 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $1,404,436.92 | $837,873.02 | | | | $2,242,309.94 |

| Indirect Costs | | | |
|---|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | (2) | 63.673% |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | | $894,247.12 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $3,138,557.06 |
| **Cost Reduction** | | | |
| (09) Less: Offsetting Revenues | | | |
| (10) Less: Other Reimbursements | | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | | $3,138,557.06 |

Revised 9/18

(1) See TAB D
(2) See TAB A

PROGRAM 013

**CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY**
**REIMBURSEMENT SOURCE SUMMARY**

FORM 1.2

(01) Claimant: County of Los Angeles / District Attorney's Office

(02) Fiscal Year: 2017/2018

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| see attached | see attached | see attached | see attached |
| (04) Total ☐ Subtotal ☐ | | | |

Revised 9/18

PROGRAM 013

# CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL

FORM 2

(01) Claimant
County of Los Angeles / District Attorney's Office

(02) Fiscal Year
2017/2018

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (PROGRAM 3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | (d) Salaries (1) | (e) Benefits 59.859% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| [redacted] DDA IV Program 3130-3133 | 100.4000 | 5.00 | 502.00 | 299.49 | | | |
| [redacted] - Paralegal Program 3130-3133 | 40.0250 | 1,448.00 | 57,956.20 | 34,576.09 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 82.2668 | 1,904.00 | 156,635.99 | 93,447.47 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 74.5532 | 1,850.00 | 137,923.42 | 82,283.73 | | | |
| [redacted] - DDA IV Program 3130-3133 | 103.3692 | 150.00 | 15,505.38 | 9,250.35 | | | |
| [redacted] Sr. INV Program 3130-3133 | 72.9800 | 976.00 | 71,228.48 | 42,494.20 | | | |
| [redacted] - Paralegal Program 3130-3133 | 40.6251 | 1,744.00 | 70,850.17 | 42,288.50 | | | |
| [redacted] Sr. INV Program 3130-3133 | 60.5227 | 990.00 | 59,917.47 | 35,748.16 | | | |
| [redacted] DDA III Program 3130-3133 | 87.2572 | 173.00 | 15,095.50 | 9,005.82 | | | |
| [redacted] - DDA III Program 3130-3133 | 88.1171 | 390.00 | 34,365.67 | 20,502.22 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 73.7125 | 1,940.00 | 143,002.25 | 85,313.71 | | | |
| [redacted] Sr. INV Program 3130-3133 | 82.3057 | 1,772.00 | 145,845.70 | 87,010.09 | | | |
| [redacted] Sergeant Program 3130-3133 | 81.4610 | 1,583.00 | 128,952.76 | 76,931.93 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 72.9800 | 865.00 | 63,127.70 | 37,681.35 | | | |
| [redacted] Sr. INV Program 3130-3133 | 72.9800 | 480.00 | 35,030.40 | 20,898.79 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 81.9966 | 848.00 | 69,533.12 | 41,482.76 | | | |
| [redacted] DDA III Program 3130-3133 | 86.0604 | 23.00 | 1,979.39 | 1,180.88 | | | |
| [redacted] - ITC Program 3130-3133 | 22.2178 | 1,518.00 | 33,726.62 | 20,120.98 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 76.6900 | 752.00 | 57,670.88 | 34,405.87 | | | |
| (05) Total [ ] Subtotal [x] Page: 1 of 2 | | | 1,298,849.10 | 774,880.37 | | | |

Revised 9/18

(1) See TAB B

PROGRAM 013

# CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL

FORM 2

(01) Claimant: County of Los Angeles / District Attorney's Office

(02) Fiscal Year: 2017/2018

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (PROGRAM 277, 278, & 278.5)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | Object Accounts (d) Salaries (1) | (e) Benefits 59.659% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| [redacted] - DDA IV<br>Program 277, 278, & 278.5 | 100.4000 | 180.00 | 18,072.00 | 10,781.57 | | | |
| [redacted] - DDA IV<br>Program 277, 278, & 278.5 | 103.1752 | 354.00 | 36,524.02 | 21,789.87 | | | |
| [redacted] - DDA III<br>Program 277, 278, & 278.5 | 87.1371 | 217.00 | 18,908.75 | 11,280.77 | | | |
| [redacted] - DDA III<br>Program 277, 278, & 278.5 | 87.0027 | 230.00 | 20,010.62 | 11,938.14 | | | |
| [redacted] - DDA III<br>Program 277, 278, & 278.5 | 85.6198 | 141.00 | 12,072.39 | 7,202.27 | | | |
| (05) Total [ ] Subtotal [x] Page: 2 of 2 | | | 105,587.78 | 62,992.62 | | | |

Revised 9/18

(1) See TAB G

**COUNTY OF LOS ANGELES - DISTRICT ATTORNEY'S OFFICE**
**SB 90 - CHILD ABDUCTION AND RECOVERY**
**ICRP CALCULATION**
**FISCAL YEAR 2017-2018**

**(06) : 63.673%**

| Item | A Salaries | Benefits (59.659 %) | B ICRP (62.929%) | C ICRP (66.393%) | Sub-Total ICRP | Total |
|---|---|---|---|---|---|---|
| Program 3130-3133 | 1,298,849.14 | 774,880.34 | 693,851.85 | 130,299.18 | 824,151.03 | 2,897,880.51 |
| Program 277, 278, 278.5 | 105,587.78 | 62,992.60 | - | 70,102.89 | 70,102.89 | 238,683.27 |
| (04)1. Total | **1,404,436.92** | **837,872.94** | **693,851.85** | **200,402.07** | **894,253.92** | **3,136,563.78** |

AVERAGE INDIRECT COST = (B+C)/A
= ((BI) I.C.RATE) + ((SO) I.C. RATE))/ SALARY CLAIMED
= 894,253.92/1,404,436.92
= ***63.673%***

0 * 1,404,436.92 % 0.63673 = 894,247.120 * 0 *

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2017-2018**

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | (a) SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | (b) I.C. RATE (BI) 62.929% | (c) I.C. RATE (SPEC OPS) 66.393% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | DDA IV | | | | | 502.00 | 299.49 | - | 333.29 | 1,134.78 |
| | | | | PARALEGAL | | | | | 57,956.24 | 34,576.10 | - | 38,478.88 | 131,011.22 |
| | | | | SR. INV | | | | | 156,636.00 | 93,447.47 | 98,569.48 | - | 348,652.95 |
| | | | | SR. INV | | | | | 137,923.40 | 82,283.71 | 86,793.83 | - | 307,000.94 |
| | | | | DDA IV | | | | | 15,505.38 | 9,250.36 | - | 10,294.48 | 35,050.22 |
| | | | | SR. INV | | | | | 71,228.48 | 42,494.19 | 44,823.36 | - | 158,546.03 |
| | | | | PARALEGAL | | | | | 70,850.24 | 42,268.54 | - | 47,039.59 | 160,158.37 |
| | | | | SR. INV | | | | | 59,917.50 | 35,746.18 | 37,705.49 | - | 133,369.17 |
| | | | | DDA III | | | | | 15,095.49 | 9,005.82 | - | 10,022.34 | 34,123.65 |
| | | | | DDA III | | | | | 34,365.68 | 20,502.21 | - | 22,816.42 | 77,684.31 |
| | | | | SR. INV | | | | | 143,002.20 | 85,313.66 | 89,989.87 | - | 318,305.73 |
| | | | | SR. INV | | | | | 145,845.72 | 87,010.10 | 91,779.24 | - | 324,635.06 |
| | | | | SERGEANT | | | | | 128,952.74 | 76,931.92 | 81,148.68 | - | 287,033.34 |
| | | | | SR. INV | | | | | 63,127.70 | 37,661.35 | 39,725.62 | - | 140,514.67 |
| | | | | SR. INV | | | | | 35,030.40 | 20,898.78 | 22,044.28 | - | 77,973.46 |
| | | | | SR. INV | | | | | 69,533.12 | 41,482.77 | 43,756.49 | - | 154,772.38 |
| | | | | DDA III | | | | | 1,979.39 | 1,180.89 | - | 1,314.18 | 4,474.46 |
| | | | | ITC | | | | | 33,726.58 | 20,120.93 | 21,223.80 | - | 75,071.31 |
| | | | | SR. INV | | | | | 57,670.88 | 34,405.87 | 36,291.71 | - | 128,368.46 |
| Grand Total | | | | | | | | | 1,298,849.14 | 774,880.34 | 693,851.85 | 130,299.18 | 2,897,880.51 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2017-2018**

| | (a) | | | (a) | | (b) | | (c) | (d) | (e) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | TOTAL |
| [redacted] | | | | DDA IV | | 100.4000 | | 5.00 | 502.00 | 299.49 | 801.49 |
| | | | | PARALEGAL | | 40.0250 | | 1,448.00 | 57,956.20 | 34,576.09 | 92,532.29 |
| | | | | SR. INV | | 82.2668 | | 1,904.00 | 156,635.99 | 93,447.47 | 250,083.46 |
| | | | | SR. INV | | 74.5532 | | 1,850.00 | 137,923.42 | 82,283.73 | 220,207.15 |
| | | | | DDA IV | | 103.3692 | | 150.00 | 15,505.38 | 9,250.35 | 24,755.73 |
| | | | | SR. INV | | 72.9800 | | 976.00 | 71,228.48 | 42,494.20 | 113,722.68 |
| | | | | PARALEGAL | | 40.6251 | | 1,744.00 | 70,850.17 | 42,268.50 | 113,118.67 |
| | | | | SR. INV | | 60.5227 | | 990.00 | 59,917.47 | 35,746.16 | 95,663.63 |
| | | | | DDA III | | 87.2572 | | 173.00 | 15,095.50 | 9,005.82 | 24,101.32 |
| | | | | DDA III | | 88.1171 | | 390.00 | 34,365.67 | 20,502.22 | 54,867.89 |
| | | | | SR. INV | | 73.7125 | | 1,940.00 | 143,002.25 | 85,313.71 | 228,315.96 |
| | | | | SR. INV | | 82.3057 | | 1,772.00 | 145,845.70 | 87,010.09 | 232,855.79 |
| | | | | SERGEANT | | 81.4610 | | 1,583.00 | 128,952.76 | 76,931.93 | 205,884.69 |
| | | | | SR. INV | | 72.9800 | | 865.00 | 63,127.70 | 37,661.35 | 100,789.05 |
| | | | | SR. INV | | 72.9800 | | 480.00 | 35,030.40 | 20,898.79 | 55,929.19 |
| | | | | SR. INV | | 81.9966 | | 848.00 | 69,533.12 | 41,482.76 | 111,015.88 |
| | | | | DDA III | | 86.0604 | | 23.00 | 1,979.39 | 1,180.88 | 3,160.27 |
| | | | | ITC | | 22.2178 | | 1,518.00 | 33,726.62 | 20,120.96 | 53,847.58 |
| | | | | SR. INV | | 76.6900 | | 752.00 | 57,670.88 | 34,405.87 | 92,076.75 |
| Grand Total | | | | | | | | 19,411.00 | 1,298,849.10 | 774,880.37 | 2,073,729.47 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2017-2018**

| | A | | | A | | B | | C | D | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | TOTAL |
| May 18 | [redacted] | BSP | [redacted] | DDA IV | 14,582.45 | 100.40 | 160.00 | 1.00 | 100.40 | 59.90 | 160.30 |
| Jun 18 | [redacted] | BSP | | DDA IV | 14,582.46 | 100.40 | 152.00 | 4.00 | 401.60 | 239.59 | 641.19 |
| | [redacted] Total | | | **DDA IV** | | **100.4000** | | **5.00** | **502.00** | **299.49** | **801.49** |
| Jul 17 | [redacted] | BSP | | PARALEGAL | 5,784.64 | 39.83 | 152.00 | 152.00 | 6,054.16 | 3,611.85 | 9,666.01 |
| Oct 17 | | BSP | | PARALEGAL | 4,045.61 | 27.85 | 88.00 | 88.00 | 2,450.80 | 1,462.12 | 3,912.92 |
| Nov 17 | | BSP | | PARALEGAL | 5,900.28 | 40.62 | 144.00 | 144.00 | 5,849.28 | 3,489.62 | 9,338.90 |
| Dec 17 | | BSP | | PARALEGAL | 5,900.28 | 40.62 | 160.00 | 160.00 | 6,499.20 | 3,877.36 | 10,376.56 |
| Jan 18 | | BSP | | PARALEGAL | 5,900.28 | 40.62 | 144.00 | 136.00 | 5,524.32 | 3,295.75 | 8,820.07 |
| Feb 18 | | BSP | | PARALEGAL | 5,900.28 | 40.62 | 144.00 | 144.00 | 5,849.28 | 3,489.62 | 9,338.90 |
| Mar 18 | | BSP | | PARALEGAL | 5,900.28 | 40.62 | 152.00 | 152.00 | 6,174.24 | 3,683.49 | 9,857.73 |
| Apr 18 | | BSP | | PARALEGAL | 6,017.74 | 41.43 | 128.00 | 128.00 | 5,303.04 | 3,163.74 | 8,466.78 |
| May 18 | | BSP | | PARALEGAL | 6,017.74 | 41.43 | 176.00 | 176.00 | 7,291.68 | 4,350.14 | 11,641.82 |
| Jun 18 | | BSP | | PARALEGAL | 6,017.74 | 41.43 | 168.00 | 168.00 | 6,960.24 | 4,152.41 | 11,112.65 |
| | [redacted] Total | | | **PARALEGAL** | | **40.0250** | | **1,448.00** | **57,956.20** | **34,576.09** | **92,532.29** |
| Jul 17 | [redacted] | BOI | | SR. INV | 11,831.04 | 81.45 | 150.00 | 150.00 | 12,217.50 | 7,288.84 | 19,506.34 |
| Aug 17 | [redacted] | BOI | | SR. INV | 11,831.04 | 81.45 | 187.00 | 187.00 | 15,231.15 | 9,086.75 | 24,317.90 |
| Sep 17 | [redacted] | BOI | | SR. INV | 11,831.04 | 81.45 | 150.00 | 150.00 | 12,217.50 | 7,288.84 | 19,506.34 |
| Oct 17 | | BOI | | SR. INV | 11,831.04 | 81.45 | 160.00 | 160.00 | 13,032.00 | 7,774.76 | 20,806.76 |
| Nov 17 | | BOI | | SR. INV | 11,831.04 | 81.45 | 167.00 | 167.00 | 13,602.15 | 8,114.91 | 21,717.06 |
| Dec 17 | | BOI | | SR. INV | 11,831.04 | 81.45 | 130.00 | 130.00 | 10,588.50 | 6,316.99 | 16,905.49 |
| Jan 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 140.00 | 140.00 | 11,629.80 | 6,938.22 | 18,568.02 |
| Feb 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 150.00 | 150.00 | 12,460.50 | 7,433.81 | 19,894.31 |
| Mar 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 160.00 | 160.00 | 13,291.20 | 7,929.40 | 21,220.60 |
| Apr 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 170.00 | 170.00 | 14,121.90 | 8,424.98 | 22,546.88 |
| May 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 180.00 | 180.00 | 14,952.60 | 8,920.57 | 23,873.17 |
| Jun 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 160.00 | 160.00 | 13,291.20 | 7,929.40 | 21,220.60 |
| | [redacted] Total | | | **SR. INV** | | **82.2668** | | **1,904.00** | **156,635.99** | **93,447.47** | **250,083.46** |
| Jul 17 | [redacted] | BOI | | SR. INV | 10,600.08 | 72.98 | 120.00 | 120.00 | 8,757.60 | 5,224.70 | 13,982.30 |
| Aug 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 190.00 | 190.00 | 13,866.20 | 8,272.44 | 22,138.64 |
| Sep 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 150.00 | 150.00 | 10,947.00 | 6,530.87 | 17,477.87 |
| Oct 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 170.00 | 170.00 | 12,406.60 | 7,401.65 | 19,808.25 |
| Nov 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 170.00 | 170.00 | 12,406.60 | 7,401.65 | 19,808.25 |
| Dec 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 90.00 | 90.00 | 6,568.20 | 3,918.52 | 10,486.72 |
| Jan 18 | | BOI | | SR. INV | 10,810.72 | 74.43 | 170.00 | 170.00 | 12,653.10 | 7,548.71 | 20,201.81 |
| Feb 18 | | BOI | | SR. INV | 10,881.18 | 74.91 | 150.00 | 150.00 | 11,236.50 | 6,703.58 | 17,940.08 |
| Mar 18 | | BOI | | SR. INV | 11,139.54 | 76.69 | 150.00 | 150.00 | 11,503.50 | 6,862.87 | 18,366.37 |
| Apr 18 | | BOI | | SR. INV | 11,139.54 | 76.69 | 150.00 | 150.00 | 11,503.50 | 6,862.87 | 18,366.37 |
| May 18 | | BOI | | SR. INV | 11,139.54 | 76.69 | 180.00 | 180.00 | 13,804.20 | 8,235.45 | 22,039.65 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2017-2018**

| | A | | | A | B | | C | D | E | |
|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | TOTAL |
| Jun 18 | [redacted] | BOI | [redacted] | SR. INV | 11,139.54 | 76.69 | 160.00 | 160.00 | 12,270.40 | 7,320.40 | 19,590.80 |
| [redacted] Total | | | | **SR. INV** | | **74.5532** | | **1,850.00** | **137,923.42** | **82,283.73** | **220,207.15** |
| Jul 17 | [redacted] | BSP | | DDA IV | 14,800.74 | 101.90 | 144.00 | 7.00 | 713.30 | 425.55 | 1,138.85 |
| Aug 17 | [redacted] | BSP | | DDA IV | 14,800.74 | 101.90 | 168.00 | 22.00 | 2,241.80 | 1,337.44 | 3,579.24 |
| Sep 17 | [redacted] | BSP | | DDA IV | 14,800.74 | 101.90 | 160.00 | 16.00 | 1,630.40 | 972.68 | 2,603.08 |
| Oct 17 | [redacted] | BSP | | DDA IV | 15,095.10 | 103.92 | 128.00 | 31.00 | 3,221.52 | 1,921.93 | 5,143.45 |
| Nov 17 | [redacted] | BSP | | DDA IV | 15,095.10 | 103.92 | 152.00 | 45.00 | 4,676.40 | 2,789.89 | 7,466.29 |
| Dec 17 | [redacted] | BSP | | DDA IV | 15,095.10 | 103.92 | 152.00 | 7.00 | 727.44 | 433.98 | 1,161.42 |
| Jan 18 | [redacted] | BSP | | DDA IV | 15,095.10 | 103.92 | 144.00 | 6.00 | 623.52 | 371.99 | 995.51 |
| Feb 18 | [redacted] | BSP | | DDA IV | 15,095.10 | 103.92 | 136.00 | 5.00 | 519.60 | 309.99 | 829.59 |
| Mar 18 | [redacted] | BSP | | DDA IV | 15,095.10 | 103.92 | 152.00 | 7.00 | 727.44 | 433.98 | 1,161.42 |
| Apr 18 | [redacted] | BSP | | DDA IV | 15,395.46 | 105.99 | 168.00 | 4.00 | 423.96 | 252.93 | 676.89 |
| [redacted] Total | | | | **DDA IV** | | **103.3692** | | **150.00** | **15,505.38** | **9,250.35** | **24,755.73** |
| Jul 17 | [redacted] | BOI | | SR. INV | 10,600.08 | 72.98 | 160.00 | 160.00 | 11,676.80 | 6,966.26 | 18,643.06 |
| Aug 17 | [redacted] | BOI | | SR. INV | 10,600.08 | 72.98 | 181.00 | 181.00 | 13,209.38 | 7,880.58 | 21,089.96 |
| Sep 17 | [redacted] | BOI | | SR. INV | 10,600.08 | 72.98 | 158.00 | 158.00 | 11,530.84 | 6,879.18 | 18,410.02 |
| Oct 17 | [redacted] | BOI | | SR. INV | 10,600.08 | 72.98 | 168.00 | 168.00 | 12,260.64 | 7,314.58 | 19,575.22 |
| Nov 17 | [redacted] | BOI | | SR. INV | 10,600.08 | 72.98 | 149.00 | 149.00 | 10,874.02 | 6,487.33 | 17,361.35 |
| Dec 17 | [redacted] | BOI | | SR. INV | 10,600.08 | 72.98 | 160.00 | 160.00 | 11,676.80 | 6,966.26 | 18,643.06 |
| [redacted] Total | | | | **SR. INV** | | **72.9800** | | **976.00** | **71,228.48** | **42,494.20** | **113,722.68** |
| Jul 17 | [redacted] | BSP | | PARALEGAL | 5,784.64 | 39.83 | 112.00 | 112.00 | 4,460.96 | 2,661.36 | 7,122.32 |
| Aug 17 | [redacted] | BSP | | PARALEGAL | 5,784.64 | 39.83 | 184.00 | 184.00 | 7,328.72 | 4,372.24 | 11,700.96 |
| Sep 17 | [redacted] | BSP | | PARALEGAL | 5,784.64 | 39.83 | 152.00 | 152.00 | 6,054.16 | 3,611.85 | 9,666.01 |
| Oct 17 | [redacted] | BSP | | PARALEGAL | 5,900.28 | 40.62 | 160.00 | 160.00 | 6,499.20 | 3,877.36 | 10,376.56 |
| Nov 17 | [redacted] | BSP | | PARALEGAL | 5,900.28 | 40.62 | 136.00 | 128.00 | 5,199.36 | 3,101.89 | 8,301.25 |
| Dec 17 | [redacted] | BSP | | PARALEGAL | 5,900.28 | 40.62 | 112.00 | 112.00 | 4,549.44 | 2,714.15 | 7,263.59 |
| Jan 18 | [redacted] | BSP | | PARALEGAL | 5,900.28 | 40.62 | 136.00 | 136.00 | 5,524.32 | 3,295.75 | 8,820.07 |
| Feb 18 | [redacted] | BSP | | PARALEGAL | 5,900.28 | 40.62 | 144.00 | 144.00 | 5,849.28 | 3,489.62 | 9,338.90 |
| Mar 18 | [redacted] | BSP | | PARALEGAL | 5,900.28 | 40.62 | 168.00 | 168.00 | 6,824.16 | 4,071.23 | 10,895.39 |
| Apr 18 | [redacted] | BSP | | PARALEGAL | 6,017.74 | 41.43 | 136.00 | 136.00 | 5,634.48 | 3,361.47 | 8,995.95 |
| May 18 | [redacted] | BSP | | PARALEGAL | 6,017.74 | 41.43 | 144.00 | 144.00 | 5,965.92 | 3,559.21 | 9,525.13 |
| Jun 18 | [redacted] | BSP | | PARALEGAL | 6,017.74 | 41.43 | 168.00 | 168.00 | 6,960.24 | 4,152.41 | 11,112.65 |
| [redacted] Total | | | | **PARALEGAL** | | **40.6251** | | **1,744.00** | **70,850.17** | **42,268.50** | **113,118.67** |
| Jan 18 | [redacted] | BOI | | SR. INV | 9,213.24 | 63.43 | 170.00 | 170.00 | 10,783.10 | 6,433.09 | 17,216.19 |
| Feb 18 | [redacted] | BOI | | SR. INV | 8,702.68 | 59.92 | 160.00 | 160.00 | 9,587.20 | 5,719.63 | 15,306.83 |
| Mar 18 | [redacted] | BOI | | SR. INV | 8,702.68 | 59.92 | 180.00 | 180.00 | 10,785.60 | 6,434.58 | 17,220.18 |
| Apr 18 | [redacted] | BOI | | SR. INV | 8,702.68 | 59.92 | 140.00 | 140.00 | 8,388.80 | 5,004.67 | 13,393.47 |
| May 18 | [redacted] | BOI | | SR. INV | 8,702.68 | 59.92 | 180.00 | 180.00 | 10,785.60 | 6,434.58 | 17,220.18 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2017-2018**

| | A | | | A | | B | | C | D | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | TOTAL |
| Jun 18 | [redacted] | BOI | [redacted] | SR. INV | 8,702.68 | 59.92 | 160.00 | 160.00 | 9,587.20 | 5,719.63 | 15,306.83 |
| | [redacted] Total | | | **SR. INV** | | **60.5227** | | **990.00** | **59,917.47** | **35,746.16** | **95,663.63** |
| Jul 17 | [redacted] | BSP | [redacted] | DDA III | 12,514.28 | 86.16 | 120.00 | 8.00 | 689.28 | 411.22 | 1,100.50 |
| Aug 17 | [redacted] | BSP | [redacted] | DDA III | 12,514.28 | 86.16 | 168.00 | 27.00 | 2,326.32 | 1,387.86 | 3,714.18 |
| Sep 17 | [redacted] | BSP | [redacted] | DDA III | 12,514.28 | 86.16 | 128.00 | 27.00 | 2,326.32 | 1,387.86 | 3,714.18 |
| Oct 17 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 168.00 | 50.00 | 4,393.50 | 2,621.12 | 7,014.62 |
| Nov 17 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 136.00 | 55.00 | 4,832.85 | 2,883.23 | 7,716.08 |
| Dec 17 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 120.00 | 6.00 | 527.22 | 314.53 | 841.75 |
| | [redacted] Total | | | **DDA III** | | **87.2572** | | **173.00** | **15,095.50** | **9,005.82** | **24,101.32** |
| Jul 17 | [redacted] | BSP | [redacted] | DDA III | 12,514.28 | 86.16 | 160.00 | 19.00 | 1,637.04 | 976.64 | 2,613.68 |
| Aug 17 | [redacted] | BSP | [redacted] | DDA III | 12,514.28 | 86.16 | 176.00 | 4.00 | 344.64 | 205.61 | 550.25 |
| Sep 17 | [redacted] | BSP | [redacted] | DDA III | 12,514.28 | 86.16 | 144.00 | 39.00 | 3,360.24 | 2,004.69 | 5,364.93 |
| Oct 17 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 104.00 | 30.00 | 2,636.10 | 1,572.67 | 4,208.77 |
| Nov 17 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 152.00 | 27.00 | 2,372.49 | 1,415.40 | 3,787.89 |
| Dec 17 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 128.00 | 44.00 | 3,866.28 | 2,306.58 | 6,172.86 |
| Jan 18 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 168.00 | 29.00 | 2,548.23 | 1,520.25 | 4,068.48 |
| Feb 18 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 152.00 | 34.00 | 2,987.58 | 1,782.36 | 4,769.94 |
| Mar 18 | [redacted] | BSP | [redacted] | DDA III | 12,763.00 | 87.87 | 168.00 | 49.00 | 4,305.63 | 2,568.70 | 6,874.33 |
| Apr 18 | [redacted] | BSP | [redacted] | DDA III | 13,018.28 | 89.63 | 144.00 | 40.00 | 3,585.20 | 2,138.89 | 5,724.09 |
| May 18 | [redacted] | BSP | [redacted] | DDA III | 13,018.28 | 89.63 | 176.00 | 48.00 | 4,302.24 | 2,566.67 | 6,868.91 |
| Jun 18 | [redacted] | BSP | [redacted] | DDA III | 13,018.28 | 89.63 | 168.00 | 27.00 | 2,420.01 | 1,443.75 | 3,863.76 |
| | [redacted] Total | | | **DDA III** | | **88.1171** | | **390.00** | **34,365.67** | **20,502.22** | **54,867.89** |
| Jul 17 | [redacted] | BOI | [redacted] | SR. INV | 10,600.08 | 72.98 | 150.00 | 150.00 | 10,947.00 | 6,530.87 | 17,477.87 |
| Aug 17 | [redacted] | BOI | [redacted] | SR. INV | 10,600.08 | 72.98 | 150.00 | 150.00 | 10,947.00 | 6,530.87 | 17,477.87 |
| Sep 17 | [redacted] | BOI | [redacted] | SR. INV | 10,600.08 | 72.98 | 170.00 | 170.00 | 12,406.60 | 7,401.65 | 19,808.25 |
| Oct 17 | [redacted] | BOI | [redacted] | SR. INV | 10,600.08 | 72.98 | 170.00 | 170.00 | 12,406.60 | 7,401.65 | 19,808.25 |
| Nov 17 | [redacted] | BOI | [redacted] | SR. INV | 10,600.08 | 72.98 | 150.00 | 150.00 | 10,947.00 | 6,530.87 | 17,477.87 |
| Dec 17 | [redacted] | BOI | [redacted] | SR. INV | 10,600.08 | 72.98 | 170.00 | 170.00 | 12,406.60 | 7,401.65 | 19,808.25 |
| Jan 18 | [redacted] | BOI | [redacted] | SR. INV | 10,810.72 | 74.43 | 160.00 | 160.00 | 11,908.80 | 7,104.67 | 19,013.47 |
| Feb 18 | [redacted] | BOI | [redacted] | SR. INV | 10,810.72 | 74.43 | 160.00 | 160.00 | 11,908.80 | 7,104.67 | 19,013.47 |
| Mar 18 | [redacted] | BOI | [redacted] | SR. INV | 10,810.72 | 74.43 | 180.00 | 180.00 | 13,397.40 | 7,992.75 | 21,390.15 |
| Apr 18 | [redacted] | BOI | [redacted] | SR. INV | 10,810.72 | 74.43 | 160.00 | 160.00 | 11,908.80 | 7,104.67 | 19,013.47 |
| May 18 | [redacted] | BOI | [redacted] | SR. INV | 10,810.72 | 74.43 | 160.00 | 160.00 | 11,908.80 | 7,104.67 | 19,013.47 |
| Jun 18 | [redacted] | BOI | [redacted] | SR. INV | 10,810.72 | 74.43 | 160.00 | 160.00 | 11,908.80 | 7,104.67 | 19,013.47 |
| | [redacted] Total | | | **SR. INV** | | **73.7125** | | **1,940.00** | **143,002.25** | **85,313.71** | **228,315.96** |
| Jul 17 | [redacted] | BOI | [redacted] | SR. INV | 11,831.04 | 81.45 | 136.00 | 136.00 | 11,077.20 | 6,608.55 | 17,685.75 |
| Aug 17 | [redacted] | BOI | [redacted] | SR. INV | 11,831.04 | 81.45 | 170.00 | 170.00 | 13,846.50 | 8,260.68 | 22,107.18 |
| Sep 17 | [redacted] | BOI | [redacted] | SR. INV | 11,831.04 | 81.45 | 90.00 | 90.00 | 7,330.50 | 4,373.30 | 11,703.80 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2017-2018**

| | A | | | A | B | | C | D | E | |
|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | TOTAL |
| Oct 17 | [redacted] | BOI | [redacted] | SR. INV | 11,831.04 | 81.45 | 166.00 | 160.00 | 13,032.00 | 7,774.76 | 20,806.76 |
| Nov 17 | | BOI | | SR. INV | 11,831.04 | 81.45 | 140.00 | 140.00 | 11,403.00 | 6,802.92 | 18,205.92 |
| Dec 17 | | BOI | | SR. INV | 11,831.04 | 81.45 | 140.00 | 140.00 | 11,403.00 | 6,802.92 | 18,205.92 |
| Jan 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 140.00 | 140.00 | 11,629.80 | 6,938.22 | 18,568.02 |
| Feb 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 160.00 | 160.00 | 13,291.20 | 7,929.40 | 21,220.60 |
| Mar 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 166.00 | 166.00 | 13,789.62 | 8,226.75 | 22,016.37 |
| Apr 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 120.00 | 120.00 | 9,968.40 | 5,947.05 | 15,915.45 |
| May 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 180.00 | 180.00 | 14,952.60 | 8,920.57 | 23,873.17 |
| Jun 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 170.00 | 170.00 | 14,121.90 | 8,424.98 | 22,546.88 |
| | Total | | | **SR. INV** | | **82.3057** | | **1,772.00** | **145,845.70** | **87,010.09** | **232,855.79** |
| Jul 17 | | BOI | | SERGEANT | 11,442.48 | 78.78 | 80.00 | 80.00 | 6,302.40 | 3,759.95 | 10,062.35 |
| Aug 17 | | BOI | | SERGEANT | 11,442.48 | 78.78 | 110.00 | 110.00 | 8,665.80 | 5,169.93 | 13,835.73 |
| Sep 17 | | BOI | | SERGEANT | 11,442.48 | 78.78 | 153.00 | 153.00 | 12,053.34 | 7,190.90 | 19,244.24 |
| Oct 17 | | BOI | | SERGEANT | 11,442.48 | 78.78 | 160.00 | 160.00 | 12,604.80 | 7,519.90 | 20,124.70 |
| Nov 17 | | BOI | | SERGEANT | 12,998.76 | 89.49 | 140.00 | 140.00 | 12,528.60 | 7,474.44 | 20,003.04 |
| Dec 17 | | BOI | | SERGEANT | 11,653.50 | 80.23 | 60.00 | 60.00 | 4,813.80 | 2,871.86 | 7,685.66 |
| Jan 18 | | BOI | | SERGEANT | 11,882.04 | 81.80 | 140.00 | 140.00 | 11,452.00 | 6,832.15 | 18,284.15 |
| Feb 18 | | BOI | | SERGEANT | 11,882.04 | 81.80 | 160.00 | 160.00 | 13,088.00 | 7,808.17 | 20,896.17 |
| Mar 18 | | BOI | | SERGEANT | 11,882.04 | 81.80 | 180.00 | 180.00 | 14,724.00 | 8,784.19 | 23,508.19 |
| Apr 18 | | BOI | | SERGEANT | 11,882.04 | 81.80 | 140.00 | 140.00 | 11,452.00 | 6,832.15 | 18,284.15 |
| May 18 | | BOI | | SERGEANT | 11,882.04 | 81.80 | 150.00 | 150.00 | 12,270.00 | 7,320.16 | 19,590.16 |
| Jun 18 | | BOI | | SERGEANT | 11,882.04 | 81.80 | 110.00 | 110.00 | 8,998.00 | 5,368.12 | 14,366.12 |
| | Total | | | **SERGEANT** | | **81.4610** | | **1,583.00** | **128,952.76** | **76,931.93** | **205,884.69** |
| Jul 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 90.00 | 90.00 | 6,568.20 | 3,918.52 | 10,486.72 |
| Aug 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 160.00 | 160.00 | 11,676.80 | 6,966.26 | 18,643.06 |
| Sep 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 150.00 | 150.00 | 10,947.00 | 6,530.87 | 17,477.87 |
| Oct 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 165.00 | 165.00 | 12,041.70 | 7,183.96 | 19,225.66 |
| Nov 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 140.00 | 140.00 | 10,217.20 | 6,095.48 | 16,312.68 |
| Dec 17 | | BOI | | SR. INV | 10,600.09 | 72.98 | 160.00 | 160.00 | 11,676.80 | 6,966.26 | 18,643.06 |
| | Total | | | **SR. INV** | | **72.9800** | | **865.00** | **63,127.70** | **37,661.35** | **100,789.05** |
| Jul 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 150.00 | 150.00 | 10,947.00 | 6,530.87 | 17,477.87 |
| Aug 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 160.00 | 160.00 | 11,676.80 | 6,966.26 | 18,643.06 |
| Sep 17 | | BOI | | SR. INV | 10,600.08 | 72.98 | 170.00 | 170.00 | 12,406.60 | 7,401.65 | 19,808.25 |
| | Total | | | **SR. INV** | | **72.9800** | | **480.00** | **35,030.40** | **20,898.79** | **55,929.19** |
| Jan 18 | | BOI | | SR. INV | 11,593.56 | 79.82 | 168.00 | 160.00 | 12,771.20 | 7,619.17 | 20,390.37 |
| Feb 18 | | BOI | | SR. INV | 11,672.32 | 80.36 | 144.00 | 144.00 | 11,571.84 | 6,903.64 | 18,475.48 |
| Mar 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 168.00 | 168.00 | 13,955.76 | 8,325.87 | 22,281.63 |
| Apr 18 | | BOI | | SR. INV | 12,066.10 | 83.07 | 120.00 | 120.00 | 9,968.40 | 5,947.05 | 15,915.45 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2017-2018**

| | A | | | A | | B | | C | D | E | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | TOTAL |
| May 18 | [redacted] | BOI | [redacted] | SR. INV | 12,066.10 | 83.07 | 176.00 | 176.00 | 14,620.32 | 8,722.34 | 23,342.66 |
| Jun 18 | [redacted] | BOI | | SR. INV | 12,066.10 | 83.07 | 80.00 | 80.00 | 6,645.60 | 3,964.70 | 10,610.30 |
| | [redacted] Total | | | **SR. INV** | | **81.9966** | | **848.00** | **69,533.12** | **41,482.76** | **111,015.88** |
| Feb 18 | [redacted] | BSP | | DDA III | 12,255.00 | 84.37 | 152.00 | 7.00 | 590.59 | 352.34 | 942.93 |
| Mar 18 | [redacted] | BSP | | DDA III | 12,421.00 | 85.51 | 168.00 | 4.00 | 342.04 | 204.06 | 546.10 |
| Apr 18 | [redacted] | BSP | | DDA III | 12,669.74 | 87.23 | 152.00 | 12.00 | 1,046.76 | 624.49 | 1,671.25 |
| | [redacted] Total | | | **DDA III** | | **86.0604** | | **23.00** | **1,979.39** | **1,180.88** | **3,160.27** |
| Jul 17 | [redacted] | BOI | | ITC | 3,051.82 | 21.01 | 142.00 | 142.00 | 2,983.42 | 1,779.88 | 4,763.30 |
| Aug 17 | [redacted] | BOI | | ITC | 2,054.89 | 14.15 | 54.00 | 54.00 | 764.10 | 455.85 | 1,219.95 |
| Sep 17 | [redacted] | BOI | | ITC | 2,697.05 | 18.57 | 116.00 | 116.00 | 2,154.12 | 1,285.13 | 3,439.25 |
| Oct 17 | [redacted] | BOI | | ITC | 3,271.75 | 22.52 | 150.00 | 150.00 | 3,378.00 | 2,015.28 | 5,393.28 |
| Nov 17 | [redacted] | BOI | | ITC | 3,378.13 | 23.26 | 107.00 | 107.00 | 2,488.82 | 1,484.81 | 3,973.63 |
| Dec 17 | [redacted] | BOI | | ITC | 3,266.95 | 22.49 | 116.00 | 116.00 | 2,608.84 | 1,556.41 | 4,165.25 |
| Jan 18 | [redacted] | BOI | | ITC | 2,762.36 | 19.02 | 139.00 | 139.00 | 2,643.78 | 1,577.25 | 4,221.03 |
| Feb 18 | [redacted] | BOI | | ITC | 3,558.35 | 24.50 | 134.00 | 134.00 | 3,283.00 | 1,958.60 | 5,241.60 |
| Mar 18 | [redacted] | BOI | | ITC | 3,465.24 | 23.86 | 115.00 | 115.00 | 2,743.90 | 1,636.98 | 4,380.88 |
| Apr 18 | [redacted] | BOI | | ITC | 3,432.47 | 23.63 | 150.00 | 150.00 | 3,544.50 | 2,114.61 | 5,659.11 |
| May 18 | [redacted] | BOI | | ITC | 3,628.54 | 24.98 | 170.00 | 170.00 | 4,246.60 | 2,533.48 | 6,780.08 |
| Jun 18 | [redacted] | BOI | | ITC | 3,355.41 | 23.10 | 125.00 | 125.00 | 2,887.50 | 1,722.65 | 4,610.15 |
| | [redacted] Total | | | **ITC** | | **22.2178** | | **1,518.00** | **33,726.62** | **20,120.96** | **53,847.58** |
| Jan 18 | [redacted] | BOI | [redacted] | SR. INV | 11,139.54 | 76.69 | 180.00 | 180.00 | 13,804.20 | 8,235.45 | 22,039.65 |
| Feb 18 | [redacted] | BOI | | SR. INV | 11,139.54 | 76.69 | 160.00 | 160.00 | 12,270.40 | 7,320.40 | 19,590.80 |
| Mar 18 | [redacted] | BOI | | SR. INV | 11,139.54 | 76.69 | 140.00 | 132.00 | 10,123.08 | 6,039.33 | 16,162.41 |
| Apr 18 | [redacted] | BOI | | SR. INV | 11,139.54 | 76.69 | 150.00 | 150.00 | 11,503.50 | 6,862.87 | 18,366.37 |
| May 18 | [redacted] | BOI | | SR. INV | 11,139.54 | 76.69 | 140.00 | 130.00 | 9,969.70 | 5,947.82 | 15,917.52 |
| | [redacted] Total | | | **SR. INV** | | **76.6900** | | **752.00** | **57,670.88** | **34,405.87** | **92,076.75** |
| Grand Total | | | | | | | | 19,411.00 | 1,298,849.10 | 774,880.37 | 2,073,729.47 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 277, 278, 278.5**
**FISCAL YEAR 2017-2018**

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | (a) SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | (b) I.C. RATE (BI) 62.929% | (c) I.C. RATE (SPEC OPS) 66.393% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | [redacted] Total | | | | | | | | 18,072.00 | 10,781.57 | 0.00 | 11,998.54 | 40,852.11 |
| | [redacted] Total | | | | | | | | 36,524.01 | 21,789.86 | 0.00 | 24,249.39 | 82,563.26 |
| | [redacted] Total | | | | | | | | 18,908.76 | 11,280.77 | - | 12,554.09 | 42,743.62 |
| | [redacted] Total | | | | | | | | 20,010.62 | 11,938.14 | 0.00 | 13,285.65 | 45,234.41 |
| | [redacted] Total | | | | | | | | 12,072.39 | 7,202.26 | 0.00 | 8,015.22 | 27,289.87 |
| Grand Total | | | | | | | | | 105,587.78 | 62,992.60 | 0.00 | 70,102.89 | 238,683.27 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 277, 278, 278.5**
**FISCAL YEAR 2017-2018**

| MONTH | (a) EMPLOYEE NAME | BUR. | EMPL # | (a) ITEM DESC | GROSS SALARY | (b) PWH RATE 1743 | HOURS WORKED | (c) PROGRAM HOURS | (d) SALARY CLAIMED | (e) EMPLOYEE BENEFITS 59.659% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | [redacted] Total | | | DDA IV | | 100.4000 | | 180.00 | 18,072.00 | 10,781.57 | 28,853.57 |
| | [redacted] Total | | | DDA IV | | 103.1752 | | 354.00 | 36,524.02 | 21,789.87 | 58,313.89 |
| | [redacted] Total | | | DDA III | | 87.1371 | | 217.00 | 18,908.75 | 11,280.77 | 30,189.52 |
| | [redacted] Total | | | DDA III | | 87.0027 | | 230.00 | 20,010.62 | 11,938.14 | 31,948.76 |
| | [redacted] Total | | | DDA III | | 85.6198 | | 141.00 | 12,072.39 | 7,202.27 | 19,274.66 |
| | Grand Total | | | | | | | 1,122.00 | 105,587.78 | 62,992.62 | 168,580.40 |

**COUNTY OF LOS ANGELES**
**CHILD ABDUCTION AND RECOVERY**
**PROGRAM 277, 278, 278.5**
**FISCAL YEAR 2017-2018**

| | (a) | | | (a) | | (b) | | (c) | (d) | (e) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 59.659% | TOTAL |
| May 18 | [redacted] | BSP | [redacted] | DDA IV | 14,582.45 | 100.40 | 160.00 | 109.00 | 10,943.60 | 6,528.84 | 17,472.44 |
| Jun 18 | | BSP | | DDA IV | 14,582.46 | 100.40 | 152.00 | 71.00 | 7,128.40 | 4,252.73 | 11,381.13 |
| | Total | | | **DDA IV** | | **100.4000** | | **180.00** | **18,072.00** | **10,781.57** | **28,853.57** |
| Jul 17 | | BSP | | DDA IV | 14,800.74 | 101.90 | 144.00 | 8.00 | 815.20 | 486.34 | 1,301.54 |
| Aug 17 | | BSP | | DDA IV | 14,800.74 | 101.90 | 168.00 | 6.00 | 611.40 | 364.76 | 976.16 |
| Sep 17 | | BSP | | DDA IV | 14,800.74 | 101.90 | 160.00 | ? 136.00 | 13,858.40 | 8,267.78 | 22,126.18 |
| Oct 17 | | BSP | | DDA IV | 15,095.10 | 103.92 | 128.00 | ? 105.00 | 10,911.60 | 6,509.75 | 17,421.35 |
| Nov 17 | | BSP | | DDA IV | 15,095.10 | 103.92 | 152.00 | 15.00 | 1,558.80 | 929.96 | 2,488.76 |
| Dec 17 | | BSP | | DDA IV | 15,095.10 | 103.92 | 152.00 | 27.00 | 2,805.84 | 1,673.94 | 4,479.78 |
| Jan 18 | | BSP | | DDA IV | 15,095.10 | 103.92 | 144.00 | 11.00 | 1,143.12 | 681.97 | 1,825.09 |
| Feb 18 | | BSP | | DDA IV | 15,095.10 | 103.92 | 136.00 | 8.00 | 831.36 | 495.98 | 1,327.34 |
| Mar 18 | | BSP | | DDA IV | 15,095.10 | 103.92 | 152.00 | 19.00 | 1,974.48 | 1,177.96 | 3,152.44 |
| Apr 18 | | BSP | | DDA IV | 15,395.46 | 105.99 | 168.00 | 19.00 | 2,013.81 | 1,201.42 | 3,215.23 |
| | Total | | | **DDA IV** | | **103.1752** | | **354.00** | **36,524.02** | **21,789.87** | **58,313.89** |
| Sep 17 | | BSP | | DDA III | 12,514.28 | 86.16 | 128.00 | ? 93.00 | 8,012.88 | 4,780.40 | 12,793.28 |
| Oct 17 | | BSP | | DDA III | 12,763.00 | 87.87 | 168.00 | ? 118.00 | 10,368.66 | 6,185.84 | 16,554.50 |
| Jan 18 | | BSP | | DDA III | 12,763.00 | 87.87 | 96.00 | 6.00 | 527.22 | 314.53 | 841.75 |
| | Total | | | **DDA III** | | **87.1371** | | **217.00** | **18,908.75** | **11,280.77** | **30,189.52** |
| Jul 17 | | BSP | | DDA III | 12,514.28 | 86.16 | 160.00 | 31.00 | 2,670.96 | 1,593.47 | 4,264.43 |
| Aug 17 | | BSP | | DDA III | 12,514.28 | 86.16 | 176.00 | 28.00 | 2,412.48 | 1,439.26 | 3,851.74 |
| Sep 17 | | BSP | | DDA III | 12,514.28 | 86.16 | 144.00 | ? 105.00 | 9,046.80 | 5,397.23 | 14,444.03 |
| Oct 17 | | BSP | | DDA III | 12,763.00 | 87.87 | 104.00 | 20.00 | 1,757.40 | 1,048.45 | 2,805.85 |
| May 18 | | BSP | | DDA III | 13,018.28 | 89.63 | 176.00 | 14.00 | 1,254.82 | 748.61 | 2,003.43 |
| Jun 18 | | BSP | | DDA III | 13,018.28 | 89.63 | 168.00 | 32.00 | 2,868.16 | 1,711.12 | 4,579.28 |
| | Total | | | **DDA III** | | **87.0027** | | **230.00** | **20,010.62** | **11,938.14** | **31,948.76** |
| Mar 18 | | BSP | | DDA III | 12,421.00 | 85.51 | 168.00 | 132.00 | 11,287.32 | 6,733.90 | 18,021.22 |
| Apr 18 | | BSP | | DDA III | 12,669.74 | 87.23 | 152.00 | 4.00 | 348.92 | 208.16 | 557.08 |
| May 18 | | BSP | | DDA III | 12,669.74 | 87.23 | 168.00 | 4.00 | 348.92 | 208.16 | 557.08 |
| Jun 18 | | BSP | | DDA III | 12,669.74 | 87.23 | 160.00 | 1.00 | 87.23 | 52.04 | 139.27 |
| | Total | | | **DDA III** | | **85.6198** | | **141.00** | **12,072.39** | **7,202.27** | **19,274.66** |
| Grand Total | | | | | | | | **1,122.00** | **105,587.78** | **62,992.62** | **168,580.40** |

**DISTRICT ATTORNEY**
**INDIRECT COST PROPOSAL**
**FISCAL YEAR 2017-18**

| | Executive, Management & Budget | Bureau of Branch & Area Ops. | Bureau of Central Ops. | Bureau of Special Ops. | Bureau of Investigation |
|---|---|---|---|---|---|
| Countywide Overhead | 12.754% | 12.754% | 12.754% | 12.754% | 12.754% |
| Department Overhead | 38.539% | 38.539% | 38.539% | 38.539% | 38.539% |
| Bureau Overhead | NA | 8.643% | 10.987% | 15.100% | 11.636% |
| Total | 51.293% | 59.936% | 62.280% | 66.393% | 62.929% |
| Employee Benefits | 59.659% | 59.659% | 59.659% | 59.659% | 59.659% |

D

10/23/2017

**DISTRICT ATTORNEY**
**COST FACTORS**
**FISCAL YEAR 2017-18**

| | |
|---|---|
| Top Step Variance Factor: | 92.5276% |
| MAPP TIER I Variance Factor: | 98.6132% |
| MAPP TIER II Variance Factor: | 105.1483% |
| Contract Cities Liability Insurance Rates: | (1) |
| Productive Work Hours: | 1743 |
| Countywide Cost: | |
| Group III | $ 17,601,987 |
| Group IV | $ 16,266,975 |

(1) The appropriate Contract City Liability Insurance rate should be applied to total billable cost. Contact Risk Management for the appropriate rates.

JACKIE LACEY
LOS ANGELES COUNTY DISTRICT ATTORNEY

HALL OF JUSTICE
211 WEST TEMPLE STREET, SUITE 1200 LOS ANGELES, CA 90012-3205 (213) 974-3500

December 31, 2018

Mr. John Naimo
Auditor-Controller
Kenneth Hahn Hall of Administration
500 West Temple Street, 5th Floor, Room 525
Los Angeles, California 90012

Dear Mr. Naimo:

FISCAL YEAR 2017-18 SB90 CLAIMS

This representation letter is provided in connection with the following SB90 reimbursement claim(s):

1. Chapter 762, Statutes of 1995, Sexually Violent Predators (175)
2. Chapter 1399, Statutes of 1976, Child Abduction and Recovery (13)

In connection with the SB90 reimbursements for the fiscal year ended June 30, 2018, we confirm, to the best of our knowledge and belief, the following representations made to you in the preparation of the claim(s):

1. We are responsible for the preparation and presentation of the SB90 claim(s) for the period July 01, 2017 to Jun 30, 2018 in accordance with the requirements of the State Controller's Office's Claiming Instruction and Parameters and Guidelines adopted by the Commission on State Mandates.
2. The actual costs claimed are traceable and supported by source documents that show the validity of the costs claimed.
3. We have reviewed, approved, and accepted responsibility for our claim's related costs.
4. We have made the appropriate revenue offsets.
5. We have a process to track the status of our costs.
6. Costs have been appropriately classified in or allocated to functions and programs in the claim(s), and allocations have been made on a reasonable basis.
7. The time charged to the SB90 program is not used for any other function and program.

If you have any questions, please contact Mr. Norbert Ruiz at (213) 257-2832 or via email at nruiz@da.lacounty.gov.

Very truly yours,

JACKIE LACEY
District Attorney

ln

# REIMBURSEMENT CLAIMS

# FISCAL YEAR 2018-2019

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | Reimbursement Claim Data | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $1,959,043 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | | Type of Claim | | (26) FORM 1, (06) | 61 |
| | | (09) Reimbursement | [X] | (27) FORM 1, (07) | $743,978 |
| | | (10) Combined | [ ] | (28) FORM 1, (09) | |
| | | (11) Amended | [ ] | (29) FORM 1, (10) | |
| Fiscal Year of Cost | | (12) | 2018 / 2019 | (30) | |
| Total Claimed Amount | | (13) | $2,703,020 | (31) | |
| Less: 10% Late Penalty (refer to attached instructions) | | (14) | | (32) | |
| Less: Prior Claim Payment Received | | (15) | | (33) | |
| Net Claimed Amount | | (16) | $2,703,020 | (34) | |
| Due from State | | (17) | $2,703,020 | (35) | |
| Due to State | | (18) | | (36) | |

## (37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer

Arlene Barrera

Arlene Barrera, Auditor-Controller

Type or Print Name and Title of Authorized Signatory

Date Signed 1/30/20

Telephone Number (213) 974-8302

Email Address abarrera@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

Form FAM-27 (Revised 9/19)

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | County of Los Angeles | (02) | Fiscal Year 2018 /2019 |
|---|---|---|---|
| (03) Department | District Attorney's Office | | |

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries (2) | (b) Benefits 60.886% (1) (2) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $1,217,659.04 | $741,383.91 | | | | $1,959,042.95 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $1,217,659.04 | $741,383.91 | | | | $1,959,042.95 |

| Indirect Costs | | | |
|---|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | (1) | 61.099% |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | (2) | $743,977.50 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $2,703,020.45 |

| Cost Reduction | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | $2,703,020.45 |

Revised 9/19

(1) See TAB D
(2) See TAB A

PROGRAM 013

# CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY

FORM 1.2

(01) Claimant COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE

(02) Fiscal Year 2018/2019

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| SEE ATTACHED | SEE ATTACHED | SEE ATTACHED | SEE ATTACHED |
| (04) Total ☐ Subtotal ☐ | | | |

Revised 9/19

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles

(02) Fiscal Year: 2018/2019

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | (d) Salaries (1) | (e) Benefits 60.886% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| [redacted] DDA IV<br>Program 3130-3133 | 103.0015 | 131.00 | 13,493.20 | 8,215.47 | | | |
| [redacted] - ITC<br>Program 3130-3133 | 25.5246 | 1,076.00 | 27,464.46 | 16,722.01 | | | |
| [redacted] - PARALEGAL<br>Program 3130-3133 | 42.0185 | 1,768.00 | 74,288.72 | 45,231.43 | | | |
| [redacted] SR. INV<br>Program 3130-3133 | 83.02 | 310.00 | 25,736.20 | 15,669.74 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 82.98 | 880.00 | 73,022.40 | 44,460.41 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 59.6771 | 990.00 | 59,080.30 | 35,971.64 | | | |
| [redacted] PARALEGAL<br>Program 3130-3133 | 41.8174 | 1,700.00 | 71,089.56 | 43,283.59 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 63.0727 | 1,070.00 | 67,487.80 | 41,090.63 | | | |
| [redacted] - DDA III<br>Program 3130-3133 | 91.9685 | 242.00 | 22,256.37 | 13,551.02 | | | |
| [redacted] SR. INV<br>Program 3130-3133 | 79.8485 | 1,790.00 | 142,928.80 | 87,023.62 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 77.4373 | 1,900.00 | 147,130.90 | 89,582.13 | | | |
| [redacted] SR. INV<br>Program 3130-3133 | 83.02 | 360.00 | 29,887.20 | 18,197.12 | | | |
| [redacted] -SERGEANT<br>Program 3130-3133 | 86.5773 | 1,806.00 | 156,358.64 | 95,200.51 | | | |
| [redacted] SR. INV<br>Program 3130-3133 | 19.4092 | 146.00 | 2,833.74 | 1,725.36 | | | |
| [redacted] - DDA III<br>Program 3130-3133 | 91.5472 | 96.00 | 8,788.53 | 5,350.98 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 86.5431 | 1,836.00 | 158,893.04 | 96,743.62 | | | |
| [redacted] DDA III<br>Program 3130-3133 | 87.18 | 118.00 | 10,287.24 | 6,263.48 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 22.5729 | 331.50 | 7,482.93 | 4,556.06 | | | |
| (05) Total [ ] Subtotal [X] Page: 1 of 2 | | | 1,098,510.03 | 668,838.82 | | | |

Revised 9/19

(1) See TAB B

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: COUNTY OF LOS ANGELES

(02) Fiscal Year: 2018/2019

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders 277 278 & 278.5
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | (d) Salaries (1) | (e) Benefits 60.886% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| [redacted] - DDA IV PROGRAM 277, 278 & 278.5 | 102.2596 | 788.00 | 80,580.57 | 49,062.29 | | | |
| [redacted] - DDA III PROGRAM 277, 278 & 278.5 | 90.4024 | 399.00 | 36,070.56 | 21,961.93 | | | |
| [redacted] - DDA III PROGRAM 277, 278 & 278.5 | 91.2427 | 15.00 | 1,368.64 | 833.31 | | | |
| [redacted] - SR. INV PROGRAM 277, 278 & 278.5 | 86.3600 | 5.00 | 431.80 | 262.91 | | | |
| [redacted] - DDA III PROGRAM 277, 278 & 278.5 | 87.1800 | 8.00 | 697.44 | 424.65 | | | |
| (05) Total [X] Subtotal [ ] Page: 2 of 2 | | | 119,149.01 | 72,545.09 | | | |

Revised 9/19

(1) See TAB C

**COUNTY OF LOS ANGELES - DISTRICT ATTORNEY'S OFFICE**
**SB 90 - CHILD ABDUCTION AND RECOVERY**
**ICRP CALCULATION**
**FISCAL YEAR 2018-2019**

**(06) : 61.099%**

| Item | A Salaries | Benefits (60.886%) | B ICRP (60.380%) | C ICRP (63.125%) | Sub-Total ICRP | Total |
|---|---|---|---|---|---|---|
| Program 3130-3133 | 1,098,510.03 | 668,838.82 | 542,397.48 | 126,378.57 | 668,776.05 | 2,436,124.90 |
| Program 277, 278, 278.5 | 119,149.01 | 72,545.09 | 260.72 | 74,940.18 | 75,200.90 | 266,895.00 |
| (04)1. Total | **1,217,659.04** | **741,383.91** | **542,658.20** | **201,318.75** | **743,976.95** | **2,703,019.90** |

AVERAGE INDIRECT COST = (B+C)/A
= ((BI) I.C.RATE) + ((SO) I.C. RATE))/ SALARY CLAIMED
= 743,976.95/1,217,659.04
= ***61.099%***

0 *

1,217,659.04*
0.61099=
743,977.50*

0 *

**COUNTY OF LOS ANGELES**
**SB90-CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2018-2019**

| (a) EMPLOYEE NAME | BUR. | EMPL # | (a) ITEM DESC | GROSS SALARY | (b) PWR RATE 1744 | HOURS WORKED | (c) PROGRAM HOURS | (d) SALARY CLAIMED | (e) EMPLOYEE BENEFITS 60.836% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | DDA IV | | 103.0015 | 1,600.00 | 131.00 | 13,493.20 | 8,215.47 | 21,708.67 |
| | | | ITC | | 25.5246 | 1,108.00 | 1,076.00 | 27,464.46 | 16,722.01 | 44,186.47 |
| | | | PARALEGAL | | 42.0185 | 1,768.00 | 1,768.00 | 74,288.72 | 45,231.43 | 119,520.15 |
| | | | SR. INV | | 83.0200 | 310.00 | 310.00 | 25,736.20 | 15,669.74 | 41,405.94 |
| | | | SR. INV | | 82.9800 | 880.00 | 880.00 | 73,022.40 | 44,460.41 | 117,482.81 |
| | | | SR. INV | | 59.6771 | 990.00 | 990.00 | 59,080.30 | 35,971.64 | 95,051.94 |
| | | | PARALEGAL | | 41.8174 | 1,700.00 | 1,700.00 | 71,089.56 | 43,283.59 | 114,373.15 |
| | | | SR. INV | | 63.0727 | 1,070.00 | 1,070.00 | 67,487.80 | 41,090.63 | 108,578.43 |
| | | | DDA III | | 91.9685 | 1,501.00 | 242.00 | 22,256.37 | 13,551.02 | 35,807.39 |
| | | | SR. INV | | 29.8485 | 1,790.00 | 1,790.00 | 142,928.80 | 87,023.62 | 229,952.42 |
| | | | SR. INV | | 77.4373 | 1,900.00 | 1,900.00 | 147,130.90 | 89,582.13 | 236,713.03 |
| | | | SR. INV | | 83.0200 | 360.00 | 360.00 | 29,887.20 | 18,197.12 | 48,084.32 |
| | | | SERGEANT | | 86.5773 | 1,806.00 | 1,806.00 | 156,358.64 | 95,200.51 | 251,559.15 |
| | | | SR. INV | | 19.4092 | 146.00 | 146.00 | 2,833.74 | 1,725.36 | 4,559.10 |
| | | | DDA III | | 91.5472 | 771.00 | 96.00 | 8,788.53 | 5,350.98 | 14,139.51 |
| | | | SR. INV | | 86.5431 | 1,841.00 | 1,836.00 | 158,893.04 | 96,743.62 | 255,636.66 |
| | | | DDA III | | 87.1800 | 664.00 | 118.00 | 10,287.24 | 6,263.48 | 16,550.72 |
| | | | SR. INV | | 22.5729 | 331.50 | 331.50 | 7,482.93 | 4,556.06 | 12,038.99 |
| Grand Total | | | | | | 20,536.50 | 16,550.50 | 1,098,510.03 | 668,838.82 | 1,767,348.85 |

**COUNTY OF LOS ANGELES**
**SB90-CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2018-2019**

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 60.886% | SUBTOTAL: SALARY & EB'S | I.C. RATE (BI) 60.380% | I.C. RATE (SPEC OPS) 63.125% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | DDA IV | | 103.0015 | 1,600.00 | 131.00 | 13,493.20 | 8,215.47 | 21,708.67 | | 8317.59 | 30,226.26 |
| | | | ITC | | 25.5246 | 1,108.00 | 1,076.00 | 27,464.46 | 16,722.01 | 44,186.47 | 16,583.04 | | 60,769.51 |
| | | | PARALEGAL | | 42.0185 | 1,768.00 | 1,768.00 | 74,288.72 | 45,231.43 | 119,520.15 | | 46894.75 | 166,414.90 |
| | | | SR. INV | | 83.0200 | 310.00 | 310.00 | 25,736.20 | 15,669.74 | 41,405.94 | 15,539.52 | | 56,945.46 |
| | | | SR. INV | | 82.9800 | 880.00 | 880.00 | 73,022.40 | 44,460.41 | 117,482.81 | 44,090.94 | | 161,573.75 |
| | | | SR. INV | | 59.6771 | 890.00 | 890.00 | 59,080.30 | 35,971.64 | 95,051.94 | 35,672.69 | | 130,724.63 |
| | | | PARALEGAL | | 41.8174 | 1,700.00 | 1,700.00 | 71,089.58 | 43,283.59 | 114,373.15 | | 44875.28 | 159,248.43 |
| | | | SR. INV | | 63.0727 | 1,070.00 | 1,070.00 | 67,487.80 | 41,090.63 | 108,578.43 | 40,749.13 | | 149,327.56 |
| | | | DDA III | | 91.9685 | 1,501.00 | 242.00 | 22,256.37 | 13,551.02 | 35,807.39 | | 14049.34 | 49,856.73 |
| | | | SR. INV | | 79.8485 | 1,790.00 | 1,790.00 | 142,928.90 | 87,023.52 | 229,952.42 | 86,300.43 | | 316,252.85 |
| | | | SR. INV | | 77.4373 | 1,900.00 | 1,900.00 | 147,130.90 | 89,582.13 | 236,713.03 | 88,837.66 | | 325,550.69 |
| | | | SERGEANT | | 83.0200 | 360.00 | 360.00 | 29,887.20 | 18,197.12 | 48,084.32 | 18,045.90 | | 66,130.22 |
| | | | SR. INV | | 86.5773 | 1,806.00 | 1,806.00 | 156,358.84 | 95,200.51 | 251,559.15 | 94,409.34 | | 345,968.49 |
| | | | DDA III | | 19.4092 | 146.00 | 146.00 | 2,833.74 | 1,725.36 | 4,559.10 | 1,711.01 | | 6,270.11 |
| | | | SR. INV | | 91.5472 | 771.00 | 96.00 | 8,788.53 | 5,350.98 | 14,139.51 | | 5547.78 | 19,687.29 |
| | | | DDA III | | 86.5431 | 1,841.00 | 1,836.00 | 158,893.04 | 96,743.62 | 255,636.66 | 95,939.63 | | 351,576.29 |
| | | | SR. INV | | 87.1800 | 664.00 | 118.00 | 10,287.24 | 6,263.48 | 16,550.72 | | 6493.83 | 23,044.55 |
| Grand Total | | | | | 22.5729 | 331.50 | 331.50 | 7,482.93 | 4,556.06 | 12,038.99 | 4,518.19 | | 16,557.18 |
| | | | | | | 20,536.50 | 16,550.50 | 1,096,510.03 | 668,838.62 | 1,767,348.85 | 542,397.48 | 126,378.57 | 2,436,124.90 |

COUNTY OF LOS ANGELES
5890-CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2018-2019

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PR/HR RATE 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.836% | SUBTOTAL: SALARY & EB'S | I.C. RATE (BI) 60.380% | I.C. RATE (SPEC OPS) 63.125% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JUL 18 | [redacted] | BSP | [redacted] | DDA IV | 14,582.46 | 100.34 | 104.00 | 2.00 | 200.68 | 122.19 | 322.87 | | 126.68 | 449.55 |
| AUG 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 184.00 | 30.00 | 3,010.20 | 1,832.79 | 4,842.99 | | 1900.19 | 6,743.18 |
| SEP 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 144.00 | 6.00 | 602.04 | 366.56 | 968.60 | | 380.04 | 1,348.64 |
| OCT 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 168.00 | 9.00 | 903.06 | 549.84 | 1,452.90 | | 570.06 | 2,022.96 |
| DEC 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 104.00 | 9.00 | 903.06 | 549.84 | 1,452.90 | | 570.06 | 2,022.96 |
| JAN 19 | | BSP | | DDA IV | 14,582.46 | 100.34 | 160.00 | 17.00 | 1,705.78 | 1,038.58 | 2,744.36 | | 1076.77 | 3,821.13 |
| FEB 19 | | BSP | | DDA IV | 16,039.26 | 110.36 | 136.00 | 16.00 | 1,765.76 | 1,075.10 | 2,840.86 | | 1114.64 | 3,955.50 |
| MAR 19 | | BSP | | DDA IV | 14,873.82 | 102.34 | 168.00 | 5.00 | 511.70 | 311.55 | 823.25 | | 323.01 | 1,146.26 |
| APR 19 | | BSP | | DDA IV | 15,282.82 | 105.16 | 128.00 | 16.00 | 1,682.56 | 1,024.44 | 2,707.00 | | 1062.12 | 3,769.12 |
| MAY 19 | | BSP | | DDA IV | 15,282.82 | 105.16 | 160.00 | 10.00 | 1,051.60 | 640.28 | 1,691.88 | | 663.82 | 2,355.70 |
| JUN 19 | | BSP | | DDA IV | 15,282.82 | 105.16 | 144.00 | 11.00 | 1,156.76 | 704.30 | 1,861.06 | | 730.2 | 2,591.26 |
| | | | | | | 103.0015 | 1,600.00 | 131.00 | 13,493.20 | 8,215.47 | 21,708.67 | | 8517.59 | 30,226.26 |
| OCT 18 | [redacted] | BOI | | ITC | 3,634.10 | 25.01 | 120.00 | 88.00 | 2,200.88 | 1,340.03 | 3,540.91 | 1,328.89 | - | 4,869.80 |
| NOV 18 | | BOI | | ITC | 3,777.38 | 25.99 | 142.00 | 142.00 | 3,690.58 | 2,247.05 | 5,937.63 | 2,228.37 | - | 8,166.00 |
| DEC 18 | | BOI | | ITC | 3,705.74 | 25.50 | 144.00 | 144.00 | 3,672.00 | 2,235.73 | 5,907.73 | 2,217.15 | - | 8,124.88 |
| JAN 19 | | BOI | | ITC | 3,705.74 | 25.50 | 56.00 | 56.00 | 1,428.00 | 869.45 | 2,297.45 | 862.23 | - | 3,159.68 |
| FEB 19 | | BOI | | ITC | 3,705.74 | 25.50 | 96.00 | 96.00 | 2,448.00 | 1,490.49 | 3,938.49 | 1,478.10 | - | 5,416.59 |
| MAR 19 | | BOI | | ITC | 3,705.74 | 25.50 | 152.00 | 152.00 | 3,876.00 | 2,359.94 | 6,235.94 | 2,340.33 | - | 8,576.27 |
| APR 19 | | BOI | | ITC | 3,705.74 | 25.50 | 137.00 | 137.00 | 3,493.50 | 2,127.05 | 5,620.55 | 2,109.38 | - | 7,729.93 |
| MAY 19 | | BOI | | ITC | 3,705.74 | 25.50 | 141.00 | 141.00 | 3,595.50 | 2,189.16 | 5,784.66 | 2,170.96 | - | 7,955.62 |
| JUN 19 | | BOI | | ITC | 3,705.74 | 25.50 | 120.00 | 120.00 | 3,060.00 | 1,863.11 | 4,923.11 | 1,847.63 | - | 6,770.74 |
| | | | | | | 25.5246 | 1,108.00 | 1,076.00 | 27,464.46 | 16,722.01 | 44,186.47 | 16,583.04 | - | 60,769.51 |
| JUL 18 | [redacted] | BSP | [redacted] | PARALEGAL | 6,017.74 | 41.41 | 120.00 | 120.00 | 4,969.20 | 3,025.55 | 7,994.75 | | 3,136.81 | 11,131.56 |
| AUG 18 | | BSP | | PARALEGAL | 6,017.74 | 41.41 | 160.00 | 160.00 | 6,625.60 | 4,034.06 | 10,659.66 | | 4,182.41 | 14,842.07 |
| SEP 18 | | BSP | | PARALEGAL | 6,017.74 | 41.41 | 152.00 | 152.00 | 6,294.32 | 3,832.36 | 10,126.68 | | 3,973.29 | 14,099.97 |
| OCT 18 | | BSP | | PARALEGAL | 6,017.74 | 41.41 | 160.00 | 160.00 | 6,625.60 | 4,034.06 | 10,659.66 | | 4,182.41 | 14,842.07 |
| NOV 18 | | BSP | | PARALEGAL | 6,256.26 | 43.05 | 136.00 | 136.00 | 5,854.80 | 3,564.75 | 9,419.55 | | 3,695.84 | 13,115.39 |
| DEC 18 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 120.00 | 120.00 | 5,067.60 | 3,085.46 | 8,153.06 | | 3,198.92 | 11,351.98 |
| JAN 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 168.00 | 168.00 | 7,094.64 | 4,319.64 | 11,414.28 | | 4,478.49 | 15,892.77 |
| FEB 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 152.00 | 152.00 | 6,418.96 | 3,908.25 | 10,327.21 | | 4,051.97 | 14,379.18 |
| MAR 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 152.00 | 152.00 | 6,418.96 | 3,908.25 | 10,327.21 | | 4,051.97 | 14,379.18 |
| APR 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 128.00 | 128.00 | 5,405.44 | 3,291.16 | 8,696.60 | | 3,412.18 | 12,108.78 |
| MAY 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 168.00 | 168.00 | 7,094.64 | 4,319.64 | 11,414.28 | | 4,478.49 | 15,892.77 |
| JUN 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 152.00 | 152.00 | 6,418.96 | 3,908.25 | 10,327.21 | | 4,051.97 | 14,379.18 |
| | | | | | | 42.0185 | 1,768.00 | 1,768.00 | 74,288.72 | 45,231.43 | 119,520.15 | | 46894.75 | 166,414.90 |
| JUL 18 | [redacted] | BOI | | SR. INV | 12,066.10 | 83.02 | 160.00 | 160.00 | 13,283.20 | 8,087.61 | 21,370.81 | 8,020.40 | - | 29,391.21 |
| AUG 18 | | BOI | | SR. INV | 12,066.10 | 83.02 | 150.00 | 150.00 | 12,453.00 | 7,582.13 | 20,035.13 | 7,519.12 | - | 27,554.25 |
| | | | | | | 83.0200 | 310.00 | 310.00 | 25,736.20 | 15,669.74 | 41,405.94 | 15,539.52 | - | 56,945.46 |
| OCT 18 | [redacted] | BOI | | SR. INV | 12,059.78 | 82.98 | 167.00 | 167.00 | 13,857.66 | 8,437.37 | 22,295.03 | 8,367.26 | - | 30,662.29 |
| NOV 18 | | BOI | | SR. INV | 12,059.78 | 82.98 | 137.00 | 137.00 | 11,368.26 | 6,921.68 | 18,289.94 | 6,864.16 | - | 25,154.10 |
| DEC 18 | | BOI | | SR. INV | 12,059.78 | 82.98 | 106.00 | 106.00 | 8,795.88 | 5,355.46 | 14,151.34 | 5,310.95 | - | 19,462.29 |
| JAN 19 | | BOI | | SR. INV | 12,059.78 | 82.98 | 160.00 | 160.00 | 13,276.80 | 8,083.71 | 21,360.51 | 8,016.53 | - | 29,377.04 |
| FEB 19 | | BOI | | SR. INV | 12,059.78 | 82.98 | 140.00 | 140.00 | 11,617.20 | 7,073.25 | 18,690.45 | 7,014.47 | - | 25,704.92 |
| MAR 19 | | BOI | | SR. INV | 12,059.78 | 82.98 | 170.00 | 170.00 | 14,106.60 | 8,588.94 | 22,695.54 | 8,517.57 | - | 31,213.11 |
| | | | | | | 82.9800 | 880.00 | 880.00 | 73,022.40 | 44,460.41 | 117,482.81 | 44,090.94 | - | 161,573.75 |
| JAN 19 | [redacted] | BOI | | SR. INV | 8,512.08 | 58.57 | 180.00 | 180.00 | 10,542.60 | 6,418.97 | 16,961.57 | 6,365.62 | - | 23,327.19 |
| FEB 19 | | BOI | | SR. INV | 8,512.08 | 58.57 | 160.00 | 160.00 | 9,371.20 | 5,705.75 | 15,076.95 | 5,658.33 | - | 20,735.28 |
| MAR 19 | | BOI | | SR. INV | 8,512.08 | 58.57 | 170.00 | 170.00 | 9,956.90 | 6,062.36 | 16,019.26 | 6,011.98 | - | 22,031.24 |
| APR 19 | | BOI | | SR. INV | 8,512.08 | 58.57 | 130.00 | 130.00 | 7,614.10 | 4,635.92 | 12,250.02 | 4,597.39 | - | 16,847.41 |
| MAY 19 | | BOI | | SR. INV | 8,512.08 | 58.57 | 190.00 | 190.00 | 11,128.30 | 6,775.58 | 17,903.88 | 6,719.27 | - | 24,623.15 |
| JUN 19 | | BOI | | SR. INV | 9,508.22 | 65.42 | 160.00 | 160.00 | 10,467.20 | 6,373.06 | 16,840.26 | 6,320.10 | - | 23,160.36 |
| | | | | | | 59.6771 | 990.00 | 990.00 | 59,080.30 | 35,971.64 | 95,051.94 | 35,672.69 | - | 130,724.63 |
| JUL 18 | [redacted] | BSP | [redacted] | PARALEGAL | 6,017.74 | 41.41 | 160.00 | 160.00 | 6,625.60 | 4,034.06 | 10,659.66 | - | 4,182.41 | 14,842.07 |
| AUG 18 | | BSP | | PARALEGAL | 6,017.74 | 41.41 | 136.00 | 136.00 | 5,631.76 | 3,428.95 | 9,060.71 | - | 3,555.05 | 12,615.76 |
| SEP 18 | | BSP | | PARALEGAL | 6,017.74 | 41.41 | 136.00 | 136.00 | 5,631.76 | 3,428.95 | 9,060.71 | - | 3,555.05 | 12,615.76 |
| OCT 18 | | BSP | | PARALEGAL | 6,017.74 | 41.41 | 168.00 | 168.00 | 6,956.88 | 4,235.77 | 11,192.65 | - | 4,391.53 | 15,584.18 |
| NOV 18 | | BSP | | PARALEGAL | 6,256.26 | 43.05 | 152.00 | 152.00 | 6,543.60 | 3,984.14 | 10,527.74 | - | 4,130.65 | 14,658.39 |
| DEC 18 | | BSP | | PARALEGAL | 5,718.57 | 39.35 | 116.00 | 116.00 | 4,564.60 | 2,779.20 | 7,343.80 | - | 2,881.40 | 10,225.20 |
| JAN 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 104.00 | 104.00 | 4,391.92 | 2,674.06 | 7,065.98 | - | 2,772.40 | 9,838.38 |
| FEB 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 144.00 | 144.00 | 6,081.12 | 3,702.55 | 9,783.67 | - | 3,838.71 | 13,622.38 |

COUNTY OF LOS ANGELES
S890-CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2018-2019

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 60.886% | SUBTOTAL: SALARY & EB'S | I.C. RATE (BI) 60.380% | I.C. RATE (SPEC OPS) 63.125% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MAR 19 | [redacted] | BSP | [redacted] | PARALEGAL | 6,137.00 | 42.23 | 160.00 | 160.00 | 6,756.80 | 4,113.95 | 10,870.75 | - | 4,265.23 | 15,135.98 |
| APR 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 176.00 | 176.00 | 7,432.48 | 4,525.34 | 11,957.82 | - | 4,691.75 | 16,649.57 |
| MAY 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 176.00 | 176.00 | 7,432.48 | 4,525.34 | 11,957.82 | - | 4,691.75 | 16,649.57 |
| JUN 19 | | BSP | | PARALEGAL | 6,137.00 | 42.23 | 72.00 | 72.00 | 3,040.56 | 1,851.28 | 4,891.84 | - | 1,919.35 | 6,811.19 |
| JUL 18 | | | | | | 41.8174 | 1,700.00 | 1,700.00 | 71,089.56 | 43,283.59 | 114,373.15 | - | 44875.28 | 159,248.43 |
| AUG 18 | | BOI | | SR. INV | 8,702.68 | 59.88 | 160.00 | 160.00 | 9,580.80 | 5,833.37 | 15,414.17 | 5,784.89 | - | 21,199.06 |
| SEP 18 | | BOI | | SR. INV | 8,702.68 | 59.88 | 190.00 | 190.00 | 11,377.20 | 6,927.12 | 18,304.32 | 6,869.55 | - | 25,173.87 |
| OCT 18 | | BOI | | SR. INV | 8,702.68 | 59.88 | 160.00 | 160.00 | 9,580.80 | 5,833.37 | 15,414.17 | 5,784.89 | - | 21,199.06 |
| NOV 18 | | BOI | | SR. INV | 10,104.84 | 69.53 | 180.00 | 180.00 | 12,515.40 | 7,620.13 | 20,135.53 | 7,556.80 | - | 27,692.33 |
| DEC 18 | | BOI | | SR. INV | 9,053.22 | 62.29 | 160.00 | 160.00 | 9,966.40 | 6,068.14 | 16,034.54 | 6,017.71 | - | 22,052.25 |
| JAN 19 | | BOI | | SR. INV | 9,557.08 | 65.76 | 140.00 | 140.00 | 9,206.40 | 5,605.41 | 14,811.81 | 5,558.82 | - | 20,370.63 |
| JUL 18 | | | | SR. INV | 9,557.08 | 65.76 | 80.00 | 80.00 | 5,260.80 | 3,203.09 | 8,463.89 | 3,176.47 | - | 11,640.36 |
| AUG 18 | | | | | | 63.0727 | 1,070.00 | 1,070.00 | 67,487.80 | 41,090.63 | 108,578.43 | 40,749.13 | - | 149,327.56 |
| SEP 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 152.00 | 1.00 | 89.58 | 54.54 | 144.12 | - | 56.55 | 200.67 |
| NOV 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 144.00 | 34.00 | 3,045.72 | 1,854.42 | 4,900.14 | - | 1,922.61 | 6,822.75 |
| JAN 19 | | BSP | | DDA III | 13,018.28 | 89.58 | 144.00 | 14.00 | 1,254.12 | 763.58 | 2,017.70 | - | 791.66 | 2,809.36 |
| FEB 19 | | BSP | | DDA III | 13,018.28 | 89.58 | 136.00 | 4.00 | 358.32 | 218.17 | 576.49 | - | 226.19 | 802.68 |
| MAR 19 | | BSP | | DDA III | 13,018.28 | 89.58 | 142.00 | 37.00 | 3,314.46 | 2,018.04 | 5,332.50 | - | 2,092.25 | 7,424.75 |
| APR 19 | | BSP | | DDA III | 14,317.38 | 98.51 | 160.00 | 43.00 | 4,235.93 | 2,579.09 | 6,815.02 | - | 2,673.93 | 9,488.95 |
| MAY 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 161.00 | 18.00 | 1,644.48 | 1,001.26 | 2,645.74 | - | 1,038.08 | 3,683.82 |
| JUN 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 124.00 | 27.00 | 2,466.72 | 1,501.89 | 3,968.61 | - | 1,557.12 | 5,525.73 |
| JUL 18 | | | | DDA III | 13,278.10 | 91.36 | 187.00 | 37.00 | 3,380.32 | 2,058.14 | 5,438.46 | - | 2,133.83 | 7,572.29 |
| AUG 18 | | | | DDA III | 13,278.10 | 91.36 | 151.00 | 27.00 | 2,466.72 | 1,501.89 | 3,968.61 | - | 1,557.12 | 5,525.73 |
| SEP 18 | | | | | | 91.9685 | 1,501.00 | 242.00 | 22,256.37 | 13,551.02 | 35,807.39 | - | 14049.34 | 49,856.73 |
| OCT 18 | | BOI | | SR. INV | 11,139.54 | 76.65 | 120.00 | 120.00 | 9,198.00 | 5,600.29 | 14,798.29 | 5,553.75 | - | 20,352.04 |
| NOV 18 | | BOI | | SR. INV | 11,139.54 | 76.65 | 180.00 | 180.00 | 13,797.00 | 8,400.44 | 22,197.44 | 8,330.63 | - | 30,528.07 |
| DEC 18 | | BOI | | SR. INV | 11,139.54 | 76.65 | 150.00 | 150.00 | 11,497.50 | 7,000.37 | 18,497.87 | 6,942.19 | - | 25,440.06 |
| JAN 19 | | BOI | | SR. INV | 12,931.38 | 88.98 | 170.00 | 170.00 | 15,126.60 | 9,209.98 | 24,336.58 | 9,133.44 | - | 33,470.02 |
| FEB 19 | | BOI | | SR. INV | 11,587.50 | 79.73 | 150.00 | 150.00 | 11,959.50 | 7,281.66 | 19,241.16 | 7,221.15 | - | 26,462.31 |
| MAR 19 | | BOI | | SR. INV | 11,587.50 | 79.73 | 120.00 | 120.00 | 9,567.60 | 5,825.33 | 15,392.93 | 5,776.92 | - | 21,169.85 |
| APR 19 | | BOI | | SR. INV | 11,587.50 | 79.73 | 150.00 | 150.00 | 11,959.50 | 7,281.66 | 19,241.16 | 7,221.15 | - | 26,462.31 |
| MAY 19 | | BOI | | SR. INV | 11,587.50 | 79.73 | 110.00 | 110.00 | 8,770.30 | 5,339.88 | 14,110.18 | 5,295.51 | - | 19,405.69 |
| JUN 19 | | BOI | | SR. INV | 11,587.50 | 79.73 | 150.00 | 150.00 | 11,959.50 | 7,281.66 | 19,241.16 | 7,221.15 | - | 26,462.31 |
| JUL 18 | | BOI | | SR. INV | 11,587.50 | 79.73 | 160.00 | 160.00 | 12,756.80 | 7,767.11 | 20,523.91 | 7,702.56 | - | 28,226.47 |
| AUG 18 | | BOI | | SR. INV | 11,611.26 | 79.89 | 170.00 | 170.00 | 13,554.10 | 8,252.55 | 21,806.65 | 8,183.97 | - | 29,990.62 |
| SEP 18 | | | | SR. INV | | 79.8485 | 1,790.00 | 1,790.00 | 142,928.80 | 87,023.62 | 229,952.42 | 86,300.43 | - | 316,252.85 |
| OCT 18 | | BOI | | SR. INV | 10,810.72 | 74.39 | 160.00 | 160.00 | 11,902.40 | 7,246.90 | 19,149.30 | 7,186.67 | - | 26,335.97 |
| NOV 18 | | BOI | | SR. INV | 10,810.72 | 74.39 | 190.00 | 190.00 | 14,134.10 | 8,605.69 | 22,739.79 | 8,534.17 | - | 31,273.96 |
| DEC 18 | | BOI | | SR. INV | 10,810.72 | 74.39 | 160.00 | 160.00 | 11,902.40 | 7,246.90 | 19,149.30 | 7,186.67 | - | 26,335.97 |
| JAN 19 | | BOI | | SR. INV | 12,549.60 | 86.35 | 180.00 | 180.00 | 15,543.00 | 9,463.51 | 25,006.51 | 9,384.86 | - | 34,391.37 |
| FEB 19 | | BOI | | SR. INV | 11,245.44 | 77.38 | 140.00 | 140.00 | 10,833.20 | 6,595.90 | 17,429.10 | 6,541.09 | - | 23,970.19 |
| MAR 19 | | BOI | | SR. INV | 11,245.44 | 77.38 | 140.00 | 140.00 | 10,833.20 | 6,595.90 | 17,429.10 | 6,541.09 | - | 23,970.19 |
| APR 19 | | BOI | | SR. INV | 11,245.44 | 77.38 | 180.00 | 180.00 | 13,928.40 | 8,480.45 | 22,408.85 | 8,409.97 | - | 30,818.82 |
| MAY 19 | | BOI | | SR. INV | 11,245.44 | 77.38 | 120.00 | 120.00 | 9,285.60 | 5,653.63 | 14,939.23 | 5,606.65 | - | 20,545.88 |
| JUN 19 | | BOI | | SR. INV | 11,245.44 | 77.38 | 150.00 | 150.00 | 11,607.00 | 7,067.04 | 18,674.04 | 7,008.31 | - | 25,682.35 |
| JUL 18 | | BOI | | SR. INV | 11,245.44 | 77.38 | 170.00 | 170.00 | 13,154.60 | 8,009.31 | 21,163.91 | 7,942.75 | - | 29,106.66 |
| AUG 18 | | BOI | | SR. INV | 11,245.44 | 77.38 | 190.00 | 190.00 | 14,702.20 | 8,951.58 | 23,653.78 | 8,877.19 | - | 32,530.97 |
| SEP 18 | | BOI | | SR. INV | 11,268.96 | 77.54 | 120.00 | 120.00 | 9,304.80 | 5,665.32 | 14,970.12 | 5,618.24 | - | 20,588.36 |
| JUL 18 | | | | SR. INV | | 77.4373 | 1,900.00 | 1,900.00 | 147,130.90 | 89,582.13 | 236,713.03 | 88,837.66 | - | 325,550.69 |
| AUG 18 | | BOI | | SR. INV | 12,066.10 | 83.02 | 60.00 | 60.00 | 4,981.20 | 3,032.85 | 8,014.05 | 3,007.65 | - | 11,021.70 |
| SEP 18 | | BOI | | SR. INV | 12,066.10 | 83.02 | 160.00 | 160.00 | 13,283.20 | 8,087.61 | 21,370.81 | 8,020.40 | - | 29,391.21 |
| JUL 18 | | BOI | | SR. INV | 12,066.10 | 83.02 | 140.00 | 140.00 | 11,622.80 | 7,076.66 | 18,699.46 | 7,017.85 | - | 25,717.31 |
| AUG 18 | | | | SR. INV | | 83.0200 | 360.00 | 360.00 | 29,887.20 | 18,197.12 | 48,084.32 | 18,045.90 | - | 66,130.22 |
| SEP 18 | | BOI | | SERGEANT | 12,112.00 | 83.34 | 140.00 | 140.00 | 11,667.60 | 7,103.93 | 18,771.53 | 7,044.90 | - | 25,816.43 |
| OCT 18 | | BOI | | SERGEANT | 12,112.00 | 83.34 | 170.00 | 170.00 | 14,167.80 | 8,626.21 | 22,794.01 | 8,554.52 | - | 31,348.53 |
| NOV 18 | | BOI | | SERGEANT | 12,112.00 | 83.34 | 150.00 | 150.00 | 12,501.00 | 7,611.36 | 20,112.36 | 7,548.10 | - | 27,660.46 |
| DEC 18 | | BOI | | SERGEANT | 14,031.36 | 96.55 | 180.00 | 180.00 | 17,379.00 | 10,581.38 | 27,960.38 | 10,493.44 | - | 38,453.82 |
| | | BOI | | SERGEANT | 12,591.84 | 86.64 | 150.00 | 150.00 | 12,996.00 | 7,912.74 | 20,908.74 | 7,846.98 | - | 28,755.72 |
| | | BOI | | SERGEANT | 12,591.84 | 86.64 | 150.00 | 150.00 | 12,996.00 | 7,912.74 | 20,908.74 | 7,846.98 | - | 28,755.72 |

COUNTY OF LOS ANGELES
SB90-CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2018-2019

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 60.886% | SUBTOTAL: SALARY & EB'S | I.C. RATE (BI) 60.380% | I.C. RATE (SPEC OPS) 63.125% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JAN 19 | [redacted] | BOI | [redacted] | SERGEANT | 12,591.84 | 86.64 | 160.00 | 160.00 | 13,862.40 | 8,440.26 | 22,302.66 | 8,370.12 | - | 30,672.78 |
| FEB 19 | | BOI | | SERGEANT | 12,591.84 | 86.64 | 70.00 | 70.00 | 6,064.80 | 3,692.61 | 9,757.41 | 3,661.93 | - | 13,419.34 |
| MAR 19 | | BOI | | SERGEANT | 12,236.16 | 84.19 | 146.00 | 146.00 | 12,291.74 | 7,483.95 | 19,775.69 | 7,421.75 | - | 27,197.44 |
| APR 19 | | BOI | | SERGEANT | 12,552.32 | 86.37 | 180.00 | 180.00 | 15,546.60 | 9,465.70 | 25,012.30 | 9,387.04 | - | 34,399.34 |
| MAY 19 | | BOI | | SERGEANT | 12,552.32 | 86.37 | 160.00 | 160.00 | 13,819.20 | 8,413.96 | 22,233.16 | 8,344.03 | - | 30,577.19 |
| JUN 19 | | BOI | | SERGEANT | 12,660.32 | 87.11 | 150.00 | 150.00 | 13,066.50 | 7,955.67 | 21,022.17 | 7,889.55 | - | 28,911.72 |
| | | | | SERGEANT | | 86.5773 | 1,806.00 | 1,806.00 | 156,358.64 | 95,200.51 | 251,559.15 | 94,409.34 | - | 345,968.49 |
| APR 19 | | BOI | | SR. INV | 1,837.25 | 12.64 | 33.00 | 33.00 | 417.12 | 253.97 | 671.09 | 251.86 | - | 922.95 |
| MAY 19 | | BOI | | SR. INV | 2,647.78 | 18.22 | 49.00 | 49.00 | 892.78 | 543.58 | 1,436.36 | 539.06 | - | 1,975.42 |
| JUN 19 | | BOI | | SR. INV | 3,459.76 | 23.81 | 64.00 | 64.00 | 1,523.84 | 927.81 | 2,451.65 | 920.09 | - | 3,371.74 |
| | | | | SR. INV | | 19.4092 | 146.00 | 146.00 | 2,833.74 | 1,725.36 | 4,559.10 | 1,711.01 | - | 6,270.11 |
| JAN 19 | | BSP | | DDA III | 13,018.28 | 89.58 | 64.00 | 7.00 | 627.06 | 381.79 | 1,008.85 | - | 395.83 | 1,404.68 |
| FEB 19 | | BSP | | DDA III | 13,537.92 | 93.15 | 147.00 | 17.00 | 1,583.55 | 964.16 | 2,547.71 | - | 999.62 | 3,547.33 |
| MAR 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 169.00 | 36.00 | 3,288.96 | 2,002.52 | 5,291.48 | - | 2,076.16 | 7,367.64 |
| APR 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 124.00 | 15.00 | 1,370.40 | 834.38 | 2,204.78 | - | 865.07 | 3,069.85 |
| MAY 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 161.00 | 6.00 | 548.16 | 333.75 | 881.91 | - | 346.03 | 1,227.94 |
| JUN 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 106.00 | 15.00 | 1,370.40 | 834.38 | 2,204.78 | - | 865.07 | 3,069.85 |
| | | | | DDA III. | | 91.5472 | 771.00 | 96.00 | 8,788.53 | 5,350.98 | 14,139.51 | - | 5547.78 | 19,687.29 |
| JUL 18 | | BOI | | SR. INV | 12,066.10 | 83.02 | 128.00 | 128.00 | 10,626.56 | 6,470.09 | 17,096.65 | 6,416.32 | - | 23,512.97 |
| AUG 18 | | BOI | | SR. INV | 12,066.10 | 83.02 | 143.00 | 143.00 | 11,871.86 | 7,228.30 | 19,100.16 | 7,168.23 | - | 26,268.39 |
| SEP 18 | | BOI | | SR. INV | 12,066.10 | 83.02 | 165.00 | 165.00 | 13,698.30 | 8,340.35 | 22,038.65 | 8,271.03 | - | 30,309.68 |
| OCT 18 | | BOI | | SR. INV | 14,006.98 | 96.38 | 176.00 | 176.00 | 16,962.88 | 10,328.02 | 27,290.90 | 10,242.19 | - | 37,533.09 |
| NOV 18 | | BOI | | SR. INV | 12,551.32 | 86.36 | 136.00 | 136.00 | 11,744.96 | 7,151.04 | 18,896.00 | 7,091.61 | - | 25,987.61 |
| DEC 18 | | BOI | | SR. INV | 12,551.32 | 86.36 | 144.00 | 144.00 | 12,435.84 | 7,571.69 | 20,007.53 | 7,508.76 | - | 27,516.29 |
| JAN 19 | | BOI | | SR. INV | 12,551.32 | 86.36 | 173.00 | 168.00 | 14,506.48 | 8,833.63 | 23,342.11 | 8,760.22 | - | 32,102.33 |
| FEB 19 | | BOI | | SR. INV | 12,551.32 | 86.36 | 136.00 | 136.00 | 11,744.96 | 7,151.04 | 18,896.00 | 7,091.61 | - | 25,987.61 |
| MAR 19 | | BOI | | SR. INV | 12,551.32 | 86.36 | 152.00 | 152.00 | 13,126.72 | 7,992.33 | 21,119.05 | 7,925.91 | - | 29,044.96 |
| APR 19 | | BOI | | SR. INV | 12,551.32 | 86.36 | 168.00 | 168.00 | 14,506.48 | 8,833.63 | 23,342.11 | 8,760.22 | - | 32,102.33 |
| MAY 19 | | BOI | | SR. INV | 12,551.32 | 86.36 | 160.00 | 160.00 | 13,817.60 | 8,412.98 | 22,230.58 | 8,343.07 | - | 30,573.65 |
| JUN 19 | | BOI | | SR. INV | 12,577.24 | 86.54 | 160.00 | 160.00 | 13,846.40 | 8,430.52 | 22,276.92 | 8,360.46 | - | 30,637.38 |
| | | | | SR. INV | | 86.5431 | 1,841.00 | 1,836.00 | 158,893.04 | 96,743.62 | 255,636.66 | 95,939.63 | - | 351,576.29 |
| JUL 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 160.00 | 5.00 | 435.90 | 265.40 | 701.30 | - | 275.16 | 976.46 |
| AUG 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 104.00 | 28.00 | 2,441.04 | 1,486.25 | 3,927.29 | - | 1,540.91 | 5,468.20 |
| OCT 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 152.00 | 11.00 | 958.98 | 583.88 | 1,542.86 | - | 605.36 | 2,148.22 |
| NOV 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 128.00 | 8.00 | 697.44 | 424.64 | 1,122.08 | - | 440.26 | 1,562.34 |
| DEC 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 120.00 | 66.00 | 5,753.88 | 3,503.31 | 9,257.19 | - | 3,632.14 | 12,889.33 |
| | | | | DDA III | | 87.1800 | 664.00 | 118.00 | 10,287.24 | 6,263.48 | 16,550.72 | - | 6493.83 | 23,044.55 |
| JUL 18 | | BOI | | SR. INV | 3,144.18 | 21.63 | 124.00 | 124.00 | 2,682.12 | 1,633.04 | 4,315.16 | 1,619.46 | - | 5,934.62 |
| AUG 18 | | BOI | | SR. INV | 3,613.68 | 24.86 | 102.00 | 102.00 | 2,535.72 | 1,543.90 | 4,079.62 | 1,531.07 | - | 5,610.69 |
| SEP 18 | | BOI | | SR. INV | 3,120.78 | 21.47 | 105.50 | 105.50 | 2,265.09 | 1,379.12 | 3,644.21 | 1,367.66 | - | 5,011.87 |
| | | | | SR. INV | | 22.5729 | 331.50 | 331.50 | 7,482.93 | 4,556.06 | 12,038.99 | 4,518.19 | - | 16,557.18 |
| Grand Total | | | | | | | 20,536.50 | 16,550.50 | 1,098,510.03 | 668,838.82 | 1,767,348.85 | 542,397.48 | 126,378.57 | 2,436,124.90 |

COUNTY OF LOS ANGELES
SB90-CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278 278.5
FISCAL YEAR 2018-2019

| (a) EMPLOYEE NAME | BUR. | EMPL # | (a) ITEM DESC | GROSS SALARY | (b) PWH RATE 1744 | HOURS WORKED | (c) PROGRAM HOURS | (d) SALARY CLAIMED | (e) EMPLOYEE BENEFITS 60.886% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | DDA IV | | 102.2596 | 1,752.00 | 788.00 | 80,580.54 | 49,062.26 | 129,642.80 |
| | | | DDA III | | 90.4024 | 1,796.00 | 399.00 | 36,070.54 | 21,961.92 | 58,032.46 |
| | | | DDA III | | 91.2427 | 647.00 | 15.00 | 1,368.64 | 833.32 | 2,201.96 |
| | | | SR. INV | | 86.3600 | 173.00 | 5.00 | 431.80 | 262.91 | 694.71 |
| | | | DDA III | | 87.1800 | 568.00 | 8.00 | 697.44 | 424.64 | 1,122.08 |
| Grand Total | | | | | | 4,936.00 | 1,215.00 | 119,148.96 | 72,545.05 | 191,694.01 |

**COUNTY OF LOS ANGELES**
**SB90-CHILD ABDUCTION AND RECOVERY**
**PROGRAM 277, 278 278.5**
**FISCAL YEAR 2018-2019**

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 60.886% | SUBTOTAL: SALARY & EB'S | I.C. RATE (BI) 60.380% | I.C. RATE (SPEC OPS) 63.125% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | DDA IV | | 102.2596 | 1,752.00 | 788.00 | 80,580.54 | 49,062.26 | 129,642.80 | - | 50,866.46 | 180,509.26 |
| | | | DDA III | | 90.40 | 1,796.00 | 399.00 | 36,070.54 | 21,961.92 | 58,032.46 | - | 22,769.52 | 80,801.98 |
| | | | DDA III | | 91.24 | 647.00 | 15.00 | 1,368.64 | 833.32 | 2,201.96 | - | 863.95 | 3,065.91 |
| | | | SR. INV | | 86.36 | 173.00 | 5.00 | 431.80 | 262.91 | 694.71 | 260.72 | - | 955.43 |
| | | | DDA III | | 87.18 | 568.00 | 8.00 | 697.44 | 424.64 | 1,122.08 | - | 440.25 | 1,562.33 |
| Grand Total | | | | | | 4,936.00 | 1,215.00 | 119,148.96 | 72,545.05 | 191,694.01 | 260.72 | 74,940.18 | 266,894.91 |

**COUNTY OF LOS ANGELES**
**SB90-CHILD ABDUCTION AND RECOVERY**
**PROGRAM 277, 278 278.5**
**FISCAL YEAR 2018-2019**

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH RATE 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 60.886% | SUBTOTAL: SALARY & EB'S | I.C. RATE (BI) 60.380% | I.C. RATE (SPEC OPS) 63.125% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JUL 18 | [redacted] | BSP | [redacted] | DDA IV | 14,582.46 | 100.34 | 104.00 | 64.00 | 6,421.76 | 3,909.95 | 10,331.71 | - | 4,053.74 | 14,385.45 |
| AUG 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 184.00 | 94.00 | 9,431.96 | 5,742.74 | 15,174.70 | - | 5,953.92 | 21,128.62 |
| SEP 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 144.00 | 85.00 | 8,528.90 | 5,192.91 | 13,721.81 | - | 5,383.87 | 19,105.68 |
| OCT 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 168.00 | 97.00 | 9,732.98 | 5,926.02 | 15,659.00 | - | 6,143.94 | 21,802.94 |
| NOV 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 152.00 | 87.00 | 8,729.58 | 5,315.09 | 14,044.67 | - | 5,510.55 | 19,555.22 |
| DEC 18 | | BSP | | DDA IV | 14,582.46 | 100.34 | 104.00 | 45.00 | 4,515.30 | 2,749.19 | 7,264.49 | - | 2,850.28 | 10,114.77 |
| JAN 19 | | BSP | | DDA IV | 14,582.46 | 100.34 | 160.00 | 21.00 | 2,107.14 | 1,282.95 | 3,390.09 | - | 1,330.13 | 4,720.22 |
| FEB 19 | | BSP | | DDA IV | 16,039.26 | 110.36 | 136.00 | 63.00 | 6,952.68 | 4,233.21 | 11,185.89 | - | 4,388.88 | 15,574.77 |
| MAR 19 | | BSP | | DDA IV | 14,873.82 | 102.34 | 168.00 | 84.00 | 8,596.56 | 5,234.10 | 13,830.66 | - | 5,426.58 | 19,257.24 |
| APR 19 | | BSP | | DDA IV | 15,282.82 | 105.16 | 128.00 | 42.00 | 4,416.72 | 2,689.16 | 7,105.88 | - | 2,788.05 | 9,893.93 |
| MAY 19 | | BSP | | DDA IV | 15,282.82 | 105.16 | 160.00 | 57.00 | 5,994.12 | 3,649.58 | 9,643.70 | - | 3,783.79 | 13,427.49 |
| JUN 19 | | BSP | | DDA IV | 15,282.82 | 105.16 | 144.00 | 49.00 | 5,152.84 | 3,137.36 | 8,290.20 | - | 3,252.73 | 11,542.93 |
| | | otal | | DDA IV | | 102.2596 | 1,752.00 | 788.00 | 80,580.54 | 49,062.26 | 129,642.80 | - | 50,866.46 | 180,509.26 |
| JUL 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 152.00 | 56.00 | 5,016.48 | 3,054.33 | 8,070.81 | - | 3,166.65 | 11,237.46 |
| AUG 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 144.00 | 34.00 | 3,045.72 | 1,854.42 | 4,900.14 | - | 1,922.61 | 6,822.75 |
| SEP 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 144.00 | 70.00 | 6,270.60 | 3,817.92 | 10,088.52 | - | 3,958.32 | 14,046.84 |
| OCT 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 176.00 | 41.00 | 3,672.78 | 2,236.21 | 5,908.99 | - | 2,318.44 | 8,227.43 |
| NOV 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 136.00 | 42.00 | 3,762.36 | 2,290.75 | 6,053.11 | - | 2,374.99 | 8,428.10 |
| DEC 18 | | BSP | | DDA III | 13,018.28 | 89.58 | 119.00 | 27.00 | 2,418.66 | 1,472.63 | 3,891.29 | - | 1,526.78 | 5,418.07 |
| JAN 19 | | BSP | | DDA III | 13,018.28 | 89.58 | 142.00 | 25.00 | 2,239.50 | 1,363.54 | 3,603.04 | - | 1,413.68 | 5,016.72 |
| FEB 19 | | BSP | | DDA III | 14,317.38 | 98.51 | 160.00 | 20.00 | 1,970.20 | 1,199.58 | 3,169.78 | - | 1,243.69 | 4,413.47 |
| MAR 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 161.00 | 12.00 | 1,096.32 | 667.51 | 1,763.83 | - | 692.05 | 2,455.88 |
| APR 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 124.00 | 21.00 | 1,918.56 | 1,168.13 | 3,086.69 | - | 1,211.09 | 4,297.78 |
| MAY 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 187.00 | 29.00 | 2,649.44 | 1,613.14 | 4,262.58 | - | 1,672.46 | 5,935.04 |
| JUN 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 151.00 | 22.00 | 2,009.92 | 1,223.76 | 3,233.68 | - | 1,268.76 | 4,502.44 |
| | | | | DDA III | | 90.40 | 1,796.00 | 399.00 | 36,070.54 | 21,961.92 | 58,032.46 | - | 22,769.52 | 80,801.98 |
| JAN 19 | | BSP | | DDA III | 13,018.28 | 89.58 | 64.00 | 2.50 | 223.95 | 136.35 | 360.30 | - | 141.37 | 501.67 |
| FEB 19 | | BSP | | DDA III | 13,537.92 | 93.15 | 147.00 | 1.50 | 139.73 | 85.08 | 224.81 | - | 88.20 | 313.01 |
| MAR 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 169.00 | 5.00 | 456.80 | 278.13 | 734.93 | - | 288.36 | 1,023.29 |
| MAY 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 161.00 | 3.00 | 274.08 | 166.88 | 440.96 | - | 173.01 | 613.97 |
| JUN 19 | | BSP | | DDA III | 13,278.10 | 91.36 | 106.00 | 3.00 | 274.08 | 166.88 | 440.96 | - | 173.01 | 613.97 |
| | | | | DDA III | | 91.24 | 647.00 | 15.00 | 1,368.64 | 833.32 | 2,201.96 | - | 863.95 | 3,065.91 |
| JAN 19 | | BOI | | SR. INV | 12,551.32 | 86.36 | 173.00 | 5.00 | 431.80 | 262.91 | 694.71 | 260.72 | - | 955.43 |
| | | | | SR. INV | | 86.36 | 173.00 | 5.00 | 431.80 | 262.91 | 694.71 | 260.72 | - | 955.43 |
| JUL 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 160.00 | 2.00 | 174.36 | 106.16 | 280.52 | - | 110.06 | 390.58 |
| SEP 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 128.00 | 1.00 | 87.18 | 53.08 | 140.26 | - | 55.03 | 195.29 |
| OCT 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 152.00 | 1.00 | 87.18 | 53.08 | 140.26 | - | 55.03 | 195.29 |
| NOV 18 | | BSP | | DDA III | 12,669.74 | 87.18 | 128.00 | 4.00 | 348.72 | 212.32 | 561.04 | - | 220.13 | 781.17 |
| | | | | DDA III | | 87.18 | 568.00 | 8.00 | 697.44 | 424.64 | 1,122.08 | - | 440.25 | 1,562.33 |
| Grand Total | | | | | | | 4,936.00 | 1,215.00 | 119,148.96 | 72,545.05 | 191,694.01 | 260.72 | 74,940.18 | 266,894.91 |

**DISTRICT ATTORNEY**
**INDIRECT COST PROPOSAL**
**FISCAL YEAR 2018-19**

| | Executive, Management & Budget | Bureau of Branch & Area Ops. | Bureau of Central Ops. | Bureau of Special Ops. | Bureau of Investigation |
|---|---|---|---|---|---|
| Countywide Overhead | 9.654% | 9.654% | 9.654% | 9.654% | 9.654% |
| Department Overhead | 38.663% | 38.663% | 38.663% | 38.663% | 38.663% |
| Bureau Overhead | NA | 8.464% | 10.769% | 14.808% | 12.063% |
| Total | 48.317% | 56.781% | 59.086% | 63.125% | 60.380% |
| Employee Benefits | 60.886% | 60.886% | 60.886% | 60.886% | 60.886% |

D

10/23/2018

**DISTRICT ATTORNEY**
**COST FACTORS**
**FISCAL YEAR 2018-19**

| | |
|---|---|
| Top Step Variance Factor: | 92.3787% |
| MAPP TIER I Variance Factor: | 99.8988% |
| MAPP TIER II Variance Factor: | 105.4653% |
| Contract Cities Liability Insurance Rates: | (1) |
| Productive Work Hours: | 1744 |
| Countywide Cost: | |
| Group III | $ 15,359,155 |
| Group IV | $ 13,872,005 |

(1) The appropriate Contract City Liability Insurance rate should be applied to total billable cost. Contact Risk Management for the appropriate rates.

# REIMBURSEMENT CLAIMS

# FISCAL YEAR 2019-2020

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | Reimbursement Claim Data | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $1,678,993 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | | Type of Claim | | (26) FORM 1, (06) | 62 |
| | (03) | (09) Reimbursement | [X] | (27) FORM 1, (07) | $628,820 |
| | (04) | (10) Combined | [ ] | (28) FORM 1, (09) | |
| | (05) | (11) Amended | [ ] | (29) FORM 1, (10) | |
| Fiscal Year of Cost | (06) | (12) | 2019/ 2020 | (30) | |
| Total Claimed Amount | (07) | (13) | $2,307,814 | (31) | |
| Less: 10% Late Penalty (refer to attached Instructions) | | (14) | | (32) | |
| Less: Prior Claim Payment Received | | (15) | | (33) | |
| Net Claimed Amount | | (16) | $2,307,814 | (34) | |
| Due from State | (08) | (17) | $2,307,814 | (35) | |
| Due to State | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM**

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Arlene Barrera

Arlene Barrera, Auditor-Controller

Type or Print Name and Title of Authorized Signatory

Date Signed 2-11-21

Telephone Number (213) 974-8302

Email Address abarrera@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

Form FAM-27 (Revised 9/19)

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year |
|---|---|
| COUNTY OF LOS ANGELES | 2019/2020 |

(03) Departme

| Direct Costs (1) | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | 1,013,744.09 | 665,249.30 | | | | 1,678,993.39 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | 1,013,744.09 | 665,249.30 | | | | 1,678,993.39 |

| | | |
|---|---|---|
| **Indirect Costs** | | |
| (06) Indirect Cost Rate | [From ICRP or 10%] (1) | 62.0295 % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | 628,820.39 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | 2,307,813.78 |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) minus (line (09) + line (10))] | 2,307,813.78 |

Revised 9/2020 (1) SEE TAB A

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

(01) Claimant COUNTY OF LOS ANGELES

(02) Fiscal Year 20 19 /20 20

(03) Indirect Costs Computation (1)

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| SEE ATTACHED | SEE ATTACHED | SEE ATTACHED | SEE ATTACHED |
| (04) Total ☐ Subtotal ☐ | | | |

Revised 9/2020

(1) SEE TAB A

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: COUNTY OF LOS ANGELES

(02) Fiscal Year: 2019/2020

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses (1)

| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | Object Accounts (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| [redacted] DDA IV<br>Program 3130-3133 | 109.1839 | 114.00 | 12,446.96 | 8,168.06 | | | |
| [redacted] - ITC<br>Program 3130-3133 | 26.1689 | 1,765.50 | 46,201.21 | 30,318.62 | | | |
| [redacted] - Paralegal<br>Program 3130-3133 | 42.8383 | 720.00 | 30,699.60 | 20,145.98 | | | |
| [redacted] - Sergeant<br>Program 3130-3133 | 87.9633 | 1,456.50 | 128,118.53 | 84,075.22 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 63.8600 | 780.00 | 49,810.80 | 32,687.34 | | | |
| [redacted] - PARALEGAL<br>Program 3130-3133 | 43.2676 | 1,896.00 | 82,035.28 | 53,834.01 | | | |
| [redacted] - DDA III<br>Program 3130-3133 | 92.9913 | 233.00 | 21,666.97 | 14,218.52 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 82.1478 | 1,810.50 | 148,728.68 | 97,600.21 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 79.7727 | 1,820.00 | 145,186.40 | 95,275.70 | | | |
| [redacted] - SERGEANT<br>Program 3130-3133 | 88.5500 | 280.00 | 24,794.00 | 16,270.56 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 86.4242 | 389.00 | 33,619.01 | 22,061.80 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 22.0428 | 478.00 | 10,536.44 | 6,914.34 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 76.5260 | 1,180.00 | 90,300.70 | 59,258.04 | | | |
| [redacted] DDA III<br>Program 3130-3133 | 94.3657 | 49.50 | 4,671.10 | 3,065.33 | | | |
| [redacted] - SR. INV<br>Program 3130-3133 | 88.5400 | 478.00 | 42,322.12 | 27,773.04 | | | |
| (05) Total [ ] Subtotal [x] Page: 1 of 2 | | | 871,137.80 | 571,666.77 | | | |

Revised 9/2020

(1) SEE TAB B

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: COUNTY OF LOS ANGELES

(02) Fiscal Year: 2019/2020

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (277, 278, & 278.5)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses (1)

| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | Object Accounts (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| [redacted] DDA IV PROGRAM 277, 278, & 278.5 | 108.19 | 748.00 | 80,926.48 | 53,106.38 | | | |
| [redacted] DDA III PROGRAM 277, 278, & 278.5 | 94.26 | 581.00 | 54,766.97 | 35,939.73 | | | |
| [redacted] - DDA III PROGRAM 277, 278, & 278.5 | 93.42 | 74.00 | 6,912.84 | 4,536.42 | | | |
| (05) Total [X] Subtotal [ ] Page: 2 of 2 | | | 142,606.29 | 93,582.53 | | | |

Revised 9/2020

(1) SEE TAB C

# COUNTY OF LOS ANGELES - DISTRICT ATTORNEY'S OFFICE
## SB90 CHILD ABDUCTION AND RECOVERY
## ICRP CALCULATION
## FISCAL YEAR 2019-2020

**(06): 62.0295%**

| ITEM | A<br>SALARIES | BENEFITS<br>65.623% | B<br>ICRP<br>(BI)<br>60.902% | C<br>ICRP<br>(Spec Ops)<br>64.788% | SUB-TOTAL<br>ICRP | TOTAL |
|---|---|---|---|---|---|---|
| PROGRAM 3130-3133 | 871,137.80 | 571,666.77 | 438,261.65 | 98,166.71 | 536,428.36 | 1,979,232.93 |
| PROGRAM 277, 278, 278.5 | 142,606.29 | 93,582.53 | 0.00 | 92,391.75 | 92,391.75 | 328,580.57 |
| (4)1. TOTAL | 1,013,744.09 | 665,249.30 | 438,261.65 | 190,558.46 | 628,820.11 | 2,307,813.50 |

AVERAGE INDIRECT COST = (B+C)/A
= ((BI) I.C.RATE) + ((SO) I.C. RATE))/ SALARY CLAIMED
= 628,820.11/1,013,744.09
= ***62.0295%***

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2019-2020

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 65.623% | SUBTOTAL SALARY & EB'S | I.C. RATE (BI) 60.902% | I.C. RATE (SPEC OPS) 64.788% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | | | 109.1839 | 1,800.00 | 114.00 | 12,446.96 | 8,168.06 | 20,615.02 | - | 8,064.13 | 49,294.17 |
| | | | | | 26.1689 | 1,805.50 | 1,765.50 | 46,201.21 | 30,318.62 | 76,519.83 | 28,137.45 | - | 181,177.11 |
| | | | | | 42.6383 | 720.00 | 720.00 | 30,699.60 | 20,145.98 | 50,845.58 | - | 19,889.67 | 121,580.83 |
| | | | | | 87.9633 | 1,456.50 | 1,456.50 | 128,118.53 | 84,075.22 | 212,193.75 | 78,026.74 | - | 502,414.24 |
| | | | | | 83.8600 | 780.00 | 780.00 | 49,810.80 | 32,687.34 | 82,498.14 | 30,335.76 | - | 195,332.04 |
| | | | | | 43.2676 | 1,896.00 | 1,896.00 | 82,035.28 | 53,834.01 | 135,869.29 | - | 53,149.01 | 324,887.59 |
| | | | | | 92.9913 | 1,279.00 | 233.00 | 21,666.97 | 14,218.52 | 35,885.49 | - | 14,037.59 | 85,808.57 |
| | | | | | 82.1478 | 1,810.50 | 1,810.50 | 148,728.68 | 97,600.21 | 246,328.89 | 90,578.73 | - | 583,236.51 |
| | | | | | 79.7727 | 1,820.00 | 1,820.00 | 145,186.40 | 95,275.70 | 240,462.10 | 88,421.42 | - | 569,345.62 |
| | Total | | | | 88.5500 | 280.00 | 280.00 | 24,794.00 | 16,270.56 | 41,064.56 | 15,100.04 | - | 97,229.16 |
| | al | | | | 86.4242 | 417.00 | 389.00 | 33,619.01 | 22,061.80 | 55,680.81 | 20,474.65 | - | 131,836.27 |
| | | | | | 22.0428 | 513.00 | 478.00 | 10,536.44 | 6,914.34 | 17,450.78 | 6,416.91 | - | 41,318.47 |
| | | | | | 76.5260 | 1,180.00 | 1,180.00 | 90,300.70 | 59,258.04 | 149,558.74 | 54,994.94 | - | 52,283.52 |
| | | | | | 94.3657 | 1,131.00 | 49.50 | 4,671.10 | 3,065.33 | 7,736.43 | - | 3,026.31 | 18,498.17 |
| | | | | | 88.5400 | 478.00 | 478.00 | 42,322.12 | 27,773.04 | 70,095.16 | 25,775.01 | - | 165,965.33 |
| Grand Total | | | | | | 17,366.50 | 13,450.00 | 871,137.80 | 571,866.77 | 1,442,804.57 | 438,261.65 | 98,166.71 | 3,422,037.50 |
| | | | | | | | | | | | | 536428.36 | |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2019-2020

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 65.623% | SUBTOTAL SALARY & EB'S | I.C. RATE (BI) 60.902% | I.C. RATE (SPEC OPS) 64.788% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | BSP | [redacted] | DDA IV | 15,282.82 | 105.16 | 136.00 | 7.00 | 736.12 | 483.06 | 1,219.18 | | 476.92 | 2,915.28 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 168.00 | 10.00 | 1,051.60 | 690.09 | 1,741.69 | | 681.31 | 4,164.69 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 160.00 | 5.00 | 525.80 | 345.05 | 870.85 | | 340.66 | 2,082.36 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 152.00 | 6.00 | 646.68 | 424.37 | 1,071.05 | | 418.97 | 2,561.07 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 144.00 | 4.00 | 431.12 | 282.91 | 714.03 | | 279.31 | 1,707.37 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 112.00 | 4.00 | 431.12 | 282.91 | 714.03 | | 279.31 | 1,707.37 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 9.00 | 979.56 | 642.82 | 1,622.38 | | 634.64 | 3,879.40 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 136.00 | 9.00 | 979.56 | 642.82 | 1,622.38 | | 634.64 | 3,879.40 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 15.00 | 1,632.60 | 1,071.36 | 2,703.96 | | 1,057.73 | 6,465.65 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 176.00 | 16.00 | 1,789.44 | 1,174.28 | 2,963.72 | | 1,159.34 | 7,086.78 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 152.00 | 15.00 | 1,677.60 | 1,100.89 | 2,778.49 | | 1,086.88 | 6,643.86 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 160.00 | 14.00 | 1,565.76 | 1,027.50 | 2,593.26 | | 1,014.42 | 6,200.94 |
| [redacted]tal | | | | | 109.1838 | 1,800.00 | 114.00 | 12,446.96 | 8,168.06 | 20,615.02 | - | 8,064.13 | 49,294.17 |
| | BOI | | ITC | 3,705.74 | 25.50 | 152.00 | 152.00 | 3,876.00 | 2,543.55 | 6,419.55 | 2,360.56 | | 15,199.66 |
| | BOI | | ITC | 3,705.74 | 25.50 | 144.00 | 144.00 | 3,672.00 | 2,409.68 | 6,081.68 | 2,236.32 | | 14,399.68 |
| | BOI | | ITC | 3,705.74 | 25.50 | 149.50 | 149.50 | 3,812.25 | 2,501.71 | 6,313.96 | 2,321.74 | | 14,949.66 |
| | BOI | | ITC | 3,853.46 | 26.51 | 160.00 | 160.00 | 4,241.60 | 2,783.47 | 7,025.07 | 2,583.22 | | 16,633.36 |
| | BOI | | ITC | 3,853.46 | 26.51 | 104.00 | 104.00 | 2,757.04 | 1,809.25 | 4,566.29 | 1,679.09 | | 10,811.67 |
| | BOI | | ITC | 3,853.46 | 26.51 | 168.00 | 168.00 | 4,453.68 | 2,922.64 | 7,376.32 | 2,712.38 | | 17,465.02 |
| | BOI | | ITC | 3,854.28 | 26.52 | 120.00 | 80.00 | 2,121.60 | 1,392.26 | 3,513.86 | 1,292.10 | | 8,319.82 |
| | BOI | | ITC | 3,501.98 | 24.10 | 136.00 | 136.00 | 3,277.60 | 2,150.86 | 5,428.46 | 1,996.12 | | 12,853.04 |
| | BOI | | ITC | 3,891.10 | 26.77 | 168.00 | 168.00 | 4,497.36 | 2,951.30 | 7,448.66 | 2,738.98 | | 17,636.30 |
| | BOI | | ITC | 3,891.10 | 26.77 | 176.00 | 176.00 | 4,711.52 | 3,091.84 | 7,803.36 | 2,869.41 | | 18,476.13 |
| | BOI | | ITC | 3,891.10 | 26.77 | 160.00 | 160.00 | 4,283.20 | 2,810.76 | 7,093.96 | 2,608.55 | | 16,796.47 |
| | BOI | | ITC | 3,891.10 | 26.77 | 168.00 | 168.00 | 4,497.36 | 2,951.30 | 7,448.66 | 2,738.98 | | 17,636.30 |
| [redacted]tal | | | | | 26.1689 | 1,805.50 | 1,765.50 | 46,201.21 | 30,318.82 | 76,519.83 | 28,137.45 | - | 181,177.11 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 128.00 | 128.00 | 5,405.44 | 3,547.21 | 8,952.65 | | 3,502.08 | 21,407.38 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 160.00 | 160.00 | 6,756.80 | 4,434.01 | 11,190.81 | | 4,377.60 | 26,759.22 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 152.00 | 152.00 | 6,418.96 | 4,212.31 | 10,631.27 | | 4,158.72 | 25,421.26 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 168.00 | 168.00 | 7,271.04 | 4,771.47 | 12,042.51 | | 4,710.76 | 28,795.78 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 112.00 | 112.00 | 4,847.36 | 3,180.98 | 8,028.34 | | 3,140.51 | 19,197.19 |
| | | | | | 42.6383 | 720.00 | 720.00 | 30,699.60 | 20,145.98 | 50,845.58 | - | 19,889.67 | 121,580.83 |
| | BOI | | SERGEANT | 12,699.31 | 87.38 | 30.00 | 30.00 | 2,621.40 | 1,720.24 | 4,341.64 | 1,596.49 | | 10,279.77 |
| | BOI | | SERGEANT | 12,699.30 | 87.38 | 180.00 | 180.00 | 15,728.40 | 10,321.45 | 26,049.85 | 9,578.91 | | 61,678.61 |
| | BOI | | SERGEANT | 12,699.30 | 87.38 | 140.00 | 140.00 | 12,233.20 | 8,027.79 | 20,260.99 | 7,450.26 | | 47,972.24 |
| | BOI | | SERGEANT | 12,699.30 | 87.38 | 130.00 | 130.00 | 11,359.40 | 7,454.38 | 18,813.78 | 6,918.10 | | 44,545.66 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 160.00 | 160.00 | 14,120.00 | 9,265.97 | 23,385.97 | 8,599.36 | | 55,371.30 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 152.50 | 152.50 | 13,458.13 | 8,831.63 | 22,289.76 | 8,196.27 | | 52,775.79 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 170.00 | 170.00 | 15,002.50 | 9,845.09 | 24,847.59 | 9,136.82 | | 58,832.00 |
| | BOI | | SERGEANT | 12,825.51 | 88.25 | 180.00 | 180.00 | 15,885.00 | 10,424.21 | 26,309.21 | 9,674.28 | | 62,292.70 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 150.00 | 150.00 | 13,237.50 | 8,686.84 | 21,924.34 | 8,061.90 | | 51,910.58 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 164.00 | 164.00 | 14,473.00 | 9,497.62 | 23,970.62 | 8,814.35 | | 56,755.59 |
| | | | | | 87.9833 | 1,456.50 | 1,456.50 | 128,118.53 | 84,075.22 | 212,193.75 | 78,026.74 | - | 502,414.24 |
| | BOI | | SR. INV | 9,280.70 | 63.86 | 170.00 | 170.00 | 10,856.20 | 7,124.16 | 17,980.36 | 6,611.64 | | 42,572.36 |
| | BOI | | SR. INV | 9,280.70 | 63.86 | 180.00 | 180.00 | 11,494.80 | 7,543.23 | 19,038.03 | 7,000.56 | | 45,076.62 |
| | BOI | | SR. INV | 9,280.70 | 63.86 | 160.00 | 160.00 | 10,217.60 | 6,705.10 | 16,922.70 | 6,222.72 | | 40,068.12 |
| | BOI | | SR INV | 9,280.70 | 63.86 | 190.00 | 190.00 | 12,133.40 | 7,962.30 | 20,095.70 | 7,389.48 | | 47,580.88 |
| | BOI | | SR. INV | 9,280.71 | 63.86 | 80.00 | 80.00 | 5,108.80 | 3,352.55 | 8,461.35 | 3,111.36 | | 20,034.06 |
| | | | | | 63.8600 | 780.00 | 780.00 | 49,810.80 | 32,687.34 | 82,498.14 | 30,335.76 | - | 195,332.04 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 144.00 | 144.00 | 6,081.12 | 3,990.61 | 10,071.73 | | 3,939.84 | 24,083.30 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 144.00 | 144.00 | 6,081.12 | 3,990.61 | 10,071.73 | | 3,939.84 | 24,083.30 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 144.00 | 144.00 | 6,081.12 | 3,990.61 | 10,071.73 | | 3,939.84 | 24,083.30 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 176.00 | 176.00 | 7,617.28 | 4,998.69 | 12,615.97 | | 4,935.08 | 30,167.02 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 144.00 | 144.00 | 6,232.32 | 4,089.84 | 10,322.16 | | 4,037.80 | 24,682.12 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 144.00 | 144.00 | 6,232.32 | 4,089.84 | 10,322.16 | | 4,037.80 | 24,682.12 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 168.00 | 168.00 | 7,343.28 | 4,818.88 | 12,162.16 | | 4,757.56 | 29,081.88 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2019-2020

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS | SUBTOTAL | I.C. RATE (BI) | I.C. RATE (SPEC OPS) | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1744 | | | | 55.623% | SALARY & EB'S | 60.902% | 64.788% | |
| [redacted] | BSP | [redacted] | PARALEGAL | 6,353.18 | 43.71 | 152.00 | 152.00 | 6,643.92 | 4,359.94 | 11,003.86 | | 4,304.46 | 26,312.18 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 168.00 | 168.00 | 7,343.28 | 4,818.88 | 12,162.16 | | 4,757.56 | 29,081.88 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 176.00 | 176.00 | 7,692.96 | 5,048.35 | 12,741.31 | | 4,984.11 | 30,466.73 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 160.00 | 160.00 | 6,993.60 | 4,589.41 | 11,583.01 | | 4,531.01 | 27,697.03 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 176.00 | 176.00 | 7,692.96 | 5,048.35 | 12,741.31 | | 4,984.11 | 30,466.73 |
| | | | | | 43.2676 | 1,896.00 | 1,896.00 | 82,035.28 | 53,834.01 | 135,869.29 | - | 53,149.01 | 324,887.59 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 151.00 | 28.00 | 2,558.08 | 1,678.69 | 4,236.77 | | 1,657.33 | 10,130.87 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 178.00 | 38.00 | 3,471.68 | 2,278.22 | 5,749.90 | | 2,249.23 | 13,749.03 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 160.00 | 42.00 | 3,837.12 | 2,518.03 | 6,355.15 | | 2,485.99 | 15,196.29 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 178.00 | 1.00 | 93.65 | 61.46 | 155.11 | | 60.67 | 370.89 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 142.00 | 15.00 | 1,404.75 | 921.84 | 2,326.59 | | 910.11 | 5,563.29 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 141.00 | 7.00 | 655.55 | 430.19 | 1,085.74 | | 424.72 | 2,596.20 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 60.00 | 5,674.20 | 3,723.58 | 9,397.78 | | 3,676.20 | 22,471.76 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 160.00 | 42.00 | 3,971.94 | 2,606.51 | 6,578.45 | | 2,573.34 | 15,730.24 |
| | | | | | 92.9913 | 1,279.00 | 233.00 | 21,666.97 | 14,218.52 | 35,885.49 | - | 14,037.59 | 85,808.57 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 130.00 | 130.00 | 10,626.20 | 6,973.23 | 17,599.43 | 6,471.57 | | 41,670.43 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 170.00 | 170.00 | 13,895.80 | 9,118.84 | 23,014.64 | 8,462.82 | | 54,492.10 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 160.00 | 160.00 | 13,078.40 | 8,582.44 | 21,660.84 | 7,965.01 | | 51,286.69 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 140.00 | 140.00 | 11,443.60 | 7,509.63 | 18,953.23 | 6,969.38 | | 44,875.84 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 140.00 | 140.00 | 11,443.60 | 7,509.63 | 18,953.23 | 6,969.38 | | 44,875.84 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 170.00 | 170.00 | 13,895.80 | 9,118.84 | 23,014.64 | 8,462.82 | | 54,492.10 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 100.00 | 100.00 | 8,256.00 | 5,417.83 | 13,673.83 | 5,028.07 | | 32,375.73 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 130.00 | 130.00 | 10,732.80 | 7,043.19 | 17,775.99 | 6,536.49 | | 42,088.47 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 176.50 | 176.50 | 14,571.84 | 9,562.48 | 24,134.32 | 8,874.54 | | 57,143.18 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 180.00 | 180.00 | 14,860.80 | 9,752.10 | 24,612.90 | 9,050.52 | | 58,276.32 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 150.00 | 150.00 | 12,384.00 | 8,126.75 | 20,510.75 | 7,542.10 | | 48,563.60 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 164.00 | 164.00 | 13,539.84 | 8,885.25 | 22,425.09 | 8,246.03 | | 53,096.21 |
| | | | | | 82.1478 | 1,810.50 | 1,810.50 | 148,728.68 | 97,600.21 | 246,328.89 | 90,578.73 | - | 583,236.51 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 170.00 | 170.00 | 13,486.10 | 8,849.98 | 22,336.08 | 8,213.30 | | 52,885.46 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 150.00 | 150.00 | 11,899.50 | 7,808.81 | 19,708.31 | 7,247.03 | | 46,663.65 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 90.00 | 90.00 | 7,139.70 | 4,685.29 | 11,824.99 | 4,348.22 | | 27,998.20 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 160.00 | 160.00 | 12,692.80 | 8,329.40 | 21,022.20 | 7,730.17 | | 49,774.57 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 80.00 | 80.00 | 6,346.40 | 4,164.70 | 10,511.10 | 3,865.08 | | 24,887.28 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 150.00 | 150.00 | 11,899.50 | 7,808.81 | 19,708.31 | 7,247.03 | | 46,663.65 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 | 8,295.10 | | 53,412.14 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 160.00 | 160.00 | 12,819.20 | 8,412.34 | 21,231.54 | 7,807.15 | | 50,270.23 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 | 8,295.10 | | 53,412.14 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 180.00 | 180.00 | 14,421.60 | 9,463.89 | 23,885.49 | 8,783.04 | | 56,554.02 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 | 8,295.10 | | 53,412.14 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 | 8,295.10 | | 53,412.14 |
| | | | | | 79.7727 | 1,820.00 | 1,820.00 | 145,186.40 | 95,275.70 | 240,462.10 | 88,421.42 | - | 569,345.62 |
| R | BOI | | SERGEANT | 12,868.78 | 88.55 | 130.00 | 130.00 | 11,511.50 | 7,554.19 | 19,065.69 | 7,010.73 | | 45,142.11 |
| R | BOI | | SERGEANT | 12,868.78 | 88.55 | 150.00 | 150.00 | 13,282.50 | 8,716.37 | 21,998.87 | 8,089.31 | | 52,087.05 |
| R Total | | | | | 88.5500 | 280.00 | 280.00 | 24,794.00 | 16,270.56 | 41,064.56 | 15,100.04 | - | 97,229.16 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 182.00 | 174.00 | 15,405.96 | 10,109.85 | 25,515.81 | 9,382.54 | | 60,414.16 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 122.00 | 122.00 | 10,801.88 | 7,088.52 | 17,890.40 | 6,578.56 | | 42,359.36 |
| | BOI | | SR. INV | 11,581.02 | 79.69 | 113.00 | 93.00 | 7,411.17 | 4,863.43 | 12,274.60 | 4,513.55 | | 29,062.75 |
| tal | | | | | 86.4242 | 417.00 | 389.00 | 33,619.01 | 22,061.80 | 55,680.81 | 20,474.65 | - | 131,836.27 |
| | BOI | | SR. INV | 3,545.28 | 24.39 | 64.00 | 64.00 | 1,560.96 | 1,024.35 | 2,585.31 | 950.66 | | 6,121.28 |
| | BOI | | SR. INV | 4,486.98 | 30.87 | 81.00 | 81.00 | 2,500.47 | 1,640.88 | 4,141.35 | 1,522.84 | | 9,805.54 |
| | BOI | | SR. INV | 1,772.64 | 12.20 | 32.00 | 32.00 | 390.40 | 256.19 | 646.59 | 237.76 | | 1,530.94 |
| | BOI | | SR. INV | 3,822.25 | 26.30 | 69.00 | 62.00 | 1,630.60 | 1,070.05 | 2,700.65 | 993.07 | | 6,394.37 |
| | BOI | | SR. INV | 2,880.52 | 19.82 | 52.00 | 24.00 | 475.68 | 312.16 | 787.84 | 289.70 | | 1,865.38 |
| | BOI | | SR. INV | 2,517.54 | 17.32 | 37.00 | 37.00 | 640.84 | 420.54 | 1,061.38 | 390.28 | | 2,513.04 |
| | BOI | | SR. INV | 3,468.60 | 23.87 | 62.00 | 62.00 | 1,479.94 | 971.18 | 2,451.12 | 901.31 | | 5,803.55 |
| | BOI | | SR. INV | 2,741.32 | 18.86 | 49.00 | 49.00 | 924.14 | 606.45 | 1,530.59 | 562.82 | | 3,624.00 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2019-2020

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 65.623% | SUBTOTAL SALARY & EB'S | I.C. RATE (BI) 60.902% | I.C. RATE (SPEC OPS) 64.788% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | BOI | [redacted] | SR. INV | 2,405.64 | 16.55 | 43.00 | 43.00 | 711.65 | 467.01 | 1,178.66 | 433.41 | | 2,790.73 |
| | BOI | | SR. INV | 1,342.68 | 9.24 | 24.00 | 24.00 | 221.76 | 145.53 | 367.29 | 135.06 | | 869.64 |
| otal | | | | | 22.0428 | 513.00 | 478.00 | 10,536.44 | 6,914.34 | 17,450.78 | 6,416.91 | - | 41,318.47 |
| | BOI | | SR. INV | 10,914.52 | 75.10 | 160.00 | 160.00 | 12,016.00 | 7,885.26 | 19,901.26 | 7,317.98 | | 47,120.50 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 170.00 | 170.00 | 13,292.30 | 8,722.81 | 22,015.11 | 8,095.28 | | 52,125.50 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 180.00 | 180.00 | 14,074.20 | 9,235.91 | 23,310.11 | 8,571.47 | | 55,191.69 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 170.00 | 170.00 | 13,292.30 | 8,722.81 | 22,015.11 | 8,095.28 | | 52,125.50 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 170.00 | 170.00 | 13,292.30 | 8,722.81 | 22,015.11 | 8,095.28 | | 52,125.50 |
| (DEC 19) | BOI | | SR. INV | 10,658.36 | 73.34 | 150.00 | 150.00 | 11,001.00 | 7,219.19 | 18,220.19 | 6,699.83 | | 43,140.21 |
| (JAN 20) | BOI | | SR. INV | 10,764.58 | 74.07 | 180.00 | 180.00 | 13,332.60 | 8,749.25 | 22,081.85 | 8,119.82 | | 52,283.52 |
| Total | | | | | 76.5280 | 1,180.00 | 1,180.00 | 90,300.70 | 59,258.04 | 149,558.74 | 54,994.94 | - | 52,283.52 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 179.00 | 11.00 | 1,030.15 | 676.02 | 1,706.17 | | 667.41 | 4,079.75 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 170.00 | 4.00 | 378.28 | 248.24 | 626.52 | | 245.08 | 1,498.12 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 134.00 | 8.00 | 756.56 | 496.48 | 1,253.04 | | 490.16 | 2,996.24 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 153.00 | 2.00 | 189.14 | 124.12 | 313.26 | | 122.54 | 749.06 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 174.00 | 3.00 | 283.71 | 186.18 | 469.89 | | 183.81 | 1,123.59 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 152.00 | 10.00 | 945.70 | 620.60 | 1,566.30 | | 612.70 | 3,745.30 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 11.50 | 1,087.56 | 713.69 | 1,801.25 | | 704.61 | 4,307.11 |
| | | | | | 94.3657 | 1,131.00 | 49.50 | 4,671.10 | 3,065.33 | 7,736.43 | - | 3,026.31 | 18,499.17 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 176.00 | 176.00 | 15,583.04 | 10,226.06 | 25,809.10 | 9,490.38 | | 61,108.58 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 134.00 | 134.00 | 11,864.36 | 7,785.75 | 19,650.11 | 7,225.63 | | 46,525.85 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 136.00 | 136.00 | 12,041.44 | 7,901.95 | 19,943.39 | 7,333.48 | | 47,220.26 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 32.00 | 32.00 | 2,833.28 | 1,859.28 | 4,692.56 | 1,725.52 | | 11,110.64 |
| | | | | | 88.5400 | 478.00 | 478.00 | 42,322.12 | 27,773.04 | 70,095.16 | 25,775.01 | - | 165,965.33 |
| Grand Total | | | | | | 17,366.50 | 13,450.00 | 871,137.80 | 571,666.77 | 1,442,804.57 | 438,261.65 | 98,166.71 | 3,422,037.50 |

536428.36

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278, 278.5
FISCAL YEAR 2019-2020

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS | SUBTOTAL | I.C. RATE (SPEC OPS) | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1744 | | | | 65.623% | SALARY & EB'S | 64.788% | |
| [redacted] | | | | | 108.19 | 1,800.00 | 748.00 | 80,926.48 | 53,106.38 | 134,032.86 | 52,430.64 | 320,496.36 |
| | | | | | 94.26 | 1,643.00 | 581.00 | 54,766.97 | 35,939.73 | 90,706.70 | 35,482.42 | 216,895.82 |
| | | | | | 93.42 | 1,765.00 | 74.00 | 6,912.84 | 4,536.42 | 11,449.26 | 4,478.69 | 27,377.21 |
| Grand Total | | | | | | 5,208.00 | 1,403.00 | 142,606.29 | 93,582.53 | 236,188.82 | 92,391.75 | 564,769.39 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278, 278.5
FISCAL YEAR 2019-2020

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 65.623% | SUBTOTAL SALARY & EB'S | I.C. RATE (SPEC OPS) 64.788% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | BSP | [redacted] | DDA IV | 15,282.82 | 105.16 | 136.00 | 68.00 | 7,150.88 | 4,692.62 | 11,843.50 | 4,632.91 | 28,319.91 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 168.00 | 94.00 | 9,885.04 | 6,486.86 | 16,371.90 | 6,404.32 | 39,148.12 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 160.00 | 64.00 | 6,730.24 | 4,416.59 | 11,146.83 | 4,360.39 | 26,654.05 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 152.00 | 59.00 | 6,359.02 | 4,172.98 | 10,532.00 | 4,119.88 | 25,183.88 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 144.00 | 69.00 | 7,436.82 | 4,880.26 | 12,317.08 | 4,818.17 | 29,452.33 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 112.00 | 58.00 | 6,251.24 | 4,102.25 | 10,353.49 | 4,050.05 | 24,757.03 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 40.00 | 4,353.60 | 2,856.96 | 7,210.56 | 2,820.61 | 17,241.73 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 136.00 | 59.00 | 6,421.56 | 4,214.02 | 10,635.58 | 4,160.40 | 25,431.56 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 56.00 | 6,095.04 | 3,999.75 | 10,094.79 | 3,948.85 | 24,138.43 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 176.00 | 63.00 | 7,045.92 | 4,623.74 | 11,669.66 | 4,564.91 | 27,904.23 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 152.00 | 54.00 | 6,039.36 | 3,963.21 | 10,002.57 | 3,912.78 | 23,917.92 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 160.00 | 64.00 | 7,157.76 | 4,697.14 | 11,854.90 | 4,637.37 | 28,347.17 |
| | | | | | 108.19 | 1,800.00 | 748.00 | 80,926.48 | 53,106.38 | 134,032.86 | 52,430.64 | 320,496.36 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 160.00 | 28.00 | 2,558.08 | 1,678.69 | 4,236.77 | 1,657.33 | 10,130.87 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 178.00 | 37.00 | 3,465.05 | 2,273.87 | 5,738.92 | 2,244.94 | 13,722.78 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 142.00 | 29.00 | 2,715.85 | 1,782.22 | 4,498.07 | 1,759.54 | 10,755.68 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 141.00 | 30.00 | 2,809.50 | 1,843.68 | 4,653.18 | 1,820.22 | 11,126.58 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 26.00 | 2,458.82 | 1,613.55 | 4,072.37 | 1,593.02 | 9,737.76 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 160.00 | 94.00 | 8,889.58 | 5,833.61 | 14,723.19 | 5,759.38 | 35,205.76 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 178.00 | 91.00 | 8,605.87 | 5,647.43 | 14,253.30 | 5,575.57 | 34,082.17 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 178.00 | 86.00 | 8,133.02 | 5,337.13 | 13,470.15 | 5,269.22 | 32,209.52 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 160.00 | 75.00 | 7,092.75 | 4,654.48 | 11,747.23 | 4,595.25 | 28,089.71 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 177.00 | 85.00 | 8,038.45 | 5,275.07 | 13,313.52 | 5,207.95 | 31,834.99 |
| | | | | | 94.26 | 1,643.00 | 581.00 | 54,766.97 | 35,939.73 | 90,706.70 | 35,482.42 | 216,895.82 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 142.00 | 6.00 | 548.16 | 359.72 | 907.88 | 355.14 | 2,170.90 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 161.00 | 10.00 | 913.60 | 599.53 | 1,513.13 | 591.90 | 3,618.16 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 151.00 | 6.00 | 548.16 | 359.72 | 907.88 | 355.14 | 2,170.90 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 179.00 | 7.00 | 655.55 | 430.19 | 1,085.74 | 424.72 | 2,596.20 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 108.00 | 2.00 | 187.30 | 122.91 | 310.21 | 121.35 | 741.77 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 72.00 | 7.00 | 655.55 | 430.19 | 1,085.74 | 424.72 | 2,596.20 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 170.00 | 6.00 | 567.42 | 372.36 | 939.78 | 367.62 | 2,247.18 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 134.00 | 2.00 | 189.14 | 124.12 | 313.26 | 122.54 | 749.06 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 153.00 | 5.00 | 472.85 | 310.30 | 783.15 | 306.35 | 1,872.65 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 174.00 | 6.00 | 567.42 | 372.36 | 939.78 | 367.62 | 2,247.18 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 152.00 | 12.00 | 1,134.84 | 744.72 | 1,879.56 | 735.24 | 4,494.36 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 5.00 | 472.85 | 310.30 | 783.15 | 306.35 | 1,872.65 |
| | | | | | 93.42 | 1,765.00 | 74.00 | 6,912.84 | 4,536.42 | 11,449.26 | 4,478.69 | 27,377.21 |
| Grand Total | | | | | | 5,208.00 | 1,403.00 | 142,606.29 | 93,582.53 | 236,188.82 | 92,391.75 | 564,769.39 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2019-2020

| (a) EMPLOYEE NAME | BUR. | EMPL # | (a) ITEM DESC | GROSS SALARY | (b) PWH 1744 | HOURS WORKED | (c) PROGRAM HOURS | (d) SALARY CLAIMED | (e) EMPLOYEE BENEFITS 65.623% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | DDA IV | | 109.1839 | 1,800.00 | 114.00 | 12,446.96 | 8,168.06 | 20,615.02 |
| | | | ITC | | 26.1689 | 1,805.50 | 1,765.50 | 46,201.21 | 30,318.62 | 76,519.83 |
| | | | PARALEGAL | | 42.6383 | 720.00 | 720.00 | 30,699.60 | 20,145.98 | 50,845.58 |
| | | | SERGEANT | | 87.9633 | 1,456.50 | 1,456.50 | 128,118.53 | 84,075.22 | 212,193.75 |
| | | | SR. INV | | 63.8600 | 780.00 | 780.00 | 49,810.80 | 32,687.34 | 82,498.14 |
| | | | PARALEGAL | | 43.2676 | 1,896.00 | 1,896.00 | 82,035.28 | 53,834.01 | 135,869.29 |
| | | | DDA III | | 92.9913 | 1,279.00 | 233.00 | 21,666.97 | 14,218.52 | 35,885.49 |
| | | | SR. INV | | 82.1478 | 1,810.50 | 1,810.50 | 148,728.68 | 97,600.21 | 246,328.89 |
| | | | SR. INV | | 79.7727 | 1,820.00 | 1,820.00 | 145,186.40 | 95,275.70 | 240,462.10 |
| tal | | | SERGEANT | | 88.5500 | 280.00 | 280.00 | 24,794.00 | 16,270.56 | 41,064.56 |
| | | | SR. INV | | 86.4242 | 417.00 | 389.00 | 33,619.01 | 22,061.80 | 55,680.81 |
| | | | SR. INV | | 22.0428 | 513.00 | 478.00 | 10,536.44 | 6,914.34 | 17,450.78 |
| | | | SR. INV | | 76.5260 | 1,180.00 | 1,180.00 | 90,300.70 | 59,258.04 | 22,081.85 |
| | | | DDA III | | 94.3657 | 1,131.00 | 49.50 | 4,671.10 | 3,065.33 | 7,736.43 |
| | | | SR. INV | | 88.5400 | 478.00 | 478.00 | 42,322.12 | 27,773.04 | 70,095.16 |
| Grand Total | | | | | | 17,366.50 | 13,450.00 | 871,137.80 | 571,666.77 | 1,442,804.57 |

# COUNTY OF LOS ANGELES
## SB90 CHILD ABDUCTION AND RECOVERY
## PROGRAM 3130-3133
## FISCAL YEAR 2019-2020

| (a) EMPLOYEE NAME | BUR. | EMPL # | (a) ITEM DESC | GROSS SALARY | (b) PWH 1744 | HOURS WORKED | (c) PROGRAM HOURS | (d) SALARY CLAIMED | (e) EMPLOYEE BENEFITS 65.623% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | BSP | [redacted] | DDA IV | 15,282.82 | 105.16 | 136.00 | 7.00 | 736.12 | 483.06 | 1,219.18 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 168.00 | 10.00 | 1,051.60 | 690.09 | 1,741.69 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 160.00 | 5.00 | 525.80 | 345.05 | 870.85 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 152.00 | 6.00 | 646.68 | 424.37 | 1,071.05 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 144.00 | 4.00 | 431.12 | 282.91 | 714.03 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 112.00 | 4.00 | 431.12 | 282.91 | 714.03 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 9.00 | 979.56 | 642.82 | 1,622.38 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 136.00 | 9.00 | 979.56 | 642.82 | 1,622.38 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 15.00 | 1,632.60 | 1,071.36 | 2,703.96 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 176.00 | 16.00 | 1,789.44 | 1,174.28 | 2,963.72 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 152.00 | 15.00 | 1,677.60 | 1,100.89 | 2,778.49 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 160.00 | 14.00 | 1,565.76 | 1,027.50 | 2,593.26 |
| tal | | | DDA IV | | 109.1839 | 1,800.00 | 114.00 | 12,446.96 | 8,168.06 | 20,615.02 |
| | BOI | | ITC | 3,705.74 | 25.50 | 152.00 | 152.00 | 3,876.00 | 2,543.55 | 6,419.55 |
| | BOI | | ITC | 3,705.74 | 25.50 | 144.00 | 144.00 | 3,672.00 | 2,409.68 | 6,081.68 |
| | BOI | | ITC | 3,705.74 | 25.50 | 149.50 | 149.50 | 3,812.25 | 2,501.71 | 6,313.96 |
| | BOI | | ITC | 3,853.46 | 26.51 | 160.00 | 160.00 | 4,241.60 | 2,783.47 | 7,025.07 |
| | BOI | | ITC | 3,853.46 | 26.51 | 104.00 | 104.00 | 2,757.04 | 1,809.25 | 4,566.29 |
| | BOI | | ITC | 3,853.46 | 26.51 | 168.00 | 168.00 | 4,453.68 | 2,922.64 | 7,376.32 |
| | BOI | | ITC | 3,854.28 | 26.52 | 120.00 | 80.00 | 2,121.60 | 1,392.26 | 3,513.86 |
| | BOI | | ITC | 3,501.98 | 24.10 | 136.00 | 136.00 | 3,277.60 | 2,150.86 | 5,428.46 |
| | BOI | | ITC | 3,891.10 | 26.77 | 168.00 | 168.00 | 4,497.36 | 2,951.30 | 7,448.66 |
| | BOI | | ITC | 3,891.10 | 26.77 | 176.00 | 176.00 | 4,711.52 | 3,091.84 | 7,803.36 |
| | BOI | | ITC | 3,891.10 | 26.77 | 160.00 | 160.00 | 4,283.20 | 2,810.76 | 7,093.96 |
| tal | | | ITC | 3,891.10 | 26.77 | 168.00 | 168.00 | 4,497.36 | 2,951.30 | 7,448.66 |
| | BSP | | PARALEGAL | | 26.1689 | 1,805.50 | 1,765.50 | 46,201.21 | 30,318.62 | 76,519.83 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 128.00 | 128.00 | 5,405.44 | 3,547.21 | 8,952.65 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 160.00 | 160.00 | 6,756.80 | 4,434.01 | 11,190.81 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 152.00 | 152.00 | 6,418.96 | 4,212.31 | 10,631.27 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 168.00 | 168.00 | 7,271.04 | 4,771.47 | 12,042.51 |
| Total | | | PARALEGAL | 6,290.64 | 43.28 | 112.00 | 112.00 | 4,847.36 | 3,180.98 | 8,028.34 |
| | BOI | | SERGEANT | | 42.6383 | 720.00 | 720.00 | 30,699.60 | 20,145.98 | 50,845.58 |
| | BOI | | SERGEANT | 12,699.31 | 87.38 | 30.00 | 30.00 | 2,621.40 | 1,720.24 | 4,341.64 |
| | BOI | | SERGEANT | 12,699.30 | 87.38 | 180.00 | 180.00 | 15,728.40 | 10,321.45 | 26,049.85 |
| | BOI | | SERGEANT | 12,699.30 | 87.38 | 140.00 | 140.00 | 12,233.20 | 8,027.79 | 20,260.99 |
| | BOI | | SERGEANT | 12,699.30 | 87.38 | 130.00 | 130.00 | 11,359.40 | 7,454.38 | 18,813.78 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 160.00 | 160.00 | 14,120.00 | 9,265.97 | 23,385.97 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 152.50 | 152.50 | 13,458.13 | 8,831.63 | 22,289.76 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 170.00 | 170.00 | 15,002.50 | 9,845.09 | 24,847.59 |
| | BOI | | SERGEANT | 12,825.51 | 88.25 | 180.00 | 180.00 | 15,885.00 | 10,424.21 | 26,309.21 |
| | BOI | | SERGEANT | 12,825.50 | 88.25 | 150.00 | 150.00 | 13,237.50 | 8,686.84 | 21,924.34 |

**COUNTY OF LOS ANGELES**
**SB90 CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2019-2020**

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 65.623% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | BOI | [redacted] | SERGEANT | 12,825.50 | 88.25 | 164.00 | 164.00 | 14,473.00 | 9,497.62 | 23,970.62 |
| Total | | | **SERGEANT** | | **87.9633** | **1,456.50** | **1,456.50** | **128,118.53** | **84,075.22** | **212,193.75** |
| [redacted] | BOI | | SR. INV | 9,280.70 | 63.86 | 170.00 | 170.00 | 10,856.20 | 7,124.16 | 17,980.36 |
| | BOI | | SR. INV | 9,280.70 | 63.86 | 180.00 | 180.00 | 11,494.80 | 7,543.23 | 19,038.03 |
| | BOI | | SR. INV | 9,280.70 | 63.86 | 160.00 | 160.00 | 10,217.60 | 6,705.10 | 16,922.70 |
| | BOI | | SR. INV | 9,280.70 | 63.86 | 190.00 | 190.00 | 12,133.40 | 7,962.30 | 20,095.70 |
| | BOI | | SR. INV | 9,280.71 | 63.86 | 80.00 | 80.00 | 5,108.80 | 3,352.55 | 8,461.35 |
| Total | | | **SR. INV** | | **63.8600** | **780.00** | **780.00** | **49,810.80** | **32,687.34** | **82,498.14** |
| [redacted] | BSP | | PARALEGAL | 6,137.00 | 42.23 | 144.00 | 144.00 | 6,081.12 | 3,990.61 | 10,071.73 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 144.00 | 144.00 | 6,081.12 | 3,990.61 | 10,071.73 |
| | BSP | | PARALEGAL | 6,137.00 | 42.23 | 144.00 | 144.00 | 6,081.12 | 3,990.61 | 10,071.73 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 176.00 | 176.00 | 7,617.28 | 4,998.69 | 12,615.97 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 144.00 | 144.00 | 6,232.32 | 4,089.84 | 10,322.16 |
| | BSP | | PARALEGAL | 6,290.64 | 43.28 | 144.00 | 144.00 | 6,232.32 | 4,089.84 | 10,322.16 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 168.00 | 168.00 | 7,343.28 | 4,818.88 | 12,162.16 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 152.00 | 152.00 | 6,643.92 | 4,359.94 | 11,003.86 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 168.00 | 168.00 | 7,343.28 | 4,818.88 | 12,162.16 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 176.00 | 176.00 | 7,692.96 | 5,048.35 | 12,741.31 |
| | BSP | | PARALEGAL | 6,353.18 | 43.71 | 160.00 | 160.00 | 6,993.60 | 4,589.41 | 11,583.01 |
| Total | | | **PARALEGAL** | | **43.2676** | **1,896.00** | **1,896.00** | **82,035.28** | **53,834.01** | **135,869.29** |
| [redacted] | BSP | | DDA III | 13,278.10 | 91.36 | 151.00 | 28.00 | 2,558.08 | 1,678.69 | 4,236.77 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 178.00 | 38.00 | 3,471.68 | 2,278.22 | 5,749.90 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 160.00 | 42.00 | 3,837.12 | 2,518.03 | 6,355.15 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 178.00 | 1.00 | 93.65 | 61.46 | 155.11 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 142.00 | 15.00 | 1,404.75 | 921.84 | 2,326.59 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 141.00 | 7.00 | 655.55 | 430.19 | 1,085.74 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 60.00 | 5,674.20 | 3,723.58 | 9,397.78 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 160.00 | 42.00 | 3,971.94 | 2,606.51 | 6,578.45 |
| Total | | | **DDA III** | | **92.9913** | **1,279.00** | **233.00** | **21,666.97** | **14,218.52** | **35,885.49** |
| [redacted] | BOI | | SR. INV | 11,879.64 | 81.74 | 130.00 | 130.00 | 10,626.20 | 6,973.23 | 17,599.43 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 170.00 | 170.00 | 13,895.80 | 9,118.84 | 23,014.64 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 160.00 | 160.00 | 13,078.40 | 8,582.44 | 21,660.84 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 140.00 | 140.00 | 11,443.60 | 7,509.63 | 18,953.23 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 140.00 | 140.00 | 11,443.60 | 7,509.63 | 18,953.23 |
| | BOI | | SR. INV | 11,879.64 | 81.74 | 170.00 | 170.00 | 13,895.80 | 9,118.84 | 23,014.64 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 100.00 | 100.00 | 8,256.00 | 5,417.83 | 13,673.83 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 130.00 | 130.00 | 10,732.80 | 7,043.19 | 17,775.99 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 176.50 | 176.50 | 14,571.84 | 9,562.48 | 24,134.32 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 180.00 | 180.00 | 14,860.80 | 9,752.10 | 24,612.90 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 150.00 | 150.00 | 12,384.00 | 8,126.75 | 20,510.75 |
| | BOI | | SR. INV | 11,998.02 | 82.56 | 164.00 | 164.00 | 13,539.84 | 8,885.25 | 22,425.09 |

**COUNTY OF LOS ANGELES**
**SB90 CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2019-2020**

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH / 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 65.623% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] Total | | | SR. INV | | 82.1478 | 1,810.50 | 1,810.50 | 148,728.68 | 97,600.21 | 246,328.89 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 170.00 | 170.00 | 13,486.10 | 8,849.98 | 22,336.08 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 150.00 | 150.00 | 11,899.50 | 7,808.81 | 19,708.31 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 90.00 | 90.00 | 7,139.70 | 4,685.29 | 11,824.99 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 160.00 | 160.00 | 12,692.80 | 8,329.40 | 21,022.20 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 80.00 | 80.00 | 6,346.40 | 4,164.70 | 10,511.10 |
| | BOI | | SR. INV | 11,528.98 | 79.33 | 150.00 | 150.00 | 11,899.50 | 7,808.81 | 19,708.31 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 160.00 | 160.00 | 12,819.20 | 8,412.34 | 21,231.54 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 180.00 | 180.00 | 14,421.60 | 9,463.89 | 23,885.49 |
| | BOI | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 |
| Total | | | SR. INV | 11,643.84 | 80.12 | 170.00 | 170.00 | 13,620.40 | 8,938.12 | 22,558.52 |
| | | | SR. INV | | 79.7727 | 1,820.00 | 1,820.00 | 145,186.40 | 95,275.70 | 240,462.10 |
| | BOI | | SERGEANT | 12,868.78 | 88.55 | 130.00 | 130.00 | 11,511.50 | 7,554.19 | 19,065.69 |
| | BOI | | SERGEANT | 12,868.78 | 88.55 | 150.00 | 150.00 | 13,282.50 | 8,716.37 | 21,998.87 |
| tal | | | SERGEANT | | 88.5500 | 280.00 | 280.00 | 24,794.00 | 16,270.56 | 41,064.56 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 182.00 | 174.00 | 15,405.96 | 10,109.85 | 25,515.81 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 122.00 | 122.00 | 10,801.88 | 7,088.52 | 17,890.40 |
| | BOI | | SR. INV | 11,581.02 | 79.69 | 113.00 | 93.00 | 7,411.17 | 4,863.43 | 12,274.60 |
| | | | SR. INV | | 86.4242 | 417.00 | 389.00 | 33,619.01 | 22,061.80 | 55,680.81 |
| | BOI | | SR. INV | 3,545.28 | 24.39 | 64.00 | 64.00 | 1,560.96 | 1,024.35 | 2,585.31 |
| | BOI | | SR. INV | 4,486.98 | 30.87 | 81.00 | 81.00 | 2,500.47 | 1,640.88 | 4,141.35 |
| | BOI | | SR. INV | 1,772.64 | 12.20 | 32.00 | 32.00 | 390.40 | 256.19 | 646.59 |
| | BOI | | SR. INV | 3,822.25 | 26.30 | 69.00 | 62.00 | 1,630.60 | 1,070.05 | 2,700.65 |
| | BOI | | SR. INV | 2,880.52 | 19.82 | 52.00 | 24.00 | 475.68 | 312.16 | 787.84 |
| | BOI | | SR. INV | 2,517.54 | 17.32 | 37.00 | 37.00 | 640.84 | 420.54 | 1,061.38 |
| | BOI | | SR. INV | 3,468.60 | 23.87 | 62.00 | 62.00 | 1,479.94 | 971.18 | 2,451.12 |
| | BOI | | SR. INV | 2,741.32 | 18.86 | 49.00 | 49.00 | 924.14 | 606.45 | 1,530.59 |
| | BOI | | SR. INV | 2,405.64 | 16.55 | 43.00 | 43.00 | 711.65 | 467.01 | 1,178.66 |
| | BOI | | SR. INV | 1,342.68 | 9.24 | 24.00 | 24.00 | 221.76 | 145.53 | 367.29 |
| | | | SR. INV | | 22.0428 | 513.00 | 478.00 | 10,536.44 | 6,914.34 | 17,450.78 |
| | BOI | | SR. INV | 10,914.52 | 75.10 | 160.00 | 160.00 | 12,016.00 | 7,885.26 | 19,901.26 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 170.00 | 170.00 | 13,292.30 | 8,722.81 | 22,015.11 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 180.00 | 180.00 | 14,074.20 | 9,235.91 | 23,310.11 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 170.00 | 170.00 | 13,292.30 | 8,722.81 | 22,015.11 |
| | BOI | | SR. INV | 11,364.30 | 78.19 | 170.00 | 170.00 | 13,292.30 | 8,722.81 | 22,015.11 |
| (DEC 19) | BOI | | SR. INV | 10,658.36 | 73.34 | 150.00 | 150.00 | 11,001.00 | 7,219.19 | 18,220.19 |
| (JAN 20) | BOI | | SR. INV | 10,764.58 | 74.07 | 180.00 | 180.00 | 13,332.60 | 8,749.25 | 22,081.85 |
| Total | | | SR. INV | | 76.5260 | 1,180.00 | 1,180.00 | 90,300.70 | 59,258.04 | 22,081.85 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 179.00 | 11.00 | 1,030.15 | 676.02 | 1,706.17 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 170.00 | 4.00 | 378.28 | 248.24 | 626.52 |

**COUNTY OF LOS ANGELES**
**SB90 CHILD ABDUCTION AND RECOVERY**
**PROGRAM 3130-3133**
**FISCAL YEAR 2019-2020**

| EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1744 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 65.623% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | BSP | [redacted] | DDA III | 13,744.82 | 94.57 | 134.00 | 8.00 | 756.56 | 496.48 | 1,253.04 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 153.00 | 2.00 | 189.14 | 124.12 | 313.26 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 174.00 | 3.00 | 283.71 | 186.18 | 469.89 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 152.00 | 10.00 | 945.70 | 620.60 | 1,566.30 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 11.50 | 1,087.56 | 713.69 | 1,801.25 |
| [redacted] Total | | | DDA III | | **94.3657** | **1,131.00** | **49.50** | **4,671.10** | **3,065.33** | **7,736.43** |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 176.00 | 176.00 | 15,583.04 | 10,226.06 | 25,809.10 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 134.00 | 134.00 | 11,864.36 | 7,785.75 | 19,650.11 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 136.00 | 136.00 | 12,041.44 | 7,901.95 | 19,943.39 |
| | BOI | | SR. INV | 12,867.80 | 88.54 | 32.00 | 32.00 | 2,833.28 | 1,859.28 | 4,692.56 |
| Total | | | SR. INV | | **88.5400** | **478.00** | **478.00** | **42,322.12** | **27,773.04** | **70,095.16** |
| **Grand Total** | | | | | | **17,366.50** | **13,450.00** | **871,137.80** | **571,666.77** | **1,442,804.57** |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278, 278.5
FISCAL YEAR 2019-2020

| (a) EMPLOYEE NAME | BUR. | EMPL # | (a) ITEM DESC | GROSS SALARY | (b) PWH 1744 | HOURS WORKED | (c) PROGRAM HOURS | (d) SALARY CLAIMED | (e) EMPLOYEE BENEFITS 65.623% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | | | DDA IV | | 108.19 | 1,800.00 | 748.00 | 80,926.48 | 53,106.38 | 134,032.86 |
| | | | DDA III | | 94.26 | 1,643.00 | 581.00 | 54,766.97 | 35,939.73 | 90,706.70 |
| | | | DDA III | | 93.42 | 1,765.00 | 74.00 | 6,912.84 | 4,536.42 | 11,449.26 |
| Grand Total | | | | | | 5,208.00 | 1,403.00 | 142,606.29 | 93,582.53 | 236,188.82 |

**COUNTY OF LOS ANGELES**
**SB90 CHILD ABDUCTION AND RECOVERY**
**PROGRAM 277, 278, 278.5**
**FISCAL YEAR 2019-2020**

| (a) EMPLOYEE NAME | BUR. | EMPL # | (a) ITEM DESC | GROSS SALARY | (b) PWH 1744 | HOURS WORKED | (c) PROGRAM HOURS | (d) SALARY CLAIMED | (e) EMPLOYEE BENEFITS 65.623% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | BSP | [redacted] | DDA IV | 15,282.82 | 105.16 | 136.00 | 68.00 | 7,150.88 | 4,692.62 | 11,843.50 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 168.00 | 94.00 | 9,885.04 | 6,486.86 | 16,371.90 |
| | BSP | | DDA IV | 15,282.82 | 105.16 | 160.00 | 64.00 | 6,730.24 | 4,416.59 | 11,146.83 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 152.00 | 59.00 | 6,359.02 | 4,172.98 | 10,532.00 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 144.00 | 69.00 | 7,436.82 | 4,880.26 | 12,317.08 |
| | BSP | | DDA IV | 15,664.28 | 107.78 | 112.00 | 58.00 | 6,251.24 | 4,102.25 | 10,353.49 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 40.00 | 4,353.60 | 2,856.96 | 7,210.56 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 136.00 | 59.00 | 6,421.56 | 4,214.02 | 10,635.58 |
| | BSP | | DDA IV | 15,818.46 | 108.84 | 152.00 | 56.00 | 6,095.04 | 3,999.75 | 10,094.79 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 176.00 | 63.00 | 7,045.92 | 4,623.74 | 11,669.66 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 152.00 | 54.00 | 6,039.36 | 3,963.21 | 10,002.57 |
| | BSP | | DDA IV | 16,253.36 | 111.84 | 160.00 | 64.00 | 7,157.76 | 4,697.14 | 11,854.90 |
| Total | | | **DDA IV** | | **108.19** | **1,800.00** | **748.00** | **80,926.48** | **53,106.38** | **134,032.86** |
| | BSP | | DDA III | 13,278.10 | 91.36 | 160.00 | 28.00 | 2,558.08 | 1,678.69 | 4,236.77 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 178.00 | 37.00 | 3,465.05 | 2,273.87 | 5,738.92 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 142.00 | 29.00 | 2,715.85 | 1,782.22 | 4,498.07 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 141.00 | 30.00 | 2,809.50 | 1,843.68 | 4,653.18 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 26.00 | 2,458.82 | 1,613.55 | 4,072.37 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 160.00 | 94.00 | 8,889.58 | 5,833.61 | 14,723.19 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 178.00 | 91.00 | 8,605.87 | 5,647.43 | 14,253.30 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 178.00 | 86.00 | 8,133.02 | 5,337.13 | 13,470.15 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 160.00 | 75.00 | 7,092.75 | 4,654.48 | 11,747.23 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 177.00 | 85.00 | 8,038.45 | 5,275.07 | 13,313.52 |
| tal | | | **DDA III** | | **94.26** | **1,643.00** | **581.00** | **54,766.97** | **35,939.73** | **90,706.70** |
| | BSP | | DDA III | 13,278.10 | 91.36 | 142.00 | 6.00 | 548.16 | 359.72 | 907.88 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 161.00 | 10.00 | 913.60 | 599.53 | 1,513.13 |
| | BSP | | DDA III | 13,278.10 | 91.36 | 151.00 | 6.00 | 548.16 | 359.72 | 907.88 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 179.00 | 7.00 | 655.55 | 430.19 | 1,085.74 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 108.00 | 2.00 | 187.30 | 122.91 | 310.21 |
| | BSP | | DDA III | 13,609.92 | 93.65 | 72.00 | 7.00 | 655.55 | 430.19 | 1,085.74 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 170.00 | 6.00 | 567.42 | 372.36 | 939.78 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 134.00 | 2.00 | 189.14 | 124.12 | 313.26 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 153.00 | 5.00 | 472.85 | 310.30 | 783.15 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 174.00 | 6.00 | 567.42 | 372.36 | 939.78 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 152.00 | 12.00 | 1,134.84 | 744.72 | 1,879.56 |
| | BSP | | DDA III | 13,744.82 | 94.57 | 169.00 | 5.00 | 472.85 | 310.30 | 783.15 |
| Total | | | **DDA III** | | **93.42** | **1,765.00** | **74.00** | **6,912.84** | **4,536.42** | **11,449.26** |
| **Grand Total** | | | | | | **5,208.00** | **1,403.00** | **142,606.29** | **93,582.53** | **236,188.82** |

**DISTRICT ATTORNEY**
**INDIRECT COST PROPOSAL**
**FISCAL YEAR 2019-20**

| | Executive, Management & Budget | Bureau of Branch & Area Ops. | Bureau of Central Ops. | Bureau of Special Ops. | Bureau of Investigation |
|---|---|---|---|---|---|
| Countywide Overhead | 11.312% | 11.312% | 11.312% | 11.312% | 11.312% |
| Department Overhead | 39.460% | 39.460% | 39.460% | 39.460% | 39.460% |
| Bureau Overhead | NA | 9.928% | 13.610% | 14.016% | 10.130% |
| Total | 50.772% | 60.700% | 64.382% | 64.788% | 60.902% |
| Employee Benefits | 65.623% | 65.623% | 65.623% | 65.623% | 65.623% |

11/21/2019

# REIMBURSEMENT CLAIMS

# FISCAL YEAR 2020-2021

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT FORM | | | For State Controller Use Only (19) Program Number 00013 (20) Date Filed (21) LRS Input | | Program 013 |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | | 9919 | Reimbursement Claim Data | | |
| (02) Claimant Name | | Auditor-Controller | (22) | FORM 1, (04) 1. (f) | $1,556,317 |
| County of Location | | County of Los Angeles | (23) | FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box and Suite | | 500 W. Temple Street, Room 603 | (24) | FORM 1, (04) 3. (f) | |
| City, State, and Zip Code | | Los Angeles, CA. 90012 | (25) | FORM 1, (04) 4. (f) | |
| (03) | Type of Claim | | (26) | FORM 1, (06) | 62 |
| (04) | (09) Reimbursement | X | (27) | FORM 1, (07) | $588,524 |
| (05) | (10) Combined | | (28) | FORM 1, (09) | |
| (06) | (11) Amended | | (29) | FORM 1, (10) | |
| (07) | (12) Fiscal Year of Cost | 2020/2021 | (30) | | |
| (08) | (13) Total Claimed Amount | $2,144,841 | (31) | | |
| (14) Less: 10% Late Penalty | | | (32) | | |
| (15) Less: Prior Claim Payment Received | | | (33) | | |
| (16) Net Claimed Amount | | $2,144,841 | (34) | | |
| (17) Due from State | | $2,144,841 | (35) | | |
| (18) Due to State | | | (36) | | |

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Signature of Authorized Officer | Date Signed | 2-4-22 |
|---|---|---|
| Arlene Barrera | Telephone Number | (213) 974-8302 |
| Type or Print Name and Title of Authorized Signatory | Email Address | abarrera@auditor.lacounty.gov |
| Arlene Barrera, Auditor-Controller | | |

| (38) Name of Agency Contact Person for Claim | Telephone Number | (213) 974-0324 |
|---|---|---|
| Fernando Lemus | Email Address | flemus@auditor.lacounty.gov |
| Name of Consulting Firm/Claim Preparer | Telephone Number | |
| | Email Address | |

Revised 9/2020

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | County of Los Angeles | (02) | Fiscal Year 20 20 /20 21 |
|---|---|---|---|
| (03) Department | | | |

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits 63.235% (1) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $953,421.22 | $602,895.92 | | | | $1,556,317.14 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $953,421.22 | $602,895.92 | | | | $1,556,317.14 |

| Indirect Costs | | | |
|---|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | (2) | 61.7276 % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | | $588,524.04 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $2,144,841.18 |
| **Cost Reduction** | | | |
| (09) Less: Offsetting Revenues | | | |
| (10) Less: Other Reimbursements | | | |
| (11) Total Claimed Amount | [Line (08) minus {line (09) + line (10)}] | | $2,144,841.18 |

Revised 9/2020

(1) See TAB A
(2) See TAB B

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | County of Los Angeles District Attorney's Office | (02) | Fiscal Year 20<u>20</u>/20<u>21</u> |
|---|---|---|---|

(03) Indirect Costs Computation **(1)**

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| SEE ATTACHED | SEE ATTACHED | SEE ATTACHED | SEE ATTACHED |
| (04) Total ☐ Subtotal ☐ | | | |

**(1) See TAB B**

**Revised 9/2020**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles District Attorney's Office

(02) Fiscal Year: 2020/2021

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

| (04) Description of Expenses (2) | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits 63.235% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| [redacted] - DDA IV Program 3130-3133 | 114.767308 | 78.00 | 8,951.85 | 5,660.68 | | | |
| [redacted] - ITC Program 3130-3133 | 27.666625 | 1920.00 | 53,119.92 | 33,590.42 | | | |
| [redacted] - Sergeant Program 3130-3133 | 90.500000 | 840.00 | 76,020.00 | 48,071.24 | | | |
| [redacted] - Paralegal Program 3130-3133 | 45.209585 | 1928.00 | 87,164.08 | 55,118.21 | | | |
| [redacted] DDA III Program 3130-3133 | 97.925256 | 234.00 | 22,914.51 | 14,489.98 | | | |
| [redacted] Sergeant Program 3130-3133 | 86.350000 | 740.00 | 63,899.00 | 40,406.53 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 85.971778 | 1,766.00 | 151,826.16 | 96,007.28 | | | |
| [redacted] - Sr. INV Program 3130-3133 | 82.934547 | 1,478.00 | 122,577.26 | 77,511.74 | | | |
| [redacted] Sr. INV Program 3130-3133 | 81.949881 | 1,880.00 | 154,065.40 | 97,423.27 | | | |
| [redacted] - DDA III Program 3130-3133 | 96.842635 | 83.50 | 8,086.36 | 5,113.40 | | | |
| [redacted] - Paralegal Program 3130-3133 | 32.193025 | 1904.00 | 61,295.52 | 38,760.21 | | | |
| (05) Total [ ] Subtotal [X] Page: 1 of 2 | | | 809,920.06 | 512,152.96 | | | |

Revised 9/2020

(1) See TAB A
(2) See TAB D

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles District Attorney's Office

(02) Fiscal Year: 2020/2021

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (277, 278, & 278.5)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

| (04) Description of Expenses (2) | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits 63.235% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| [redacted] - DDA IV<br>Program 277, 278, & 278.5 | 114.773353 | 835.00 | 95,835.75 | 60,601.74 | | | |
| [redacted] DDA III<br>Program 277, 278, & 278.5 | 97.265894 | 397.00 | 38,614.56 | 24,417.93 | | | |
| [redacted] - DDA III<br>Program 277, 278, & 278.5 | 97.320988 | 93.00 | 9,050.85 | 5,723.29 | | | |
| (05) Total [x] Subtotal [ ] Page: 2 of 2 | | | 143,501.16 | 90,742.96 | | | |

Revised 9/2020

(1) See TAB A
(2) See TAB C

# COUNTY OF LOS ANGELES - DISTRICT ATTORNEY'S OFFICE
## SB90 CHILD ABDUCTION AND RECOVERY
## ICRP CALCULATION
## FISCAL YEAR 2020-2021

**FORM 1**

**(06): 61.7276%**

| ITEM | A SALARIES | BENEFITS 63.235% | B ICRP (BI) 60.341% | C ICRP (Spec Ops) 64.324% | SUB-TOTAL ICRP | TOTAL |
|---|---|---|---|---|---|---|
| PROGRAM 3130-3133 | 809,920.06 | 512,152.96 | 375,023.98 | 121,194.39 | 496,218.37 | 1,818,291.39 |
| PROGRAM 277, 278, 278.5 | 143,501.16 | 90,742.96 | 0.00 | 92,305.68 | 92,305.68 | 326,549.80 |
| (4)1. TOTAL | 953,421.22 | 602,895.92 | 375,023.98 | 213,500.07 | 588,524.05 | 2,144,841.19 |

AVERAGE INDIRECT COST = (B+C)/A
= ((BI) I.C.RATE) + ((SO) I.C. RATE))/ SALARY CLAIMED
= 0.62
= ***61.7276%***

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2020-2021

| MONTH | EMPLOYEE NAME | SUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | SUBTOTAL SALARY & EB'S | I.C. RATE (BI) 60.341% | I.C. RATE (SPEC OPS) 64.324% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | [redacted] | | [redacted] | DDA IV | | 114.787308 | 1,714.00 | 78.00 | 8,951.88 | 5,660.68 | 14,612.53 | | 6,758.21 | 20,370.74 |
| | | | | ITC | | 27.068825 | 1,928.00 | 1,920.00 | 53,119.92 | 33,590.42 | 86,710.34 | 32,063.10 | | 118,763.44 |
| | | | | SERGEANT | | 90.600000 | 840.00 | 840.00 | 76,020.00 | 48,071.24 | 124,091.24 | 46,871.23 | | 169,962.47 |
| | | | | PARALEGAL | | 48.209685 | 1,928.00 | 1,928.00 | 87,164.06 | 55,119.21 | 142,283.29 | | 56,067.41 | 198,349.70 |
| | | | | DDA III | | 97.928258 | 1,788.00 | 234.00 | 22,914.51 | 14,489.96 | 37,404.49 | | 14,739.53 | 52,144.02 |
| | | | | SERGEANT | | 98.350000 | 740.00 | 740.00 | 63,899.00 | 40,408.53 | 104,305.53 | 38,587.29 | | 142,892.82 |
| | | | | SR. INV | | 85.971778 | 1,784.00 | 1,788.00 | 181,826.15 | 96,067.28 | 247,833.44 | 91,613.41 | | 339,446.85 |
| | | | | SR. INV | | 82.934647 | 1,616.00 | 1,476.00 | 122,677.26 | 77,611.74 | 200,089.00 | 73,964.36 | | 274,053.36 |
| | | | | SR. INV | | 81.949681 | 1,918.00 | 1,880.00 | 154,065.40 | 97,423.27 | 251,488.67 | 92,964.59 | | 344,453.26 |
| | | | | DDA III | | 98.842638 | 1,796.00 | 83.50 | 8,098.36 | 5,113.40 | 13,188.76 | | 5,201.49 | 18,401.25 |
| | | | | PARALEGAL | | 82.193028 | 1,904.00 | 1,904.00 | 61,296.82 | 38,780.21 | 100,086.73 | | 38,427.76 | 139,483.48 |
| | Grand Total | | | | | | 17,759.00 | 12,661.50 | 809,920.06 | 512,152.96 | 1,322,073.02 | 376,023.96 | 121,194.39 | 1,819,291.39 |

COUNTY OF LOS ANGELES
5890 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2020-2021

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | SUBTOTAL SALARY & EB'S | I.C. RATE (BI) 60.341% | I.C. RATE (SPEC OPS) 84.324% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AUG 2020 | [redacted] | BSP | [redacted] | DDA IV | 16,253.36 | 111.90 | 173.00 | 8.00 | 895.20 | 566.08 | 1,461.28 | [redacted] | 575.83 | 2,037 11 |
| SEP 2020 | | BSP | | DDA IV | 16,253.36 | 111.90 | 168.00 | 7.00 | 783.30 | 495.32 | 1,278.62 | | 503.85 | 1,782.47 |
| OCT 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 157 00 | 8.00 | 917.60 | 580.24 | 1,497.84 | | 590.24 | 2,088.08 |
| NOV 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 136.00 | 5.00 | 573.50 | 362.65 | 936.15 | | 368.90 | 1,305.05 |
| DEC 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 128.00 | 11.00 | 1,261.70 | 797 84 | 2,059.54 | | 811.58 | 2,871 12 |
| JAN 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 8.00 | 917.60 | 580.24 | 1,497.84 | | 590.24 | 2,088.08 |
| FEB 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 7.00 | 802.90 | 507.71 | 1,310.61 | | 516.46 | 1,827.07 |
| MAR 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 176.00 | 9.00 | 1,032.30 | 652.77 | 1,685.07 | | 664.02 | 2,349.09 |
| APR 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 176.00 | 8.00 | 942.80 | 596.18 | 1,538.98 | | 606.45 | 2,145.43 |
| MAY 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 168.00 | 5.00 | 589.25 | 372.61 | 961.86 | | 379.03 | 1,340.89 |
| JUNE 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 128.00 | 2.00 | 235.70 | 149.04 | 384.74 | | 151.61 | 536.35 |
| | | | | DDA IV | | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | [redacted] | [redacted] |
| JUL 2020 | | BOI | | ITC | 3,891.10 | 26.79 | 168.00 | 160.00 | 4,286.40 | 2,710.51 | 6,996.91 | 2,586.46 | | 9,583.37 |
| AUG 2020 | | BOI | | ITC | 3,891.10 | 26.79 | 160.00 | 160.00 | 4,286.40 | 2,710.51 | 6,996.91 | 2,586.46 | | 9,583.37 |
| SEP 2020 | | BOI | | ITC | 3,891.10 | 26.79 | 168.00 | 168.00 | 4,500.72 | 2,846.03 | 7,346.75 | 2,715.78 | | 10,062.53 |
| OCT 2020 | | BOI | | ITC | 3,966.92 | 27.45 | 168.00 | 168.00 | 4,611.60 | 2,916.15 | 7,527.75 | 2,782.69 | | 10,310.44 |
| NOV 2020 | | BOI | | ITC | 3,966.92 | 27.45 | 112.00 | 112.00 | 3,074.40 | 1,944.10 | 5,018.50 | 1,855.12 | | 6,873.62 |
| DEC 2020 | | BOI | | ITC | 3,966.92 | 27.45 | 168.00 | 168.00 | 4,611.60 | 2,916.15 | 7,527 75 | 2,782.69 | | 10,310.44 |
| JAN 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 152.00 | 152 00 | 4,286.40 | 2,710.51 | 6,996.91 | 2,586.46 | | 9,583.37 |
| FEB 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 152 00 | 152.00 | 4,286.40 | 2,710.51 | 6,996.91 | 2,586.46 | | 9,583.37 |
| MAR 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 176.00 | 176.00 | 4,963.20 | 3,138.48 | 8,101.68 | 2,994 84 | | 11,096.52 |
| APR 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 176.00 | 176.00 | 4,963.20 | 3,138.48 | 8,101.68 | 2,994 84 | | 11,096.52 |
| MAY 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 152.00 | 152.00 | 4,286.40 | 2,710.51 | 6,996.91 | 2,586.46 | | 9,583.37 |
| JUNE 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 176.00 | 176.00 | 4,963.20 | 3,138.48 | 8,101.68 | 2,994.84 | | 11,096.52 |
| | | | | ITC | | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | [redacted] |
| JUL 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 180.00 | 180.00 | 16,290.00 | 10,300.98 | 26,590.98 | 9,829.55 | | 36,420.53 |
| AUG 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 170.00 | 170.00 | 15,385.00 | 9,728.70 | 25,113.70 | 9,283.46 | | 34,397.16 |
| SEP 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 170.00 | 170.00 | 15,385.00 | 9,728.70 | 25,113.70 | 9,283.46 | | 34,397.16 |
| OCT 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 160.00 | 160.00 | 14,480.00 | 9,156.43 | 23,636.43 | 8,737.38 | | 32,373.81 |
| NOV 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 160.00 | 160.00 | 14,480.00 | 9,156.43 | 23,636.43 | 8,737.38 | | 32,373.81 |
| | | | | SERGEANT | | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | [redacted] |
| JUL 2020 | | BSP | | PARALEGAL | 6,353.18 | 43.74 | 112.00 | 112.00 | 4,896.88 | 3,097.81 | 7,996.69 | | 3,151.16 | 11,147.85 |
| AUG 2020 | | BSP | | PARALEGAL | 6,353.18 | 43.74 | 168.00 | 168.00 | 7,348.32 | 4,646.71 | 11,995.03 | | 4,726.73 | 16,721.76 |
| SEP 2020 | | BSP | | PARALEGAL | 6,353.18 | 43.74 | 168.00 | 168.00 | 7,348.32 | 4,646.71 | 11,995.03 | | 4,726.73 | 16,721 76 |
| OCT 2020 | | BSP | | PARALEGAL | 6,511.36 | 44.83 | 168.00 | 168.00 | 7,531.44 | 4,762.51 | 12,293.95 | | 4,844.52 | 17,138.47 |
| NOV 2020 | | BSP | | PARALEGAL | 6,511.36 | 44.83 | 144.00 | 144.00 | 6,456.52 | 4,082.16 | 10,537.67 | | 4,152.45 | 14,690.12 |
| DEC 2020 | | BSP | | PARALEGAL | 6,511.36 | 44.83 | 176.00 | 176.00 | 7,890.08 | 4,989.29 | 12,879.37 | | 5,075.22 | 17,954.59 |
| JAN 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 152.00 | 152.00 | 7,001.12 | 4,427.16 | 11,428.28 | | 4,503.40 | 15,931.68 |
| FEB 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 152.00 | 152.00 | 7,001.12 | 4,427.16 | 11,428.28 | | 4,503.40 | 15,931.68 |
| MAR 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 176.00 | 176.00 | 8,106.56 | 5,126.18 | 13,232.74 | | 5,214.46 | 18,447.20 |
| APR 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 176.00 | 176.00 | 8,106.56 | 5,126.18 | 13,232.74 | | 5,214.46 | 18,447 20 |
| MAY 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 160.00 | 160.00 | 7,369.60 | 4,660.17 | 12,029.77 | | 4,740.42 | 16,770.19 |
| JUNE 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 176.00 | 176.00 | 8,106.56 | 5,126.18 | 13,232.74 | | 5,214.46 | 18,447.20 |
| | [redacted] | | | PARALEGAL | | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | [redacted] | [redacted] |
| JUL 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 165.00 | 7.00 | 662.41 | 418.87 | 1,081.28 | | 426.09 | 1,507.37 |
| AUG 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 129.00 | 3.00 | 283.89 | 179.52 | 463.41 | | 182.61 | 646.02 |
| SEP 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 161.00 | 50.00 | 4,731.50 | 2,991.96 | 7,723.46 | | 3,043.49 | 10,766.95 |
| OCT 2020 | | BSP | | DDA III | 14,066.46 | 96.99 | 178.00 | 15.00 | 1,454.85 | 919.97 | 2,374.82 | | 935.82 | 3,310.64 |
| NOV 2020 | | BSP | | DDA III | 14,066.46 | 96.99 | 133.00 | 4.00 | 387.96 | 245.33 | 633.29 | | 249.55 | 882.84 |
| DEC 2020 | | BSP | | DDA III | 14,066.46 | 96.99 | 178.00 | 20.00 | 1,939.80 | 1,226.63 | 3,166.43 | | 1,247.76 | 4,414.19 |
| JAN 2021 | | BSP | | DDA III | 14,475.82 | 99.86 | 160.00 | 42.00 | 4,185.72 | 2,646.84 | 6,832.56 | | 2,692.42 | 9,524.98 |
| FEB 2021 | | BSP | | DDA III | 14,475.82 | 99.86 | 160.00 | 42.00 | 4,185.72 | 2,646.84 | 6,832.56 | | 2,692.42 | 9,524.98 |
| MAR 2021 | | BSP | | DDA III | 14,475.82 | 99.86 | 178.00 | 21.00 | 2,092.86 | 1,323.42 | 3,416.28 | | 1,346.21 | 4,762.49 |
| APR 2021 | | BSP | | DDA III | 14,475.82 | 99.86 | 186.00 | 25.00 | 2,491.50 | 1,575.50 | 4,067.00 | | 1,602.63 | 5,669.63 |
| JUNE 2021 | | BSP | | DDA III | 14,475.82 | 99.86 | 160.00 | 5.00 | 498.30 | 315.10 | 813.40 | | 320.53 | 1,133.93 |
| | | | | DDA III | | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | [redacted] | [redacted] |
| APR 2021 | | BOI | | SERGEANT | 12,693.86 | 87.39 | 140.00 | 140.00 | 12,234.60 | 7,736.55 | 19,971 15 | 7,382 48 | | 27,353.63 |
| MAY 2021 | | BOI | | SERGEANT | 12,693.86 | 87.39 | 160.00 | 160.00 | 13,982.40 | 8,841.77 | 22,824.17 | 8,437 12 | | 31,261 29 |
| JUNE 2021 | | BOI | | SERGEANT | 12,693.86 | 87.39 | 180.00 | 180.00 | 15,730.20 | 9,946.99 | 25,677 19 | 9,491 76 | | 35,168.95 |
| MAR 2021 | | BOI | | SERGEANT | 12,263.06 | 84.43 | 180.00 | 180.00 | 15,197.40 | 9,610.08 | 24,807.48 | 9,170.26 | | 33,977 74 |
| FEB 2021 | | BOI | | SERGEANT | 12,263.06 | 84.43 | 80.00 | 80.00 | 6,754.40 | 4,271.14 | 11,025.54 | 4,075.67 | | 15,101.21 |
| | | | | SERGEANT | | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] | | [redacted] |
| JUL 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 | 9 195.24 | | 34,070.30 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2020-2021

| MONTH | EMPLOYEE NAME | SUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | SUBTOTAL SALARY & EB'S | I.C. RATE (BI) 60.341% | I.C. RATE (SPEC OPS) 64.324% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SEP 2020 | [redacted] | BOI | [redacted] | SR. INV | 12,297.48 | 84.66 | 164.00 | 164.00 | 13,884.24 | 8,779.70 | 22,663.94 | 8,377.89 | | 31,041.83 |
| OCT 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 160.00 | 148.00 | 12,529.68 | 7,923.14 | 20,452.82 | 7,560.53 | | 28,013.35 |
| NOV 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 130.00 | 124.00 | 10,497.84 | 6,638.31 | 17,136.15 | 6,334.50 | | 23,470.65 |
| DEC 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 160.00 | 160.00 | 13,545.60 | 8,565.56 | 22,111.16 | 8,173.55 | | 30,284.71 |
| JAN 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 150.00 | 150.00 | 13,050.00 | 8,252.17 | 21,302.17 | 7,874.50 | | 29,176.67 |
| FEB 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 150.00 | 150.00 | 13,050.00 | 8,252.17 | 21,302.17 | 7,874.50 | | 29,176.67 |
| MAR 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 160.00 | 160.00 | 15,660.00 | 9,902.60 | 25,562.60 | 9,449.40 | | 35,012.00 |
| APR 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 170.00 | 170.00 | 14,790.00 | 9,352.46 | 24,142.46 | 8,924.43 | | 33,066.89 |
| MAY 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 160.00 | 160.00 | 13,920.00 | 8,802.31 | 22,722.31 | 8,399.47 | | 31,121.78 |
| JUNE 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 160.00 | 160.00 | 15,660.00 | 9,902.60 | 25,562.60 | 9,449.40 | | 35,012.00 |
| | | | | SR. INV | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | [illegible] |
| JUL 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 180.00 | 180.00 | 14,790.60 | 9,352.84 | 24,143.44 | 8,924.80 | | 33,068.24 |
| AUG 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 160.00 | 144.00 | 11,832.48 | 7,482.27 | 19,314.75 | 7,139.84 | | 26,454.59 |
| SEP 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 160.00 | 174.00 | 14,297.58 | 9,041.07 | 23,338.65 | 8,627.30 | | 31,965.95 |
| OCT 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 160.00 | 170.00 | 13,968.90 | 8,833.23 | 22,802.13 | 8,428.97 | | 31,231.10 |
| NOV 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 130.00 | 130.00 | 10,682.10 | 6,754.83 | 17,436.93 | 6,445.69 | | 23,882.62 |
| DEC 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 160.00 | 160.00 | 14,790.60 | 9,352.84 | 24,143.44 | 8,924.80 | | 33,068.24 |
| JAN 2021 | | BOI | | SR. INV | 12,263.06 | 84.43 | 160.00 | 160.00 | 13,508.80 | 8,542.29 | 22,051.09 | 8,151.35 | | 30,202.44 |
| FEB 2021 | | BOI | | SR. INV | 12,263.06 | 84.43 | 160.00 | 160.00 | 13,508.80 | 8,542.29 | 22,051.09 | 8,151.35 | | 30,202.44 |
| MAR 2021 | | BOI | | SR. INV | 12,263.06 | 84.43 | 180.00 | 180.00 | 15,197.40 | 9,610.08 | 24,807.48 | 9,170.26 | | 33,977.74 |
| | | | | SR. INV | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | [illegible] |
| JUL 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 180.00 | 180.00 | 14,434.20 | 9,127.47 | 23,561.67 | 8,709.74 | | 32,271.41 |
| AUG 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 160.00 | 160.00 | 12,830.40 | 8,113.30 | 20,943.70 | 7,741.99 | | 28,685.69 |
| SEP 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 180.00 | 180.00 | 14,434.20 | 9,127.47 | 23,561.67 | 8,709.74 | | 32,271.41 |
| OCT 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 150.00 | 150.00 | 12,028.50 | 7,606.22 | 19,634.72 | 7,258.12 | | 26,892.84 |
| NOV 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 168.00 | 130.00 | 10,424.70 | 6,592.06 | 17,016.76 | 6,290.37 | | 23,307.13 |
| DEC 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 60.00 | 60.00 | 4,811.40 | 3,042.49 | 7,853.89 | 2,903.25 | | 10,757.14 |
| JAN 2021 | | BOI | | SR. INV | 11,647.54 | 80.19 | 160.00 | 160.00 | 12,830.40 | 8,113.30 | 20,943.70 | 7,741.99 | | 28,685.69 |
| FEB 2021 | | BOI | | SR. INV | 11,810.03 | 81.31 | 160.00 | 160.00 | 13,009.60 | 8,226.62 | 21,236.22 | 7,850.12 | | 29,086.34 |
| MAR 2021 | | BOI | | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 | 9,195.24 | | 34,070.30 |
| APR 2021 | | BOI | | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 | 9,195.24 | | 34,070.30 |
| MAY 2021 | | BOI | | SR. INV | 12,297.48 | 84.66 | 160.00 | 160.00 | 13,545.60 | 8,565.56 | 22,111.16 | 8,173.55 | | 30,284.71 |
| JUNE 2021 | | BOI | | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 | 9,195.24 | | 34,070.30 |
| | | | | SR. INV | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | | [illegible] |
| JUL 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 118.00 | 8.00 | 757.04 | 478.71 | 1,235.75 | | 486.96 | 1,722.71 |
| AUG 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 164.00 | 14.50 | 1,372.14 | 867.67 | 2,239.81 | | 882.62 | 3,122.43 |
| SEP 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 195.00 | 11.00 | 1,040.93 | 658.23 | 1,699.16 | | 669.57 | 2,368.73 |
| OCT 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 153.00 | 16.00 | 1,551.84 | 981.31 | 2,533.15 | | 998.21 | 3,531.36 |
| NOV 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 131.00 | 6.00 | 581.94 | 367.99 | 949.93 | | 374.33 | 1,324.26 |
| DEC 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 116.00 | 3.00 | 290.97 | 183.99 | 474.96 | | 187.16 | 662.12 |
| JAN 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 152.00 | 5.00 | 498.30 | 315.10 | 813.40 | | 320.53 | 1,133.93 |
| MAR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 5.50 | 548.13 | 346.61 | 894.74 | | 352.58 | 1,247.32 |
| APR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 180.00 | 5.50 | 548.13 | 346.61 | 894.74 | | 352.58 | 1,247.32 |
| MAY 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 5.00 | 498.30 | 315.10 | 813.40 | | 320.53 | 1,133.93 |
| JUNE 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 4.00 | 398.64 | 252.08 | 650.72 | | 256.42 | 907.14 |
| | | | | DDA III | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| JUL 2020 | | BSP | | PARALEGAL | 4,588.10 | 31.59 | 96.00 | 96.00 | 3,032.64 | 1,917.69 | 4,950.33 | | 1,950.72 | 6,901.05 |
| AUG 2020 | | BSP | | PARALEGAL | 4,588.10 | 31.59 | 168.00 | 168.00 | 5,307.12 | 3,355.96 | 8,663.08 | | 3,413.75 | 12,076.83 |
| SEP 2020 | | BSP | | PARALEGAL | 4,588.10 | 31.59 | 168.00 | 168.00 | 5,307.12 | 3,355.96 | 8,663.08 | | 3,413.75 | 12,076.83 |
| OCT 2020 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 168.00 | 168.00 | 5,438.16 | 3,438.82 | 8,876.98 | | 3,498.04 | 12,375.02 |
| NOV 2020 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 144.00 | 144.00 | 4,661.28 | 2,947.56 | 7,608.84 | | 2,998.32 | 10,607.16 |
| DEC 2020 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 | | 3,664.62 | 12,964.31 |
| JAN 2021 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 144.00 | 144.00 | 4,661.28 | 2,947.56 | 7,608.84 | | 2,998.32 | 10,607.16 |
| FEB 2021 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 152.00 | 152.00 | 4,920.24 | 3,111.31 | 8,031.55 | | 3,164.90 | 11,196.45 |
| MAR 2021 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 | | 3,664.62 | 12,964.31 |
| APR 2021 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 | | 3,664.62 | 12,964.31 |
| MAY 2021 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 160.00 | 160.00 | 5,179.20 | 3,275.07 | 8,454.27 | | 3,331.47 | 11,785.74 |
| JUNE 2021 | | BSP | | PARALEGAL | 4,702.48 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 | | 3,664.62 | 12,964.31 |
| | | | | PARALEGAL | | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] |
| | Grand Total | | | | | | 17,759.00 | 12,881.00 | 809,820.06 | 512,152.96 | 1,322,073.02 | 376,823.88 | 121,104.39 | 1,819,281.30 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278, 278.5
FISCAL YEAR 2020-2021

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | SUBTOTAL SALARY & EB'S | I.C. RATE (SPEC OPS) 64.324% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | [redacted] | | [redacted] | DDA IV | | 114.773383 | 1,888.00 | 835.00 | 95,835.75 | 60,601.74 | 156,437.49 | 61,645.37 | 218,082.86 |
| | | | | DDA III | | 97.266894 | 1,948.00 | 397.00 | 38,614.56 | 24,417.93 | 63,032.49 | 24,838.42 | 87,870.91 |
| | | | | DDA III | | 97.320968 | 1,882.00 | 93.00 | 9,050.85 | 5,723.29 | 14,774.14 | 5,821.89 | 20,596.03 |
| | Grand Total | | | | | | 5,678.00 | 1,325.00 | 143,501.16 | 90,742.96 | 234,244.12 | 92,305.68 | 326,549.80 |

COUNTY OF LOS ANGELES
5890 CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278, 278.5
FISCAL YEAR 2020-2021

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | SUBTOTAL SALARY & EB'S | I.C. RATE (SPEC OPS) 64.324% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| JUL 2020 | [redacted] | BSP | [redacted] | DDA IV | 16,253.36 | 111.90 | 152.00 | 66.00 | 7,385.40 | 4,670.16 | 12,055.56 | 4,750.58 | 16,806.14 |
| AUG 2020 | | BSP | | DDA IV | 16,253.36 | 111.90 | 173.00 | 70.00 | 7,833.00 | 4,953.20 | 12,786.20 | 5,038.50 | 17,824.70 |
| SEP 2020 | | BSP | | DDA IV | 16,253.36 | 111.90 | 168.00 | 75.00 | 8,392.50 | 5,307.00 | 13,699.50 | 5,398.39 | 19,097.89 |
| OCT 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 157.00 | 78.00 | 8,946.60 | 5,657.38 | 14,603.98 | 5,754.81 | 20,358.79 |
| NOV 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 136.00 | 72.00 | 8,258.40 | 5,222.20 | 13,480.60 | 5,312.13 | 18,792.73 |
| DEC 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 128.00 | 46.00 | 5,276.20 | 3,336.41 | 8,612.61 | 3,393.86 | 12,006.47 |
| JAN 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 69.00 | 7,914.30 | 5,004.81 | 12,918.91 | 5,090.79 | 18,009.70 |
| FEB 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 77.00 | 8,831.90 | 5,584.85 | 14,416.75 | 5,681.03 | 20,097.78 |
| MAR 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 176.00 | 75.00 | 8,602.50 | 5,439.79 | 14,042.29 | 5,533.47 | 19,575.76 |
| APR 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 176.00 | 70.00 | 8,249.50 | 5,216.57 | 13,466.07 | 5,306.41 | 18,772.48 |
| MAY 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 168.00 | 71.00 | 8,367.35 | 5,291.09 | 13,658.44 | 5,382.21 | 19,040.65 |
| JUNE 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 128.00 | 66.00 | 7,778.10 | 4,918.48 | 12,696.58 | 5,003.19 | 17,699.77 |
| | | | | DDA IV | | 114.773363 | 1,696.00 | 835.00 | 98,836.76 | 62,501.74 | 166,437.49 | 61,946.37 | 216,092.86 |
| JUL 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 165.00 | 64.00 | 6,056.32 | 3,829.71 | 9,886.03 | 3,895.67 | 13,781.70 |
| AUG 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 129.00 | 40.00 | 3,785.20 | 2,393.57 | 6,178.77 | 2,434.79 | 8,613.56 |
| SEP 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 161.00 | 34.00 | 3,217.42 | 2,034.54 | 5,251.96 | 2,069.57 | 7,321.53 |
| OCT 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 178.00 | 28.00 | 2,715.72 | 1,717.29 | 4,433.01 | 1,746.86 | 6,179.87 |
| NOV 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 133.00 | 28.00 | 2,715.72 | 1,717.29 | 4,433.01 | 1,746.86 | 6,179.87 |
| DEC 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 178.00 | 40.00 | 3,879.60 | 2,453.27 | 6,332.87 | 2,495.51 | 8,828.38 |
| JAN 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 32.00 | 3,189.12 | 2,016.64 | 5,205.76 | 2,051.37 | 7,257.13 |
| FEB 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 8.00 | 797.28 | 504.16 | 1,301.44 | 512.84 | 1,814.28 |
| MAR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 176.00 | 23.00 | 2,292.18 | 1,449.46 | 3,741.64 | 1,474.42 | 5,216.06 |
| APR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 168.00 | 36.00 | 3,587.76 | 2,268.72 | 5,856.48 | 2,307.79 | 8,164.27 |
| MAY 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 34.00 | 3,388.44 | 2,142.68 | 5,531.12 | 2,179.58 | 7,710.70 |
| JUNE 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 30.00 | 2,989.80 | 1,890.60 | 4,880.40 | 1,923.16 | 6,803.56 |
| | | | | DDA III | | 97.268594 | 1,948.00 | 397.00 | 39,614.56 | 24,417.93 | 64,032.49 | 24,838.42 | 87,870.91 |
| JUL 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 118.00 | 7.00 | 662.41 | 418.87 | 1,081.28 | 426.09 | 1,507.37 |
| AUG 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 184.00 | 18.00 | 1,703.34 | 1,077.11 | 2,780.45 | 1,095.66 | 3,876.11 |
| SEP 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 195.00 | 14.00 | 1,324.82 | 837.75 | 2,162.57 | 852.18 | 3,014.75 |
| OCT 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 153.00 | 3.00 | 290.97 | 183.99 | 474.96 | 187.16 | 662.12 |
| NOV 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 131.00 | 2.00 | 193.98 | 122.66 | 316.64 | 124.78 | 441.42 |
| DEC 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 118.00 | 3.00 | 290.97 | 183.99 | 474.96 | 187.16 | 662.12 |
| JAN 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 152.00 | 5.00 | 498.30 | 315.10 | 813.40 | 320.53 | 1,133.93 |
| FEB 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 157.00 | 5.00 | 498.30 | 315.10 | 813.40 | 320.53 | 1,133.93 |
| MAR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 13.00 | 1,295.58 | 819.26 | 2,114.84 | 833.37 | 2,948.21 |
| APR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 3.00 | 298.98 | 189.06 | 488.04 | 192.32 | 680.36 |
| MAY 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 11.00 | 1,096.26 | 693.22 | 1,789.48 | 705.16 | 2,494.64 |
| JUNE 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 9.00 | 896.94 | 567.18 | 1,464.12 | 576.95 | 2,041.07 |
| | | | | DDA III | | 97.320968 | 1,882.00 | 93.00 | 9,080.85 | 5,723.29 | 14,774.14 | 5,821.89 | 20,596.03 |
| | Grand Total | | | | | | 5,676.00 | 1,325.00 | 143,601.16 | 90,742.96 | 234,344.12 | 92,305.68 | 326,649.80 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2020-2021

| | (a) | | | (a) | | (b) | | (c) | (d) | (e) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | TOTAL |
| | [redacted] | | [redacted] | DDA IV | | 114.787308 | 1,714.00 | 78.00 | 8,951.85 | 5,660.68 | 14,612.53 |
| | | | | ITC | | 27.666625 | 1,928.00 | 1,920.00 | 53,119.92 | 33,590.42 | 86,710.34 |
| | | | | SERGEANT | | 90.500000 | 840.00 | 840.00 | 76,020.00 | 48,071.24 | 124,091.24 |
| | | | | PARALEGAL | | 45.209585 | 1,928.00 | 1,928.00 | 87,164.08 | 55,118.21 | 142,282.29 |
| | | | | DDA III | | 97.926256 | 1,788.00 | 234.00 | 22,914.81 | 14,489.68 | 37,404.49 |
| | | | | SERGEANT | | 86.350000 | 740.00 | 740.00 | 63,899.00 | 40,406.53 | 104,305.53 |
| | | | | SR. INV | | 65.971778 | 1,784.00 | 1,766.00 | 151,828.16 | 96,007.28 | 247,833.44 |
| | | | | SR. INV | | 82.934547 | 1,510.00 | 1,478.00 | 122,577.26 | 77,511.74 | 200,089.00 |
| | | | | SR. INV | | 81.949681 | 1,918.00 | 1,650.00 | 154,066.40 | 97,423.27 | 251,489.67 |
| | | | | DDA III | | 96.842835 | 1,705.00 | 83.50 | 8,086.36 | 5,113.40 | 13,199.76 |
| | | | | PARALEGAL | | 32.193025 | 1,904.00 | 1,904.00 | 61,295.52 | 38,760.21 | 100,055.73 |
| | Grand Total | | | | | | 17,759.00 | 12,851.50 | 809,920.06 | 512,152.96 | 1,322,073.02 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2020-2021

| | (a) | | | (a) | | (b) | | (c) | (d) | (e) | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | TOTAL |
| AUG 2020 | [redacted] | BSP | [redacted] | DDA IV | 16,253.36 | 111.90 | 173.00 | 8.00 | 895.20 | 566.08 | 1,461.28 |
| SEP 2020 | | BSP | | DDA IV | 16,253.36 | 111.90 | 168.00 | 7.00 | 783.30 | 495.32 | 1,278.62 |
| OCT 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 157.00 | 8.00 | 917.60 | 580.24 | 1,497.84 |
| NOV 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 136.00 | 5.00 | 573.50 | 362.65 | 936.15 |
| DEC 2020 | | BSP | | DDA IV | 16,659.56 | 114.70 | 128.00 | 11.00 | 1,261.70 | 797.84 | 2,059.54 |
| JAN 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 8.00 | 917.60 | 580.24 | 1,497.84 |
| FEB 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 7.00 | 802.90 | 507.71 | 1,310.61 |
| MAR 2021 | | BSP | | DDA IV | 16,659.56 | 114.70 | 176.00 | 9.00 | 1,032.30 | 652.77 | 1,685.07 |
| APR 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 176.00 | 8.00 | 942.80 | 596.18 | 1,538.98 |
| MAY 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 168.00 | 5.00 | 589.25 | 372.61 | 961.86 |
| JUNE 2021 | | BSP | | DDA IV | 17,117.36 | 117.85 | 128.00 | 2.00 | 235.70 | 149.04 | 384.74 |
| | | | | DDA IV | | 114.787308 | 1,714.00 | 78.00 | 8,981.85 | 5,680.68 | 14,662.53 |
| JUL 2020 | | BOI | | ITC | 3,891.10 | 26.79 | 168.00 | 160.00 | 4,286.40 | 2,710.51 | 6,996.91 |
| AUG 2020 | | BOI | | ITC | 3,891.10 | 26.79 | 160.00 | 160.00 | 4,286.40 | 2,710.51 | 6,996.91 |
| SEP 2020 | | BOI | | ITC | 3,891.10 | 26.79 | 168.00 | 168.00 | 4,500.72 | 2,846.03 | 7,346.75 |
| OCT 2020 | | BOI | | ITC | 3,986.92 | 27.45 | 168.00 | 168.00 | 4,611.60 | 2,916.15 | 7,527.75 |
| NOV 2020 | | BOI | | ITC | 3,986.92 | 27.45 | 112.00 | 112.00 | 3,074.40 | 1,944.10 | 5,018.50 |
| DEC 2020 | | BOI | | ITC | 3,986.92 | 27.45 | 168.00 | 168.00 | 4,611.60 | 2,916.15 | 7,527.75 |
| JAN 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 152.00 | 152.00 | 4,286.40 | 2,710.51 | 6,996.91 |
| FEB 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 152.00 | 152.00 | 4,286.40 | 2,710.51 | 6,996.91 |
| MAR 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 176.00 | 176.00 | 4,963.20 | 3,138.48 | 8,101.68 |
| APR 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 176.00 | 176.00 | 4,963.20 | 3,138.48 | 8,101.68 |
| MAY 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 152.00 | 152.00 | 4,286.40 | 2,710.51 | 6,996.91 |
| JUNE 2021 | | BOI | | ITC | 4,096.18 | 28.20 | 176.00 | 176.00 | 4,963.20 | 3,138.48 | 8,101.68 |
| | | | | ITC | | 27.666825 | 1,928.00 | 1,920.00 | 53,119.92 | 33,590.42 | 86,710.34 |
| JUL 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 160.00 | 160.00 | 16,290.00 | 10,300.98 | 26,590.98 |
| AUG 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 170.00 | 170.00 | 15,385.00 | 9,728.70 | 25,113.70 |
| SEP 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 170.00 | 170.00 | 15,385.00 | 9,728.70 | 25,113.70 |
| OCT 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 160.00 | 160.00 | 14,480.00 | 9,156.43 | 23,636.43 |
| NOV 2020 | | BOI | | SERGEANT | 13,145.44 | 90.50 | 160.00 | 160.00 | 14,480.00 | 9,156.43 | 23,636.43 |
| | | | | SERGEANT | | 90.500000 | 840.00 | 840.00 | 76,020.00 | 48,071.24 | 124,091.24 |
| JUL 2020 | | BSP | | PARALEGAL | 6,353.18 | 43.74 | 112.00 | 112.00 | 4,898.88 | 3,097.81 | 7,996.69 |
| AUG 2020 | | BSP | | PARALEGAL | 6,353.18 | 43.74 | 168.00 | 168.00 | 7,348.32 | 4,646.71 | 11,995.03 |
| SEP 2020 | | BSP | | PARALEGAL | 6,353.18 | 43.74 | 168.00 | 168.00 | 7,348.32 | 4,646.71 | 11,995.03 |
| OCT 2020 | | BSP | | PARALEGAL | 6,511.36 | 44.83 | 168.00 | 168.00 | 7,531.44 | 4,762.51 | 12,293.95 |
| NOV 2020 | | BSP | | PARALEGAL | 6,511.36 | 44.83 | 144.00 | 144.00 | 6,455.52 | 4,082.15 | 10,537.67 |
| DEC 2020 | | BSP | | PARALEGAL | 6,511.36 | 44.83 | 176.00 | 176.00 | 7,890.08 | 4,989.29 | 12,879.37 |
| JAN 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 152.00 | 152.00 | 7,001.12 | 4,427.16 | 11,428.28 |
| FEB 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 152.00 | 152.00 | 7,001.12 | 4,427.16 | 11,428.28 |
| MAR 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 176.00 | 176.00 | 8,106.56 | 5,126.18 | 13,232.74 |
| APR 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 176.00 | 176.00 | 8,106.56 | 5,126.18 | 13,232.74 |
| MAY 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 160.00 | 160.00 | 7,369.60 | 4,660.17 | 12,029.77 |
| JUNE 2021 | | BSP | | PARALEGAL | 6,690.28 | 46.06 | 176.00 | 176.00 | 8,106.56 | 5,126.18 | 13,232.74 |
| | Total | | | PARALEGAL | | 46.209885 | 1,928.00 | 1,928.00 | 87,164.08 | 55,116.21 | 142,280.29 |
| JUL 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 165.00 | 7.00 | 662.41 | 418.87 | 1,081.28 |
| AUG 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 129.00 | 3.00 | 283.89 | 179.52 | 463.41 |
| SEP 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 161.00 | 50.00 | 4,731.50 | 2,991.96 | 7,723.46 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2020-2021

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| OCT 2020 | [redacted] | BSP | [redacted] | DDA III | 14,088.48 | 96.99 | 178.00 | 15.00 | 1,454.85 | 919.97 | 2,374.82 |
| NOV 2020 | | BSP | | DDA III | 14,088.48 | 96.99 | 133.00 | 4.00 | 387.96 | 245.33 | 633.29 |
| DEC 2020 | | BSP | | DDA III | 14,088.48 | 96.99 | 178.00 | 20.00 | 1,939.80 | 1,226.63 | 3,166.43 |
| JAN 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 180.00 | 42.00 | 4,185.72 | 2,646.84 | 6,832.56 |
| FEB 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 180.00 | 42.00 | 4,185.72 | 2,646.84 | 6,832.56 |
| MAR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 21.00 | 2,092.86 | 1,323.42 | 3,416.28 |
| APR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 186.00 | 25.00 | 2,491.50 | 1,575.50 | 4,067.00 |
| JUNE 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 5.00 | 498.30 | 315.10 | 813.40 |
| | | | | DDA III | | 97.925256 | 1,708.00 | 234.00 | 22,914.61 | 14,489.88 | 37,404.49 |
| APR 2021 | | BOI | | SERGEANT | 12,693.86 | 87.39 | 140.00 | 140.00 | 12,234.60 | 7,736.55 | 19,971.15 |
| MAY 2021 | | BOI | | SERGEANT | 12,693.86 | 87.39 | 160.00 | 160.00 | 13,982.40 | 8,841.77 | 22,824.17 |
| JUNE 2021 | | BOI | | SERGEANT | 12,693.86 | 87.39 | 180.00 | 180.00 | 15,730.20 | 9,946.99 | 25,677.19 |
| MAR 2021 | | BOI | | SERGEANT | 12,263.06 | 84.43 | 180.00 | 180.00 | 15,197.40 | 9,610.08 | 24,807.48 |
| FEB 2021 | | BOI | | SERGEANT | 12,263.06 | 84.43 | 80.00 | 80.00 | 6,754.40 | 4,271.14 | 11,025.54 |
| | | | | SERGEANT | | 86.350000 | 740.00 | 740.00 | 63,899.00 | 40,406.63 | 104,305.63 |
| JUL 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 |
| SEP 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 164.00 | 164.00 | 13,884.24 | 8,779.70 | 22,663.94 |
| OCT 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 160.00 | 148.00 | 12,529.68 | 7,923.14 | 20,452.82 |
| NOV 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 130.00 | 124.00 | 10,497.84 | 6,638.31 | 17,136.15 |
| DEC 2020 | | BOI | | SR. INV | 12,297.48 | 84.66 | 160.00 | 160.00 | 13,545.60 | 8,565.56 | 22,111.16 |
| JAN 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 150.00 | 150.00 | 13,050.00 | 8,252.17 | 21,302.17 |
| FEB 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 150.00 | 150.00 | 13,050.00 | 8,252.17 | 21,302.17 |
| MAR 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 180.00 | 180.00 | 15,660.00 | 9,902.60 | 25,562.60 |
| APR 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 170.00 | 170.00 | 14,790.00 | 9,352.46 | 24,142.46 |
| MAY 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 160.00 | 160.00 | 13,920.00 | 8,802.31 | 22,722.31 |
| JUNE 2021 | | BOI | | SR. INV | 12,636.06 | 87.00 | 180.00 | 180.00 | 15,660.00 | 9,902.60 | 25,562.60 |
| | | | | SR. INV | | 85.971778 | 1,794.00 | 1,786.00 | 181,628.16 | 96,007.28 | 247,833.44 |
| JUL 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 180.00 | 180.00 | 14,790.60 | 9,352.84 | 24,143.44 |
| AUG 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 180.00 | 144.00 | 11,832.48 | 7,482.27 | 19,314.75 |
| SEP 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 180.00 | 174.00 | 14,297.58 | 9,041.07 | 23,338.65 |
| OCT 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 180.00 | 170.00 | 13,968.90 | 8,833.23 | 22,802.13 |
| NOV 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 130.00 | 130.00 | 10,682.10 | 6,754.83 | 17,436.93 |
| DEC 2020 | | BOI | | SR. INV | 11,934.48 | 82.17 | 180.00 | 180.00 | 14,790.60 | 9,352.84 | 24,143.44 |
| JAN 2021 | | BOI | | SR. INV | 12,263.06 | 84.43 | 180.00 | 160.00 | 13,508.80 | 8,542.29 | 22,051.09 |
| FEB 2021 | | BOI | | SR. INV | 12,263.06 | 84.43 | 180.00 | 160.00 | 13,508.80 | 8,542.29 | 22,051.09 |
| MAR 2021 | | BOI | | SR. INV | 12,263.06 | 84.43 | 180.00 | 180.00 | 15,197.40 | 9,610.08 | 24,807.48 |
| | | | | SR. INV | | 82.934547 | 1,610.00 | 1,478.00 | 122,577.26 | 77,511.74 | 200,089.00 |
| JUL 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 180.00 | 180.00 | 14,434.20 | 9,127.47 | 23,561.67 |
| AUG 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 160.00 | 160.00 | 12,830.40 | 8,113.30 | 20,943.70 |
| SEP 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 180.00 | 180.00 | 14,434.20 | 9,127.47 | 23,561.67 |
| OCT 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 150.00 | 150.00 | 12,028.50 | 7,606.22 | 19,634.72 |
| NOV 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 168.00 | 130.00 | 10,424.70 | 6,592.06 | 17,016.76 |
| DEC 2020 | | BOI | | SR. INV | 11,647.54 | 80.19 | 60.00 | 60.00 | 4,811.40 | 3,042.49 | 7,853.89 |
| JAN 2021 | | BOI | | SR. INV | 11,647.54 | 80.19 | 160.00 | 160.00 | 12,830.40 | 8,113.30 | 20,943.70 |
| FEB 2021 | | BOI | | SR. INV | 11,810.03 | 81.31 | 160.00 | 160.00 | 13,009.60 | 8,226.62 | 21,236.22 |
| MAR 2021 | | BOI | | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 |
| APR 2021 | | BOI | | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 |
| MAY 2021 | | BOI | | SR. INV | 12,297.48 | 84.66 | 160.00 | 160.00 | 13,545.60 | 8,565.56 | 22,111.16 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 3130-3133
FISCAL YEAR 2020-2021

| MONTH | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| JUNE 2021 | [redacted] | BOI | [redacted] | SR. INV | 12,297.48 | 84.66 | 180.00 | 180.00 | 15,238.80 | 9,636.26 | 24,875.06 |
| | | | | SR. INV | | 81.949881 | 1,918.00 | 1,880.00 | 154,055.40 | 97,423.27 | 251,488.67 |
| JUL 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 116.00 | 8.00 | 757.04 | 478.71 | 1,235.75 |
| AUG 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 164.00 | 14.50 | 1,372.14 | 867.67 | 2,239.81 |
| SEP 2020 | | BSP | | DDA III | 13,744.82 | 94.63 | 195.00 | 11.00 | 1,040.93 | 658.23 | 1,699.16 |
| OCT 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 153.00 | 16.00 | 1,551.84 | 981.31 | 2,533.15 |
| NOV 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 131.00 | 6.00 | 581.94 | 367.99 | 949.93 |
| DEC 2020 | | BSP | | DDA III | 14,088.46 | 96.99 | 116.00 | 3.00 | 290.97 | 183.99 | 474.96 |
| JAN 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 152.00 | 5.00 | 498.30 | 315.10 | 813.40 |
| MAR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 5.50 | 548.13 | 346.61 | 894.74 |
| APR 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 5.50 | 548.13 | 346.61 | 894.74 |
| MAY 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 5.00 | 498.30 | 315.10 | 813.40 |
| JUNE 2021 | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 4.00 | 398.64 | 252.08 | 650.72 |
| | | | | DDA III | | 98.842835 | 1,795.00 | 83.50 | 8,086.38 | 5,113.40 | 13,199.78 |
| JUL 2020 | | BSP | | PARALEGAL | 4,588.10 | 31.59 | 96.00 | 96.00 | 3,032.64 | 1,917.69 | 4,950.33 |
| AUG 2020 | | BSP | | PARALEGAL | 4,588.10 | 31.59 | 168.00 | 168.00 | 5,307.12 | 3,355.96 | 8,663.08 |
| SEP 2020 | | BSP | | PARALEGAL | 4,588.10 | 31.59 | 168.00 | 168.00 | 5,307.12 | 3,355.96 | 8,663.08 |
| OCT 2020 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 168.00 | 168.00 | 5,438.16 | 3,438.82 | 8,876.98 |
| NOV 2020 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 144.00 | 144.00 | 4,661.28 | 2,947.56 | 7,608.84 |
| DEC 2020 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 |
| JAN 2021 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 144.00 | 144.00 | 4,661.28 | 2,947.56 | 7,608.84 |
| FEB 2021 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 152.00 | 152.00 | 4,920.24 | 3,111.31 | 8,031.55 |
| MAR 2021 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 |
| APR 2021 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 |
| MAY 2021 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 160.00 | 160.00 | 5,179.20 | 3,275.07 | 8,454.27 |
| JUNE 2021 | | BSP | | PARALEGAL | 4,702.46 | 32.37 | 176.00 | 176.00 | 5,697.12 | 3,602.57 | 9,299.69 |
| | | | | PARALEGAL | | 32.193025 | 1,904.00 | 1,904.00 | 61,295.52 | 38,760.21 | 100,055.73 |
| | Grand Total | | | | | | 17,759.00 | 12,851.50 | 809,920.06 | 512,152.96 | 1,322,073.02 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278, 278.5
FISCAL YEAR 2020-2021

| | | (a) | | | (a) | | (b) | | (c) | (d) | (e) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | TOTAL |
| | | [redacted] | | [redacted] | DDA IV | | 114.773353 | 1,866.00 | 835.00 | 95,835.75 | 60,601.74 | 156,437.49 |
| | | | | | DDA III | | 97.265894 | 1,948.00 | 397.00 | 38,614.56 | 24,417.93 | 63,032.49 |
| | | | | | DDA III | | 97.320968 | 1,862.00 | 93.00 | 9,050.85 | 5,723.29 | 14,774.14 |
| | | Grand Total | | | | | | 5,676.00 | 1,325.00 | 143,501.16 | 90,742.96 | 234,244.12 |

COUNTY OF LOS ANGELES
SB90 CHILD ABDUCTION AND RECOVERY
PROGRAM 277, 278, 278.5
FISCAL YEAR 2020-2021

| | | (a) | | | (a) | | (b) | | (c) | (d) | (e) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | | EMPLOYEE NAME | BUR. | EMPL # | ITEM DESC | GROSS SALARY | PWH 1743 | HOURS WORKED | PROGRAM HOURS | SALARY CLAIMED | EMPLOYEE BENEFITS 63.235% | TOTAL |
| JUL 2020 | SP | [redacted] | BSP | [redacted] | DDA IV | 16,253.36 | 111.90 | 152.00 | 66.00 | 7,385.40 | 4,670.16 | 12,055.56 |
| AUG 2020 | SP | | BSP | | DDA IV | 16,253.36 | 111.90 | 173.00 | 70.00 | 7,833.00 | 4,953.20 | 12,786.20 |
| SEP 2020 | SP | | BSP | | DDA IV | 16,253.36 | 111.90 | 168.00 | 75.00 | 8,392.50 | 5,307.00 | 13,699.50 |
| OCT 2020 | SP | | BSP | | DDA IV | 16,659.56 | 114.70 | 157.00 | 78.00 | 8,946.60 | 5,657.38 | 14,603.98 |
| NOV 2020 | SP | | BSP | | DDA IV | 16,659.56 | 114.70 | 136.00 | 72.00 | 8,258.40 | 5,222.20 | 13,480.60 |
| DEC 2020 | SP | | BSP | | DDA IV | 16,659.56 | 114.70 | 128.00 | 46.00 | 5,276.20 | 3,336.41 | 8,612.61 |
| JAN 2021 | SP | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 69.00 | 7,914.30 | 5,004.61 | 12,918.91 |
| FEB 2021 | SP | | BSP | | DDA IV | 16,659.56 | 114.70 | 152.00 | 77.00 | 8,831.90 | 5,584.85 | 14,416.75 |
| MAR 2021 | SP | | BSP | | DDA IV | 16,659.56 | 114.70 | 176.00 | 75.00 | 8,602.50 | 5,439.79 | 14,042.29 |
| APR 2021 | SP | | BSP | | DDA IV | 17,117.36 | 117.85 | 176.00 | 70.00 | 8,249.50 | 5,216.57 | 13,466.07 |
| MAY 2021 | SP | | BSP | | DDA IV | 17,117.36 | 117.85 | 168.00 | 71.00 | 8,367.35 | 5,291.09 | 13,658.44 |
| JUNE 2021 | SP | | BSP | | DDA IV | 17,117.36 | 117.85 | 128.00 | 66.00 | 7,778.10 | 4,918.48 | 12,696.58 |
| | | | | | DDA IV | | 114.773353 | 1,868.00 | 836.00 | 98,835.76 | 60,601.74 | 158,437.49 |
| JUL 2020 | SP | | BSP | | DDA III | 13,744.82 | 94.63 | 165.00 | 64.00 | 6,056.32 | 3,829.71 | 9,886.03 |
| AUG 2020 | SP | | BSP | | DDA III | 13,744.82 | 94.63 | 129.00 | 40.00 | 3,785.20 | 2,393.57 | 6,178.77 |
| SEP 2020 | SP | | BSP | | DDA III | 13,744.82 | 94.63 | 161.00 | 34.00 | 3,217.42 | 2,034.54 | 5,251.96 |
| OCT 2020 | SP | | BSP | | DDA III | 14,088.46 | 96.99 | 178.00 | 28.00 | 2,715.72 | 1,717.29 | 4,433.01 |
| NOV 2020 | SP | | BSP | | DDA III | 14,088.46 | 96.99 | 133.00 | 28.00 | 2,715.72 | 1,717.29 | 4,433.01 |
| DEC 2020 | SP | | BSP | | DDA III | 14,088.46 | 96.99 | 178.00 | 40.00 | 3,879.60 | 2,453.27 | 6,332.87 |
| JAN 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 32.00 | 3,189.12 | 2,016.64 | 5,205.76 |
| FEB 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 8.00 | 797.28 | 504.16 | 1,301.44 |
| MAR 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 23.00 | 2,292.18 | 1,449.46 | 3,741.64 |
| APR 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 186.00 | 36.00 | 3,587.76 | 2,268.72 | 5,856.48 |
| MAY 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 34.00 | 3,388.44 | 2,142.68 | 5,531.12 |
| JUNE 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 30.00 | 2,989.80 | 1,890.60 | 4,880.40 |
| [redacted] | | | | | DDA III | | 97.268694 | 1,948.00 | 397.00 | 38,614.66 | 24,417.83 | 63,032.49 |
| JUL 2020 | SP | | BSP | | DDA III | 13,744.82 | 94.63 | 118.00 | 7.00 | 662.41 | 418.87 | 1,081.28 |
| AUG 2020 | SP | | BSP | | DDA III | 13,744.82 | 94.63 | 164.00 | 18.00 | 1,703.34 | 1,077.11 | 2,780.45 |
| SEP 2020 | SP | | BSP | | DDA III | 13,744.82 | 94.63 | 195.00 | 14.00 | 1,324.82 | 837.75 | 2,162.57 |
| OCT 2020 | SP | | BSP | | DDA III | 14,088.46 | 96.99 | 153.00 | 3.00 | 290.97 | 183.99 | 474.96 |
| NOV 2020 | SP | | BSP | | DDA III | 14,088.46 | 96.99 | 131.00 | 2.00 | 193.98 | 122.66 | 316.64 |
| DEC 2020 | SP | | BSP | | DDA III | 14,088.46 | 96.99 | 116.00 | 3.00 | 290.97 | 183.99 | 474.96 |
| JAN 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 152.00 | 5.00 | 498.30 | 315.10 | 813.40 |
| FEB 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 157.00 | 5.00 | 498.30 | 315.10 | 813.40 |
| MAR 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 13.00 | 1,295.58 | 819.26 | 2,114.84 |
| APR 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 3.00 | 298.98 | 189.06 | 488.04 |
| MAY 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 160.00 | 11.00 | 1,096.26 | 693.22 | 1,789.48 |
| JUNE 2021 | SP | | BSP | | DDA III | 14,475.82 | 99.66 | 178.00 | 9.00 | 896.94 | 567.18 | 1,464.12 |
| [redacted] | | | | | DDA III | | 97.320968 | 1,662.00 | 93.00 | 9,060.66 | 5,723.29 | 14,774.14 |
| Grand Total | | | | | | | | 5,678.00 | 1,325.00 | 143,501.16 | 90,742.96 | 234,244.12 |

**Fiscal Year 2020-2021**
**County of Los Angeles**
**Productive Work-Hours**
**Based on Calendar Year 2019 Data**

## Productive Work-Hours (PWH) Determination

| | | |
|---|---|---|
| Total Annual Hours Available | | 2922 |
| Less Paid Absences: | | |
| Average Vacation | 124 | |
| Average Sick Leave | 99 | |
| Average Mega Flex | 19 | |
| Weekends | 835 | |
| Holidays | 96 | |
| Other | 6 | |
| Total Paid Absences | | 1179 |
| Annual Productive Work-Hours | | 1743 |

## Sample PWH Rate Calculation

An employee's productive work-hour rate equals the annual salary divided by 1743 PWH:

$ 50,000 annual salary / 1743 PWH = $ 28.69

**DISTRICT ATTORNEY**
**INDIRECT COST PROPOSAL**
**FISCAL YEAR 2020-21**

| | Executive, Management & Budget | Bureau of Branch & Area Ops. | Bureau of Central Ops. | Bureau of Special Ops. | Bureau of Investigation |
|---|---|---|---|---|---|
| Countywide Overhead | 7.774% | 7.774% | 7.774% | 7.774% | 7.774% |
| Department Overhead | 41.269% | 41.269% | 41.269% | 41.269% | 41.269% |
| Bureau Overhead | NA | 8.237% | 12.327% | 15.280% | 11.297% |
| Total | 49.043% | 57.280% | 61.370% | 64.324% | 60.341% |
| Employee Benefits | 63.235% | 63.235% | 63.235% | 63.235% | 63.235% |

11/12/2020

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On September 10, 2025, I served the:

- **Current Mailing List dated September 9, 2025**
- **Notice of Complete Incorrect Reduction Claim, Schedule for Comments, and Notice of Tentative Hearing Date issued September 10, 2025**
- **Incorrect Reduction Claim (IRC) filed by the County of Los Angeles on July 25, 2025**

  *Child Abduction and Recovery,* 25-4237-I-05
  Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421;
  Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
  Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
  County of Los Angeles, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on September 10, 2025 at Sacramento, California.

Jill Magee

Jill Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 9/9/25

**Claim Number:** 25-4237-I-05

**Matter:** Child Abduction and Recovery

**Claimant:** County of Los Angeles

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Adaoha Agu**, *County of San Diego Auditor & Controller Department*
Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123
Phone: (858) 694-2129
Adaoha.Agu@sdcounty.ca.gov

**Rachelle Anema**, Division Chief, *County of Los Angeles*
Accounting Division, 500 W. Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8321
RANEMA@auditor.lacounty.gov

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**David Bass**, Vice Mayor, *CIty of Rocklin*
3970 Rocklin Road, Rocklin, CA 95677
Phone: (916) 663-8504
David.Bass@rocklin.ca.us

**Ginni Bella Navarre**, Deputy Legislative Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8342
Ginni.Bella@lao.ca.gov

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Rica Mae Cabigas**, Chief Accountant, *Auditor-Controller*
Accounting Division, 500 West Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8309
rcabigas@auditor.lacounty.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Julissa Ceja Cardenas**, *California State Association of Counties*
1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jcejacardenas@counties.org

**Annette Chinn**, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Adam Cripps**, Interim Finance Manager, *Town of Apple Valley*
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: (760) 240-7000
acripps@applevalley.org

**Thomas Deak**, Senior Deputy, *County of San Diego*
Office of County Counsel, 1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-4810
Thomas.Deak@sdcounty.ca.gov

**Tim Flanagan**, Office Coordinator, *Solano County*
Register of Voters, 678 Texas Street, Suite 2600, Fairfield, CA 94533
Phone: (707) 784-3359
Elections@solanocounty.com

**Justin Garrett**, Acting Chief Policy Officer, *California State Association of Counties (CSAC)*
1100 K Street, Ste 101, Sacramento, CA 95814
Phone: (916) 327-7500
jgarrett@counties.org

**Howard Gest**, *Burhenn & Gest,LLP*
**Claimant Representative**

12401 Wilshire Blvd, Suite 200, Los Angeles, CA 90025
Phone: (213) 629-8787
hgest@burhenngest.com

**Juliana Gmur**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
juliana.gmur@csm.ca.gov

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Ken Howell**, Senior Management Auditor, *State Controller's Office*
Audits, Compliance Audits Bureau, 3301 C Street, Suite 725A, Sacramento, CA 95816
Phone: (916) 323-2368
KHowell@sco.ca.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Anne Kato**, Acting Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-9891
akato@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Eric Lawyer**, Legislative Advocate, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 650-8112
elawyer@counties.org

**Kim-Anh Le**, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

**Fernando Lemus**, Principal Accountant - Auditor, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
flemus@auditor.lacounty.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Kenneth Louie**, Chief Counsel , *Department of Finance*
1021 O. Street, Suite 3110, Sacramento, CA 95814
Phone: (916) 322-0971
Kenny.Louie@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Darryl Mar**, Manager, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Tina McKendell**, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
tmckendell@auditor.lacounty.gov

**Marilyn Munoz**, Senior Staff Counsel, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-8918
Marilyn.Munoz@dof.ca.gov

**Michelle Nguyen**, *Department of Finance*
Education Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Michelle.Nguyen@dof.ca.gov

**Andy Nichols**, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Patricia Pacot**, Accountant Auditor I, *County of Colusa*
Office of Auditor-Controller, 546 Jay Street, Suite #202 , Colusa, CA 95932
Phone: (530) 458-0424
ppacot@countyofcolusa.org

**Arthur Palkowitz**, *Law Offices of Arthur M. Palkowitz*
12807 Calle de la Siena, San Diego, CA 92130
Phone: (858) 259-1055
law@artpalk.onmicrosoft.com

**Kirsten Pangilinan**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816

Phone: (916) 322-2446
KPangilinan@sco.ca.gov

**Trevor Power**, Accounting Manager, *City of Newport Beach*
100 Civic Center Drive, Newport Beach , CA 92660
Phone: (949) 644-3085
tpower@newportbeachca.gov

**Jonathan Quan**, Associate Accountant, *County of San Diego*
Projects, Revenue, and Grants Accounting, 5530 Overland Ave, Suite 410, San Diego, CA 92123
Phone: 6198768518
Jonathan.Quan@sdcounty.ca.gov

**Roberta Raper**, Director of Finance, *City of West Sacramento*
1110 West Capitol Ave, West Sacramento, CA 95691
Phone: (916) 617-4509
robertar@cityofwestsacramento.org

**Jessica Sankus**, Senior Legislative Analyst, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jsankus@counties.org

**Cindy Sconce**, Director, *Government Consulting Partners*
5016 Brower Court, Granite Bay, CA 95746
Phone: (916) 276-8807
cindysconcegcp@gmail.com

**Carla Shelton**, Senior Legal Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Paul Steenhausen**, Principal Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, , Sacramento, CA 95814
Phone: (916) 319-8303
Paul.Steenhausen@lao.ca.gov

**Oscar Valdez**, Interim Auditor-Controller, *County of Los Angeles*
**Claimant Contact**
Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012
Phone: (213) 974-0729
ovaldez@auditor.lacounty.gov

**Alejandra Villalobos**, Management Services Manager, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, 4th Floor, San Bernardino, CA 92415
Phone: (909) 382-3191
alejandra.villalobos@sbcountyatc.gov

**Kaily Yap**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Kaily.Yap@dof.ca.gov

**Helmholst Zinser-Watkins**, Associate Governmental Program Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 700,
Sacramento, CA 95816
Phone: (916) 324-7876
HZinser-watkins@sco.ca.gov

**Exhibit B**

Commission on State Mandates
Filed Date
12/09/2025

MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

December 9, 2025

Juliana F. Gmur, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Re: **Incorrect Reduction Claim**
*Custody of Minors - Child Abduction and Recovery,* 25-4237-I-05
Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421;
Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5;
Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-21
County of Los Angeles, Claimant

Dear Ms. Gmur:

The State Controller's Office is transmitting our response to the above-named IRC.

If you have any questions, please contact me by telephone at (916) 327-3138.

Sincerely,

*Lisa Kurokawa*
LISA KUROKAWA, Chief
Compliance Audits Bureau
Division of Audits

# RESPONSE BY THE STATE CONTROLLER'S OFFICE TO THE INCORRECT REDUCTION CLAIM (IRC) BY LOS ANGELES COUNTY

## Custody of Minors - Child Abduction and Recovery Program

## Table of Contents


**Description** **Page**

**State Controller's Office Response to County Comments**

Declaration....Tab 1

State Controller's Office Analysis and Response....Tab 2

Claiming Instructions for fiscal year (FY) 2017-2018, 2018-19, 2019-20....Tab 3

Documentation to support the SCO's audit findings....Tab 4

Gavilan Joint CCD, Integrated Waste Management IRC decision (14-0007-I-04), issued September 22, 2017....Tab 5

City of Lakewood, Municipal Stormwater and Urban Runoff Discharges IRC decision (20-0304-I-07), issued July 26, 2022....Tab 6

Carlsbad USD, The Stull Act IRC decision (14-9825-I-02), issued July 30, 2018....Tab 7


Note: References to Sections and IRC page numbers relate to the county's Incorrect Reduction Claim filed on July 25, 2025, as follows:

- Section 6 – Written Detailed Narrative – Pages IRC0001 to IRC0025 (PDF page 11-35)
- Section 7 – Documentary Evidence and Declarations – Pages IRC0026 to IRC1008 (PDF page 36-1018)
- Section 8 – Claiming Instructions – Pages IRC1009 to IRC1077 (PDF page 1019-1087)
- Section 9 – Final State Audit Report or Other Written Notice of Adjustment – IRC1078 to IRC1119 (PDF page 1088-1129)
- Section 10 – Reimbursement Claims – Pages IRC1120 to IRC1199 (PDF page 1130-1209)

# Tab 1

**OFFICE OF THE STATE CONTROLLER**
3301 C Street, Suite 725
Sacramento, CA 95816
Telephone No.: (916) 327-3138

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

| | |
|---|---|
| INCORRECT REDUCTION CLAIM (IRC) ON:<br><br>*Custody of Minors - Child Abduction and Recovery,*<br><br>Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988<br><br>COUNTY OF LOS ANGELES, Claimant | No.: IRC 25-4237-I-05<br><br>AFFIDAVIT OF BUREAU CHIEF |

I, Lisa Kurokawa, make the following declarations:

1) I am an employee of the State Controller's Office (SCO) and am over the age of 18 years.

2) I am currently employed as a bureau chief, and have been so since February 15, 2018. Before that, I was employed as an audit manager for seven years.

3) I reviewed the work performed by the SCO auditor.

4) Any attached copies of records are true copies of records, as provided by Los Angeles County, or retained at our place of business.

5) The records include claims for reimbursement, along with any attached supporting documentation, explanatory letters, or other documents relating to the above-entitled Incorrect Reduction Claim.

6) A review of the claims filed for fiscal year (FY) 2017-2018, 2018-2019, 2019-2020, and 2020-2021 started on August 5, 2022 **(start letter date - Tab 4, pages 1-3),** and ended on May 2, 2024 **(issuance of the final audit report – Tab 4, pages 4-39).**

I do declare that the above declarations are made under penalty of perjury and are true and correct to the best of my knowledge, and that such knowledge is based on personal observation, information, or belief.

Date: December 9, 2025

OFFICE OF THE STATE CONTROLLER

By: Lisa Kurokawa
Lisa Kurokawa, Chief
Compliance Audits Bureau
Division of Audits
State Controller's Office

# Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE TO THE INCORRECT REDUCTION CLAIM BY LOS ANGELES COUNTY**

**For Fiscal Years (FY) 2017-2018, 2018-2019, 2019-2020, 2020-21**

**Custody of Minors - Child Abduction and Recovery**

**Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988**

## SUMMARY

The following is the State Controller's Office's (SCO) response to the Incorrect Reduction Claim (IRC) that Los Angeles County (County) filed on July 25, 2025, with the Commission on State Mandates (Commission). The SCO performed an audit of the County's claims for costs of the legislatively mandated Custody of Minors - Child Abduction and Recovery Program (CAR) for the period of July 1, 2017, through June 30, 2021. The SCO issued its audit report on May 2, 2024 **(Tab 4, pages 4-39).**

The County submitted reimbursement claims totaling $10,292,232 — $3,136,557 for fiscal year (FY) 2017-2018, $2,703,020 for FY 2018-2019, $2,307,814 for FY 2019-2020, and $2,144,841 for FY 2020-2021 (**Tab 4, pages 40-64).** Subsequently, the SCO performed an audit of these claims and determined that $0 is allowable and $10,292,232 is unallowable primarily because the County did not provide contemporaneous supporting documentation.

The following table summarizes the audit results:

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment |
|---|---|---|---|
| July 1, 2017, through June 30, 2018 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 2,242,310 | $ - | $ (2,242,310) |
| Total direct costs | 2,242,310 | - | (2,242,310) |
| Indirect costs | 894,247 | - | (894,247) |
| Total direct and indirect costs | 3,136,557 | - | (3,136,557) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 3,136,557 | - | $ (3,136,557) |
| Less amount paid by the State[1] | | (3,136,557) | |
| Allowable costs claimed in excess of amount paid | | $ (3,136,557) | |
| July 1, 2018, through June 30, 2019 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 1,959,043 | $ - | $ (1,959,043) |
| Total direct costs | 1,959,043 | - | (1,959,043) |
| Indirect costs | 743,977 | - | (743,977) |
| Total direct and indirect costs | 2,703,020 | - | (2,703,020) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,703,020 | - | $ (2,703,020) |
| Less amount paid by the State[1] | | (2,583,561) | |
| Allowable costs claimed in excess of amount paid | | $ (2,583,561) | |
| July 1, 2019, through June 30, 2020 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 1,678,993 | $ - | $ (1,678,993) |
| Total direct costs | 1,678,993 | - | (1,678,993) |
| Indirect costs | 628,821 | - | (628,821) |
| Total direct and indirect costs | 2,307,814 | - | (2,307,814) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,307,814 | - | $ (2,307,814) |
| Less amount paid by the State[1] | | (2,307,814) | |
| Allowable costs claimed in excess of amount paid | | $ (2,307,814) | |
| July 1, 2020, through June 30, 2021 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 1,556,317 | $ - | $ (1,556,317) |
| Total direct costs | 1,556,317 | - | (1,556,317) |
| Indirect costs | 588,524 | - | (588,524) |
| Total direct and indirect costs | 2,144,841 | - | (2,144,841) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,144,841 | - | $ (2,144,841) |
| Less amount paid by the State[1] | | (2,144,841) | |
| Allowable costs claimed in excess of amount paid | | $ (2,144,841) | |

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment |
|---|---|---|---|
| Summary: July 1, 2017, through June 30, 2021 | | | |
| Direct costs: | | | |
| Salaries and benefits | $ 7,436,663 | $ - | $ (7,436,663) |
| Total direct costs | 7,436,663 | - | (7,436,663) |
| Indirect costs | 2,855,569 | - | (2,855,569) |
| Total direct and indirect costs | 10,292,232 | | (10,292,232) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 10,292,232 | - | $ (10,292,232) |
| Less amount paid by the State[1] | | (10,172,773) | |
| Allowable costs claimed in excess of amount paid | | $ (10,172,773) | |

[1] Payment amount is current as of December 9, 2025.

## I. CUSTODY OF MINORS - CHILD ABDUCTION AND RECOVERY PROGRAM CRITERIA

**Amendment to Parameters and Guidelines (Ps and Gs) – October 30, 2009 (Tab 4, pages 65-73).**

(Language for Section I and II is taken directly from the Amendment to the Ps and Gs, dated October 30, 2009)

I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160, and 5169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5

which eliminated the distinction between cases with and cases without a preexisting child custody order.

II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

The Ps and Gs establish the state mandate and define the reimbursement criteria. The Board of Control adopted the Ps and Gs on January 21, 1981, and first amended the Ps and Gs July 19, 1984. The Ps and Gs for this program were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues claiming instructions for mandated programs to assist local agencies in claiming reimbursable costs.

**SCO Claiming Instructions**

In accordance with Government Code sections 17560 and 17561, eligible claimants may submit claims to the SCO for reimbursement of costs incurred for state-mandated programs. The SCO annually issues mandated cost claiming instructions, which contain filing instructions for mandated cost programs.

We included the claiming instruction extant at the time the county filed its FY 2017-2018, 2018-2019, 2019-2020, and 2020-2021 mandated cost claims as part of our IRC response **(Tab 3, pages 1-53). (**For the FY 2020-2021 claim, we confirmed that the SCO did not issue revised claiming instructions for that year. Therefore, we included the three years relevant during the audit period for this engagement).

## II. BACKGROUND OF IRC

The final audit report for the county's CAR program was issued on May 2, 2024. An IRC was filed and received on July 25, 2025, with the Commission. On September 10, 2025, the Commission filed a "Notice of Complete Incorrect Reduction Claim, Schedule for Comments, and Notice of Tentative Hearing Date."

In the IRC, the county disagreed with the SCO's determination that the county did not comply with the program' Ps and Gs when claiming reimbursable costs. The final audit report consists of one finding.

For the finding (Unsupported salaries, benefits, and related indirect costs), the county claimed $7,436,663 in salaries and benefits for the audit period. We determined that $0 is allowable and $7,436,663 is unallowable. The related unallowable indirect costs total $2,855,569, for total unallowable costs of $10,292,232. The costs are primarily unallowable because the county did

not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.
The following response to the county's IRC will address the factual basis for the conclusions reached related to the finding. We will draw from the county's own documentation provided during the audit, contemporaneous emails between the county and SCO auditors, and prior IRC decisions that directly relate to the documentation requirements of this mandated cost program.

## III. SCO'S RESPONSE TO THE COUNTY'S IRC

(In an effort to eliminate redundancy, we will not cut and paste the county's entire IRC response. Rather, we will address relevant sections, as appropriate.)

**THE AUDIT FOR FISCAL YEAR 2017-2018 SHOULD BE WITHDRAWN AS UNTIMELY (Section 6, County IRC, PDF pages 21-22)**

The county's IRC asserts that the SCO's audit of the FY 2017-18 claim was untimely and should be withdrawn. We disagree.

The county filed the FY 2017-18 reimbursement claim on February 1, 2019 **(Tab 4, page 45)**. However, payment was not made at that time. The initial payment for the FY 2017-18 claim was made on August 15, 2019 **(Tab 4, page 74)**. Government Codes section 17558.5(a) tolls the time to initiate the audit of a claim "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed," to three years from the date of initial payment on the claim. Therefore, the SCO had until August 15, 2022, to initiate the audit of the FY 2017-18 claim. SCO contacted the county on July 26, 2022, **(Tab 4, page 78)** to initiate the audit and the engagement start letter was dated August 5, 2022 **(Tab 4, pages 1-3)**, and we sent a PDF copy of the letter to the County by email on the same day **(Tab 4, page 79)**. Therefore, the audit of FY 2017-18 claim was initiated in a timely manner. The three-year statutory limit had not expired.

On September 26, 2017, the Commission adopted an IRC decision for Gavilan Joint Community College District's Integrated Waste Management Program. In that decision, the Commission addressed the claimant's argument that the SCO untimely initiated the audit, **(Tab 5, page 26):**

> As indicated above, Government Codes section 17558.5(a) tolls the time to initiate the audit of a claim "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed," to three years from the date of initial payment on the claim. Therefore, using the earlier of the two dates showing payment on the 2000-2001 reimbursement claim on January 18, 2011, the Controller had until January 18, 2014 to initiate the audit of the 2000-2001 claim.

**THE COUNTY'S CLAIMS WERE SUPPORTED BY SOURCE DOCUMENTS THAT SHOWED THE VALIDITY OF THE CLAIMED COSTS IN ACCORDANCE WITH THE PARAMETERS AND GUIDELINES (Section 6, County IRC, PDF page 22)**

The county's IRC asserts that the time records are source documents consistent with the requirements of the Ps and Gs.

The county provided monthly time studies for Bureau of Investigations and Bureau of Prosecution employees. The employees' hours were charged to the following items:

(1) FC sections 3130 through 3133;
(2) FC sections 3408(c) and 3408(d);
(3) FC sections 3411(a) and 3421(c); and
(4) PC sections 277, 278, and 278.5.

During our review, we examined the county's time study/time sheet instructions. They specifically state:

**Section 3130–3133**
Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category. . . .

**Section 277, 278, 278.5**
Activities performed under item (4) in the return of an illegally concealed child or minor to its legal custodian should be indicated in this category.

The time studies also included the following instructions for "Non-claimable" activities:

**Section 277, 278, 278.5 – Non-Claimable (8)**
All non-claimable custody of minors activities should be indicated in this category.

**Other – Non-Claimable Activity Item Number (9)**
Please explain any entries in this category.

The time study/time sheet instructions list the Penal Code and Family Code section and "Activity performed" or "Activities performed." Descriptions of the mandated activities, as listed in section IV of the Ps and Gs, are not provided. Simply "referring to the Family and Penal code sections" does not equate to describing the mandated activities set forth in the Ps and Gs.

The county's IRC states **(Section 6, County IRC, PDF page 23):**

Each time sheet contained instructions as to how the time sheet was to be completed and distinguished between mandated activities. Obtaining compliance with court orders relating to custody orders was included on the time sheet under the Family Code §§ 3130-3133 category. The return of an illegally concealed child or minor to its legal custodian was included under the Penal Code §§ 277, 278, and 278.5 category. *See e.g.* Alarcon Dec., Ex. 1 p. 2). These instructions buttressed the validity and accuracy of the time sheets, making sure the time was allocated correctly between mandated and non-mandated activities. The allocation between Family and Penal Code tasks reflected the work's relationship to the reimbursable activities, *i.e.,* obtaining compliance with custody orders or return of illegally concealed children.

The county claims they performed mandated activities including "Obtaining compliance with court orders relating to custody orders" and "The return of an illegally concealed child or minor to its legal custodian." However, the county's fiscal year claim forms contradict this assertion as the county claimed only reimbursable activity 1 "Compliance with Court Orders" on the county's claim forms **(Tab 4, pages 46, 51, 56, 61).**

**THE CONTROLLER'S OFFICE IMPOSED A REQUIREMENT NOT SET FORTH IN THE PARAMETERS AND GUIDELINES (Section 6, County IRC, PDF page 26)**

The county's IRC states:

> The Controller's Office's complaint is not that the time sheets did not describe the mandated activities, when they were incurred, or their relationship to the reimbursable activities. The Controller's Office concedes this fact. Audit Report, p. 15 ("The time study/time sheet instructions list the Penal Code and Family Code section and 'Activity performed' or "Activities performed.'")

This is incorrectly taken out of context. We, in fact, stated that the time sheets did not describe the mandated activities, when they were incurred, or their relationship to the reimbursable activities. The county's time study instructions state "Activity performed" or "Activities performed". Nowhere else on the form does it list what the "activity" or "activities" are but instead reference a series of family and penal code sections. This does not comply with the requirements of the Ps and Gs.

Section VII. A., "Direct Costs" of the Ps and Gs states, in part **(Tab 4, page 70)**:

> **Claimed costs shall be supported by the following cost element information** [emphasis added]:
>
> 1. Salary and Employees' Benefits
>
> > Identify the employee(s), show the classification of the employee(s) involved, **describe the mandated functions performed and specify the actual number of hours devoted to each function**, [emphasis added] the productive hourly rate, and the related benefits.

The county's IRC asserts **(Section 6, County IRC, PDF page 26)** that "… the Controller's Office's complaint appears to be that the time sheets did not break the reflected activities into subcategories of those activities…**(**Audit Report, p. 15)."

We disagree. The SCO never instructed the county how to complete their time sheets. The referenced page of the audit report shows no evidence that the SCO instructed the county to break the mandated activities into subcategories. The SCO's conclusion comes directly from the language of the Ps and Gs, which require that supporting documentation for salaries and employees' benefits must "describe the mandated functions performed and specify the actual number of hours devoted to each function."

The county believes that referring to family and penal code sections complies with the Ps and Gs requirement for documentation to "describe the mandated functions performed and specify the actual number of hours devoted to each function." A reference is not a description.

**THE CONTROLLER'S OFFICE'S NEW REQUIREMENT FOR A BREAKDOWN OF REIMBURSABLE ACTIVITIES INTO SUB-ACTIVITIES CONSTITUTES AN UNLAWFUL UNDERGROUND REGULATION AND ITS IMPOSITION WAS A VIOLATION OF DUE PROCESS (Section 6, County IRC, PDF page 27)**

The county's IRC asserts:

> The time records at issue here have been used and accepted by the Controller's Office without objection since 1994, the date of their last revision (See Alarcon Dec., ¶ 9 and Ex. 1; *see also* Anema

> Dec., ¶ 6). Prior to the audit, the Controller's Office never advised the County that its time records were insufficient. Instead, each year the County submitted claims and each year the claims were paid. *See e.g.,* Section II.E, above; Anema Dec., ¶ 6.

This is the first audit conducted by our office of Los Angeles County's CAR Program mandated cost claims under the amended Ps and Gs, issued October 30, 2009. Payment of claims is not an acceptance that the time records are sufficient.

The county's IRC continues to assert **(Section 6, County IRC, PDF page 28)** "Here, the Controller Office's new policy of requiring time sheets to include subcategories of the mandated activities meets the requirements of an underground regulation."

As stated previously, the SCO has no "policy" of requiring time sheets to include subcategories and the county has produced no evidence in the record to substantiate this claim. The SCO has consistently applied the Ps and Gs as the basis for its conclusion. The SCO determined that the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function. No where was it stated that this was due to the lack of "subcategories".

The county's IRC references a decision adopted by the Commission on July 22, 2022, for City of Lakewood's IRC for the Municipal Stormwater and Urban Runoff Discharges Program **(Section 6, County IRC, PDF page 31)**, stating:

> The Commission first found that under the reasonable reimbursement methodology being used in this case, the contemporaneous source document requirement was not applicable. *Id.* at 27. The Commission then further found that, even assuming that the Parameters and Guidelines could be interpreted to require contemporaneous source documentation, applying such a requirement retroactively, before the Parameters and Guidelines were adopted, would violate due process. Id. 27. This Commission noted that *"due process requires reasonable notice of any substantive change affecting the substantive rights and liabilities of the parties,"* *Id.* at 28 (emphasis added), citing *In Re Cindy B.* (1987) 192 Cal.App.3d 771, 783-784. The Commission found that "a change is substantive if it imposes new, additional or different liabilities on past conduct." *Id.* at 28, citing *City of Modesto v. National Med., Inc.* (2005) 128 Cal.App.4th 518, 527.

In the referenced City of Lakewood's IRC, the county fails to consider the audit period and when the Ps and Gs were adopted. In the case of the City of Lakewood's IRC for the Municipal Stormwater and Urban Runoff Discharges Program, the Commission determined **(Tab 6, page 31):**

> Here, the claimant was not on notice of a contemporaneous source document requirement when the costs were incurred in fiscal years 2002-2003 through 2010-2011 because the Parameters and Guidelines were not adopted until March 2011. Thus, requiring the claimant to provide contemporaneous source documentation for costs incurred during the fiscal years preceding adoption of the Parameters and Guidelines (fiscal years 2002-2003 through 2010-2011) would violate due process and be incorrect as a matter of law.

As noted in the final audit report for Los Angeles County CAR program, the SCO audited claims filed under the amended Ps and Gs, adopted October 30, 2009. These Ps and Gs became effective beginning with claims for FY 2005-06. Claims applicable to this audit engagement were filed between July 1, 2017, and June 30, 2021, well after the adoption of the amended Ps and Gs which included the contemporaneous source documentation language.

The county's IRC continues to reference the City of Lakewood's IRC and asserts **(Section 6, County IRC, PDF page 31)**,

> That is the case here. As set forth in Section II.E. above, the County had consistently submitted claims for reimbursement and had been consistently reimbursed for these costs for over 15 years prior to the audit period. The claimed amounts and reimbursements were all based on the same documentation that was submitted for the audit period. At no time was the County ever advised that the documentation was insufficient.

We disagree. Page 1 of "Program No. 13" of the SCO's Mandated Cost Manual states: "On October 30, 2009, CSM approved amendments to the Ps & Gs to clarify source documentation requirements." **(Tab 3, page 3)** The SCO's updated Mandated Cost Manual is also provided annually to all claimants. Furthermore, the Commission issued a "Notice of Draft Staff Analysis, Comment Period and Hearing Date" to all state agencies and interested parties on September 23, 2009 **(Tab 4, page 80)**. This notification was to allow any interested parties to comment regarding the proposed changes to the program's Ps and Gs.

Claimants are responsible for reviewing all relevant material, including any changes to the program's Ps and Gs, before any claim is submitted for reimbursement. Claimants are also responsible for adhering to the requirements of the program's Ps and Gs when submitting their claims.

**WHEN THERE IS NO DISPUTE THAT MANDATED SERVICES WERE RENDERED, IT IS ARBITRARY AND CAPRICIOUS FOR THE CONTROLLER'S OFFICE TO FIND THAT THE COUNTY IS ENTITLED TO $0.00 REIMBURSEMENT. IF INADEQUATE SOURCE DOCUMENTS WERE SUBMITTED (WHICH THE COUNTY DISPUTES), THEN REIMBURSEMENT SHOULD BE PROVIDED BASED ON A REASONABLE ESTIMATE OF THE COSTS OF THE SERVICES RENDERED (Section 6, County IRC, PDF page 32-33).**

The county's IRC asserts:

> Nevertheless, even if the County's time sheets were not in compliance with the Parameters and Guidelines, it was arbitrary and capricious for the Controller's Office to find that the County was entitled to zero reimbursement, as there was no dispute that mandated services had been rendered. If the County's time sheets were not adequate source documents, then reimbursement should have been provided based on a reasonable estimate of the costs of services rendered.

Our research found that the Commission has previously ruled on similar topics expressed in this IRC. On July 30, 2018, the Commission adopted a decision for Carlsbad Unified School District's IRC for The Stull Act Program. In that decision, the Commission addressed the Controller's ability to reduce claims to zero if the claimant fails to comply with the Ps and Gs, and the claimant's burden of providing contemporaneous supporting documentation **(Tab 7, page 17):**

> The claimant's original reimbursement claim documentation is comprised of forms and schedules containing administrators' assertions of estimated staff time spent on the mandate, which were then compiled to produce average times to perform the mandated activities, and translated into costs. The Controller rejected the claimant's initial claimed costs for fiscal years 2005-2006 through 2008-2009 "because they were based on average time increments supported with time records that were not completed contemporaneously." This amounts to a finding that the claim did not comply with the contemporaneous source document rule, and did not claim actual costs, as required by the Parameters and Guidelines. There is no assertion or evidence in the record rebutting that finding. Pursuant to

> Government Code section 17564, reimbursement claims filed with the Controller shall be filed in the manner prescribed in the Parameters and Guidelines, and the Parameters and Guidelines, as a quasi-judicial decision of the Commission, are final and binding. The claimant failed to comply with the Parameters and Guidelines, and therefore the Controller could have reduced the entire claim to zero. Any such reduction would have been correct as a matter of law.

The decision continues **(Tab 7, page 22):**

> Finally, it is the claimant's burden to establish actual costs, using "source documents that show the validity of such costs, when they were incurred and *their relationship to the reimbursable activities."* The claimant argues that the Controller's reduction of costs is incorrect or arbitrary or capricious and frames the issues in terms of the Controller's failure to state a reason for the reduction. The claimant, however, ignores its duty to establish the relationship to the reimbursable activities.

The county continues to reference a decision adopted by the Commission on September 23, 2016 for Oceanside Unified School District's IRC for The Stull Act Program **(Section 6, County IRC, PDF page 33)**, stating:

> The Commission found that Oceanside should be reimbursed the $35,967. *Id.* at 2. Of significance here is that the Commission held that, where there is no dispute that mandated activities occurred, it was arbitrary and capricious to reduce reimbursement to $0. *Id.* at 19-20. The Commission held, "the Controller's reduction of costs to $0 is arbitrary, capricious or entirely lacking in evidentiary support." *Id.* at 24.

The referenced IRC decision includes part of an audit period from fiscal years 1997-1998 through 2004-2005. Because the Ps and Gs were adopted in 2005, the claimant was not put on notice of the contemporaneous source documentation language and therefore was unable to provide the contemporaneous source documentation prior to 2005. This is not the case here for the audit in dispute for fiscal years 2017-18 through 2020-21. The county was on notice for eight years after the contemporaneous source documentation language was incorporated into the child abduction and recovery program Ps and Gs on October 30, 2009. Also, at the time of the adoption of the Ps and Gs, the county had an opportunity to comment on the requirement (which was originally proposed by the test claimant) before the Ps and Gs were adopted on consent.

**ALTHOUGH THE COUNTY DOES NOT CONCEDE THAT ITS AUDIT PERIOD SOURCE DOCUMENTATION WAS INADEQUATE, THE COUNTY HAS ALSO PROVIDED AN ALTERNATIVE MEANS TO DETERMINE THE REASONABLE COSTS INCURRED (Section 6, County IRC, PDF page 32-33)**

The county's IRC suggests an alternative method to determine reimbursement should the Commission find that the SCO's reduction of claimed costs is correct as a matter of law. The Ps and Gs do not allow for an alternative means to determine the reasonable costs incurred. If the county wishes to provide an alternative means to determine the reimbursable costs for this mandated reimbursement program, we suggest submitting a request to amend the Ps and Gs with the Commission.

**The Commission Can Use This Post-Audit Period Data to Find the Reimbursement to Which the County is Entitled**

The county's IRC **(Section 6, County IRC, PDF page 34)** references a decision adopted by the Commission on March 25, 2016, for Santa Clara County's IRC for the Child Abduction

and Recovery Program. LA County concludes that "The Commission has found that it is appropriate to use post audit-period data such as the County has submitted here to find the reimbursement to which a claimant is entitled." We disagree.

The fiscal years in question for the Santa Clara County Child Abduction and Recovery Program consolidated IRC were 1999-2000 through 2001-2002 and 2003-04. These years fall under the prior set of Ps and Gs adopted by the Commission on August 26, 1999. The 1999 amendment to the Ps and Gs does not contain the contemporaneous source documentation language. As of October 30, 2009, the Ps and Gs state that:

> "…only actual costs must be claimed…actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities…a source document is a document created at or near the same time the actual cost was incurred for the event or activity in question… **(Tab 4, page 67)**

Attempting to use post-audit-period data to support claimed costs would be completely contradictory to the clearly expressed documentation requirements in the Ps and Gs.

## IV. CONCLUSION

The SCO audited the county's claims for costs of the legislatively mandated CAR Program (Chapter 1399, Statutes of 1976; Chapter 162, Statutes of 1992; and Chapter 988, Statutes of 1996) for the period of July 1, 2017, through June 30, 2021. The county claimed $10,292,232 for costs of the mandated program. Our audit found that $0 is allowable and $10,292,232 is unallowable primarily because the county did not provide contemporaneous supporting documentation.

The Commission should find that (1) the SCO correctly reduced the county's FY 2017-2018 claim by $3,136,557; (2) the SCO correctly reduced the county's FY 2018-19 claim by $2,703,020; (3) the SCO correctly reduced the county's FY 2019-2020 claim by $2,307,814; and (4) the SCO correctly reduced the county's FY 2020-21 claim by $2,144,841.

## V. CERTIFICATION

I hereby certify by my signature below that the statements made in this document are true and correct of my own knowledge, or, as to all other matters, I believe them to be true and correct based upon information and belief.

Executed on December 9, 2025, at Sacramento, California, by:

Lisa Kurokawa

Lisa Kurokawa, Chief
Compliance Audits Bureau
Division of Audits
State Controller's Office

# Tab 3

State of California

# Mandated Cost Manual For Local Agencies

September 1, 2018

BETTY T. YEE

California State Controller's Office

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-32

Custody of Minors-Child Abduction and Recovery – Program No. 13

Revised September 1, 2018

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

**Exception**

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

**Eligible Claimants**

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

**Reimbursement Claim Deadline**

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: October 30, 2009
Amended: August 26, 1999
Amended: July 25, 1987
Amended: July 19, 1984
Adopted: January 21, 1981

# AMENDMENT TO PARAMETERS AND GUIDELINES

Family Code Sections 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare And Institutions Code Section 11478.5

Chapter 1399, Statutes of 1976
Chapter 162, Statutes of 1992
Chapter 988, Statutes of 1996

*Custody of Minors-Child Abduction and Recovery*

05-PGA-26 (CSM 4237)

State Controller's Office, Claimant

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160, and 5169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.

## II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

## III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate is eligible to claim reimbursement of those costs.

## IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30$^{th}$ following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561 (d) (3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

V. REIMBURSABLE COSTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in

Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, all direct and indirect costs of labor, materials and supplies, training and travel for the following activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

   a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care

may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs

of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

VII. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section V of this document.

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with

the claim.

3. Materials and Supplies

Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications, may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through

a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

1. Reimbursements

   On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

   In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

   Any amount received by a county and forwarded directly to the state, must be reported on the cost summary form, but will not reduce the amount of the claim.

2. Mileage and Travel

   Local entities will be reimbursed according to the rules of the local jurisdiction.

VIII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter1 is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

---

1 This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from the claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained therein.

**State Controller's Office** | **Mandated Cost Manual for Local Agencies**

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | | (22) FORM 1, (04) 1. (f) | |
| County of Location | | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | | Suite | | (24) FORM 1, (04) 3. (f) | |
| City | State | Zip Code | | (25) FORM 1, (04) 4. (f) | |
| | | | **Type of Claim** | (26) FORM 1, (06) | |
| | (03) | | (09) Reimbursement ☐ | (27) FORM 1, (07) | |
| | (04) | | (10) Combined ☐ | (28) FORM 1, (09) | |
| | (05) | | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | | (12) | (30) | |
| **Total Claimed Amount** | (07) | | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | | (15) | (33) | |
| **Net Claimed Amount** | | | (16) | (34) | |
| **Due from State** | (08) | | (17) | (35) | |
| **Due to State** | | | (18) | (36) | |

**(37) CERTIFICATION OF CLAIM**

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

**Form FAM-27 (Revised 9/18)**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1. (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | | | | | | |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | | | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/18**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any revenue received by the claimant for this mandate from any state or federal source.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

**Revised 9/18**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Compliance with Court Orders

☐ 2. Court Costs for Out-of-Jurisdiction Cases

☐ 3. Secure Appearance of Offender

☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

Revised 9/18

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for the State Controller's Office (SCO) to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-32

Custody of Minors-Child Abduction and Recovery – Program No. 13

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

**Exception**

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

**Eligible Claimants**

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

**Reimbursement Claim Deadline**

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: October 30, 2009
Amended: August 26, 1999
Amended: July 25, 1987
Amended: July 19, 1984
Adopted: January 21, 1981

# AMENDMENT TO PARAMETERS AND GUIDELINES

Family Code Sections 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare And Institutions Code Section 11478.5

Chapter 1399, Statutes of 1976
Chapter 162, Statutes of 1992
Chapter 988, Statutes of 1996

*Custody of Minors-Child Abduction and Recovery*

05-PGA-26 (CSM 4237)

State Controller's Office, Claimant

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160, and 5169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.

II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate is eligible to claim reimbursement of those costs.

IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30$^{th}$ following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561 (d) (3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

V. REIMBURSABLE COSTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in

Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, all direct and indirect costs of labor, materials and supplies, training and travel for the following activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

   a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care

may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs

of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

VII. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section V of this document.

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with

the claim.

3. Materials and Supplies

Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications, may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through

a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

1. Reimbursements

   On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

   In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

   Any amount received by a county and forwarded directly to the state, must be reported on the cost summary form, but will not reduce the amount of the claim.

2. Mileage and Travel

   Local entities will be reimbursed according to the rules of the local jurisdiction.

VIII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter1 is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

---

1 This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from the claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained therein.

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | Reimbursement Claim Data | |
| (02) Claimant Name | | | (22) FORM 1, (04) 1. (f) | |
| County of Location | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) 3. (f) | |
| City | State | Zip Code | (25) FORM 1, (04) 4. (f) | |
| | | Type of Claim | (26) FORM 1, (06) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (07) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (09) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

**Form FAM-27 (Revised 9/19)**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1. (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | | | | | | |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

**Revised 9/19**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- ☐ 1. Compliance with Court Orders
- ☐ 2. Court Costs for Out-of-Jurisdiction Cases
- ☐ 3. Secure Appearance of Offender
- ☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

**Revised 9/19**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller
State-Mandated Costs Claiming Instructions No. 2012-32
Custody of Minors-Child Abduction and Recovery – Program No. 13
Revised September 1, 2020

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The Ps & Gs are an integral part of the claiming instructions and are located on the CSM's website.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: “I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct,” and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO’s claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to

audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website.

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email, by telephone at (916) 324-5729, or by writing to the address above.

| CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT FORM | For State Controller Use Only<br>(19) Program Number 00013<br>(20) Date Filed<br>(21) LRS Input | Program<br>013 |
|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | Reimbursement Claim Data | | |
| (02) Claimant Name | | (22) | FORM 1, (04) 1. (f) | |
| County of Location | | (23) | FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box and Suite | | (24) | FORM 1, (04) 3. (f) | |
| City, State, and Zip Code | | (25) | FORM 1, (04) 4. (f) | |
| (03) | Type of Claim | (26) | FORM 1, (06) | |
| (04) | (09) Reimbursement | (27) | FORM 1, (07) | |
| (05) | (10) Combined | (28) | FORM 1, (09) | |
| (06) | (11) Amended | (29) | FORM 1, (10) | |
| (07) | (12) Fiscal Year of Cost | (30) | | |
| (08) | (13) Total Claimed Amount | (31) | | |
| (14) Less: 10% Late Penalty | | (32) | | |
| (15) Less: Prior Claim Payment Received | | (33) | | |
| (16) Net Claimed Amount | | (34) | | |
| (17) Due from State | | (35) | | |
| (18) Due to State | | (36) | | |

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | |
|---|---|---|
| Signature of Authorized Officer | Date Signed | |
| | Telephone Number | |
| Type or Print Name and Title of Authorized Signatory | Email Address | |

| | | |
|---|---|---|
| (38) Name of Agency Contact Person for Claim | Telephone Number | |
| | Email Address | |
| Name of Consulting Firm/Claim Preparer | Telephone Number | |
| | Email Address | |

Revised 9/2020

| Program 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT INSTRUCTIONS | **FORM FAM-27** |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or as specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the result from the following penalty calculation formula:

- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

| Program 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT INSTRUCTIONS (CONTINUED) | **FORM FAM-27** |
|---|---|---|

(22) to (29) Bring forward the cost information as specified in the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04). (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the process.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, and include their typed or print name, title, telephone number, and email address. Claims cannot be paid unless accompanied by an original signed certification. (Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | | | | | | |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | | | | | | |

| | | |
|---|---|---|
| **Indirect Costs** | | |
| | | |
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) minus {line (09) + line (10)}] | |

**Revised 9/2020**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

**Revised 9/2020**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Compliance with Court Orders
☐ 2. Court Costs for Out-of-Jurisdiction Cases
☐ 3. Secure Appearance of Offender
☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

**Revised 9/2020**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.

| Object Accounts | Columns | | | | | | | | Submit Supporting Documents with the Claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Job Classification | Hourly Rate | Hours Worked | Salaries equals Hourly Rate times Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits equals Benefit Rate times Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Costs equals Unit Cost times Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Costs equals Hourly Rate times Hours Worked or Total Contract | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel Costs equals Rate times Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

# Tab 4

# BETTY T. YEE
## California State Controller

August 5, 2022

Arlene Barrera, Auditor-Controller
Los Angeles County
500 West Temple Street
Los Angeles, CA 90012

Re: Audit of Mandated Cost Claims for the Custody of Minors—Child Abduction and Recovery Program for the Period of July 1, 2017, through June 30, 2021

Dear Ms. Barrera:

This letter constitutes the initiation of an audit by the State Controller's Office of Los Angeles County's legislatively mandated Custody of Minors – Child Abduction and Recovery Program cost claims filed for fiscal year (FY) 2017-18 through FY 2020-21. The amount claimed for the audit period totals $10,292,392. The objective of our audit is to determine whether costs claimed represent increased costs as a result of the mandated program. To that end, we will assess whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

Alexandra Bonezzi, of our office, contacted the county on July 26, 2022, to schedule an entrance conference for Tuesday, August 16, 2022, at 9:00 a.m. The audit will be conducted in accordance with generally accepted government auditing standards. Government Code sections 12410, 17558.5, and 17561 provide the authority for this audit. We will begin audit fieldwork after the entrance conference.

Please furnish working accommodations for staff. Attached is a list of documents that we will need to begin the audit. We request that this information be made available at the time of the entrance conference. We will request additional documentation throughout the audit process, if necessary.

Lisa Kurokawa is the Bureau Chief with overall responsibility for the audit. Kimberly Tarvin, CPA, is the Division Chief, and is responsible for final review and signing the audit report.

P.O. Box 942850, Sacramento, CA 94250 ♦ (916) 445-2636
3301 C Street, Suite 700, Sacramento, CA 95816 ♦ (916) 324-8907
901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754 ♦ (323) 981-6802

If you have any questions, please contact me by telephone at (916) 323-2368, or email at khowell@sco.ca.gov.

Sincerely,

*Original signed by*

KEN HOWELL, Audit Manager
Compliance Audits Bureau
Division of Audits

KH/ac

*21205*

Attachment

cc: Fernando Lemus, Principal Accountant-Auditor
Los Angeles County
Holly Mitchell, Chair
Los Angeles County Board of Supervisors
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Steven Pavlov, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Lisa Kurokawa, Bureau Chief
Division of Audits
State Controller's Office
Alexandra Bonezzi, Auditor-in-Charge
Division of Audits
State Controller's Office

**Attachment—**
**Records Request for Mandated Cost Program**
**FY 2017-18 through 2020-21**

---

1. Copies of claims filed for the Custody of Minors – Child Abduction and Recovery Program for FY 2017-18, FY 2018-19, FY 2019-20 and FY 2020-21
2. Copies of external and internal audit reports performed on the mandated cost program.
3. Organization charts for the county effective during the audit period, showing employee names and position titles.
4. Chart of accounts
5. Documentation that supports the productive hourly rate used, including support for benefit rates.
6. Employee timesheets or time logs that support claimed hours.
7. Access to payroll records showing employee salaries and benefits paid during the audit.
8. Access to general ledger accounts that support disbursements.
9. Documentation that supports amounts received from other funding sources.
10. Documentation that supports the indirect cost rate proposal.
11. List of child abduction cases for each fiscal year.
12. Access to case files.

# LOS ANGELES COUNTY

Audit Report

## CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM

Chapter 1399, Statutes of 1976;
Chapter 162, Statutes of 1992;
and Chapter 988, Statutes of 1996

*July 1, 2017, through June 30, 2021*

MALIA M. COHEN
California State Controller

May 2024

MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

May 2, 2024

CERTIFIED U.S. MAIL—RETURN RECEIPT REQUESTED

Oscar Valdez, Auditor-Controller
Los Angeles County
500 West Temple Street, Suite 525
Los Angeles, CA 90012

Dear Mr. Valdez:

The State Controller's Office audited the costs claimed by Los Angeles County for the legislatively mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2017, through June 30, 2021.

The county claimed $10,292,232 for costs of the mandated program. Our audit found that none of the claimed costs are allowable, primarily because the county did not provide contemporaneous supporting documentation. The State paid the county $10,172,773.

Following issuance of this audit report, the Local Government Programs and Services Division of the State Controller's Office will notify the county of the adjustment to its claims by a system-generated letter for each fiscal year in the audit period.

This final audit report contains an adjustment to costs claimed by the county. If you disagree with the audit finding, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (Commission). Pursuant to the Commission's regulations, outlined in Title 2, California Code of Regulations, section 1185.1, subdivision (c), an IRC challenging this adjustment must be filed with the Commission no later than three years following the date of this report, regardless of whether this report is subsequently supplemented, superseded, or otherwise amended. IRC information is available on the Commission's website at www.csm.ca.gov/forms/IRCForm.pdf.

If you have any questions regarding this report, please contact Lisa Kurokawa, Chief, Compliance Audits Bureau, by telephone at (916) 327-3138.

Sincerely,

*Original signed by*

Kimberly A. Tarvin, CPA
Chief, Division of Audits

KAT/ac

Attachment

Copy: Rachelle Anema, Chief
Accounting Division
Los Angeles County Auditor-Controller's Office
Fernando Lemus, Principal Accountant-Auditor
Accounting Division
Los Angeles County Auditor-Controller's Office
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Ted Doan, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursements Section
State Controller's Office
Everett Luc, Manager
Local Reimbursements Section
State Controller's Office

# Contents

**Audit Report**

**Summary** ..... 1

**Background** ..... 1

**Audit Authority** ..... 2

**Objective, Scope, and Methodology** ..... 2

**Conclusion** ..... 3

**Follow-up on Prior Audit Findings** ..... 3

**Views of Responsible Officials** ..... 3

**Restricted Use** ..... 3

**Schedule—Summary of Program Costs** ..... 4

**Finding and Recommendation** ..... 6

**Attachment—County's Response to Draft Audit Report**

# Audit Report

## Summary

The State Controller's Office (SCO) audited the costs claimed by Los Angeles County for the legislatively mandated Custody of Minors – Child Abduction and Recovery (CAR) Program for the period of July 1, 2017, through June 30, 2021.

The county claimed $10,292,232 for costs of the mandated program. Our audit found that none of the claimed costs are allowable, primarily because the county did not provide contemporaneous supporting documentation. The State paid the county $10,172,773.

## Background

Chapter 1399, Statutes of 1976, established the mandated CAR Program, based on the following laws:

- Civil Code section 4600.1 (repealed and added as Family Code [FC] sections 3060 through 3064 by Chapter 162, Statutes of 1992);
- Penal Code (PC) sections 278 and 278.5 (repealed and added as PC sections 277, 278, and 278.5 by Chapter 988, Statutes of 1996); and
- Welfare and Institutions Code section 11478.5 (repealed and added as FC section 17506 by Chapter 478, Statutes of 1999; last amended by Chapter 759, Statutes of 2002).

These laws require the District Attorney's Office to assist persons having legal custody of a child in:

- Locating their children when they are unlawfully taken away;
- Gaining enforcement of custody and visitation decrees and orders to appear;
- Defraying expenses related to the return of an illegally detained, abducted, or concealed child;
- Civil court action proceedings; and
- Guaranteeing the appearance of offenders and minors in court actions.

On September 19, 1979, the State Board of Control (now the Commission on State Mandates [Commission]) determined that this legislation imposed a state mandate reimbursable under Government Code (GC) section 17561.

The parameters and guidelines establish the state mandate and define reimbursement criteria. The Commission adopted the parameters and guidelines on January 21, 1981; they were last amended on October 30, 2009. In compliance with GC section 17558, the SCO issues the *Mandated Cost Manual for Local Agencies* (*Mandated Cost Manual*) for mandated programs to assist local agencies in claiming reimbursable costs.

## Audit Authority

We conducted this performance audit in accordance with GC sections 17558.5 and 17561, which authorize the SCO to audit the county's records to verify the actual amount of the mandated costs. In addition, GC section 12410 provides the SCO with general audit authority to audit the disbursement of state money for correctness, legality, and sufficient provisions of law for payment.

## Objective, Scope, and Methodology

The objective of our audit was to determine whether claimed costs represent increased costs resulting from the legislatively mandated CAR Program. Specifically, we conducted this audit to determine whether claimed costs were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

Unreasonable and/or excessive costs include ineligible costs that are not identified in the program's parameters and guidelines as reimbursable costs.

The audit period was July 1, 2017, through June 30, 2021.

To achieve our objective, we performed the following procedures:

- We reviewed the annual mandated cost claims filed by the county for the audit period and identified the significant cost components of each claim as salaries and benefits, and indirect costs. We then determined whether there were any errors or unusual or unexpected variances from year to year. We reviewed the claimed activities to determine whether they adhered to the SCO's *Mandated Cost Manual* and the program's parameters and guidelines.
- We completed an internal control questionnaire by interviewing key county staff members. We discussed the claim preparation process with county staff members to determine what information was obtained, who obtained it, and how it was used.
- We reviewed time records, which the county called *time studies*, provided by the county for the audit period. We also reviewed payroll records for the claimed employees. We noted various issues with the time studies that we reviewed; the records provided as support for the claimed costs did not meet the requirements of the program's parameters and guidelines (see Finding).
- We reviewed the county's single audit and revenue reports to identify potential sources of offsetting revenues and reimbursements from federal or pass-through programs applicable to this mandated program. The county did not claim offsetting revenues for the audit period, and we found no instances of unreported offsetting revenue. We noted no exceptions.

We did not audit the county's financial statements.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our

audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

## Conclusion

As a result of performing the audit procedures, we found an instance of noncompliance with the requirements described in our audit objective. We did not find that the county claimed costs that were funded by other sources; however, we did find that it claimed unsupported costs, as quantified in the Schedule and described in the Finding and Recommendation section. To the extent that the county claimed costs not supported by appropriate source documents, such costs are also unreasonable and/or excessive.

For the audit period, Los Angeles County claimed $10,292,232 for costs of the legislatively mandated CAR Program. Our audit found that the entire amount is unallowable. The State paid the county $10,172,773.

Following issuance of this audit report, the SCO's Local Government Programs and Services Division will notify the county of the adjustment to its claims via a system-generated letter for each fiscal year in the audit period.

## Follow-up on Prior Audit Findings

The county has satisfactorily resolved the findings noted in our prior audit report for the period of July 1, 1999, through June 30, 2002, issued on January 19, 2007.

The prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

## Views of Responsible Officials

We issued a draft audit report on June 28, 2023. Los Angeles County's representative responded by letter dated July 27, 2023, disagreeing with the audit results. This final audit report includes the county's response as an attachment.

## Restricted Use

This audit report is solely for the information and use of Los Angeles County, the Department of Finance, and the SCO; it is not intended to be, and should not be, used by anyone other than these specified parties. This restriction is not intended to limit distribution of this audit report, which is a matter of public record and is available on the SCO website at www.sco.ca.gov.

*Original signed by*

Kimberly A. Tarvin, CPA
Chief, Division of Audits

May 2, 2024

# Schedule—
# Summary of Program Costs
# July 1, 2017, through June 30, 2021

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment[1] |
|---|---|---|---|
| July 1, 2017, through June 30, 2018 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 2,242,310 | - | $ (2,242,310) |
| Total direct costs | 2,242,310 | - | (2,242,310) |
| Indirect costs | 894,247 | - | (894,247) |
| Total direct and indirect costs | 3,136,557 | - | (3,136,557) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 3,136,557 | - | $ (3,136,557) |
| Less amount paid by the State [2] | | (3,136,557) | |
| Amount paid in excess of allowable costs claimed | | $ (3,136,557) | |
| July 1, 2018, through June 30, 2019 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 1,959,043 | - | $ (1,959,043) |
| Total direct costs | 1,959,043 | - | (1,959,043) |
| Indirect costs | 743,977 | - | (743,977) |
| Total direct and indirect costs | 2,703,020 | - | (2,703,020) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,703,020 | - | $ (2,703,020) |
| Less amount paid by the State [2] | | (2,583,561) | |
| Amount paid in excess of allowable costs claimed | | $ (2,583,561) | |
| July 1, 2019, through June 30, 2020 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 1,678,993 | - | $ (1,678,993) |
| Total direct costs | 1,678,993 | - | (1,678,993) |
| Indirect costs | 628,821 | - | (628,821) |
| Total direct and indirect costs | 2,307,814 | - | (2,307,814) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,307,814 | - | $ (2,307,814) |
| Less amount paid by the State [2] | | (2,307,814) | |
| Amount paid in excess of allowable costs claimed | | $ (2,307,814) | |

# Schedule (continued)

| Cost Elements | Actual Costs Claimed | Allowable per Audit | Audit Adjustment[1] |
|---|---|---|---|
| July 1, 2020, through June 30, 2021 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 1,556,317 | - | $ (1,556,317) |
| Total direct costs | 1,556,317 | - | (1,556,317) |
| Indirect costs | 588,524 | - | (588,524) |
| Total direct and indirect costs | 2,144,841 | - | (2,144,841) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 2,144,841 | - | $ (2,144,841) |
| Less amount paid by the State [2] | | (2,144,841) | |
| Amount paid in excess of allowable costs claimed | | $ (2,144,841) | |
| Summary: July 1, 2017, through June 30, 2021 | | | |
| Direct Costs: | | | |
| Salaries and benefits | $ 7,436,663 | - | $ (7,436,663) |
| Total direct costs | 7,436,663 | - | (7,436,663) |
| Indirect costs | 2,855,569 | - | (2,855,569) |
| Total direct and indirect costs | 10,292,232 | - | (10,292,232) |
| Less: offsetting revenue | - | - | - |
| Total program costs | $ 10,292,232 | - | $ (10,292,232) |
| Less amount paid by the State [2] | | (10,172,773) | |
| Amount paid in excess of allowable costs claimed | | $ (10,172,773) | |

[1] See the Finding and Recommendation section.

[2] Payment amount current as of October 6, 2023.

# Finding and Recommendation

**FINDING—
Unsupported salaries, benefits, and related indirect costs**

The county claimed $7,436,663 in salaries and benefits for the audit period. We determined that the entire amount is unallowable. The related unallowable indirect costs total $2,855,569, for total unallowable costs of $10,292,232. The costs are primarily unallowable because the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function.

The following table summarizes the unallowable salaries and benefits, the related indirect costs, and the audit adjustment by fiscal year:

| Cost Elements | 2017-18 | 2018-19 | 2019-20 | 2020-21 | Total |
|---|---|---|---|---|---|
| Unallowable salaries | $ (1,404,437) | $ (1,217,659) | $ (1,013,744) | $ (953,421) | $ (4,589,261) |
| + Unallowable benefits | + (837,873) | + (741,384) | + (665,249) | + (602,896) | + (2,847,402) |
| Sub-total: Unallowable salaries and benefits | (2,242,310) | (1,959,043) | (1,678,993) | (1,556,317) | (7,436,663) |
| × Claimed indirect cost rate (applies to salaries only) | × 63.67% | × 61.10% | × 62.03% | × 61.73% | × |
| Related indirect costs *(immaterial difference due to rounding)* | + (894,247) | + (743,978) | + (628,820) | + (588,524) | + (2,855,569) |
| Audit adjustment | $ (3,136,557) | $ (2,703,021) | $ (2,307,813) | $ (2,144,841) | $ (10,292,232) |

1

The county provided monthly time studies for Bureau of Investigations and Bureau of Prosecution employees. The employees' hours were charged to the following items:

(1) FC sections 3130 through 3133;

(2) FC sections 3408(c) and 3408(d);

(3) FC sections 3411(a) and 3421(c); and

(4) PC sections 277, 278, and 278.5.

The time studies include the following instructions:

> **Section 3130–3133**
>
> Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category. . . .
>
> **Section 277, 278, 278.5**
>
> Activities performed under item (4) in the return of an illegally concealed child or minor to its legal custodian should be indicated in this category.

The time studies also include the following instructions for "non-claimable" activities:

> **Section 277, 278, 278.5 – Non-Claimable (8)**
>
> All non-claimable custody of minors activities should be indicated in this category.
>
> **Other – Non-Claimable Activity Item Number (9)**
>
> Please explain any entries in this category.

After discussions with county personnel, we determined that both Deputy District Attorneys and District Attorney Investigators are, at times, involved in activities after the defendant's arraignment date. Without a description of the mandated functions, we were unable to determine whether the county had claimed unallowable costs associated with criminal prosecution commencing with the defendant's first appearance in a California court, or claimed costs associated with non-mandated activities.

We reviewed the time studies for fiscal year (FY) 2018-19 and FY 2020-21. During our review, we noted the following deficiencies with the time studies:

- Time studies were not signed by the employee and/or the employee's supervisor.
- Time studies were signed before the end of the time-studied month.
- Time study signatures were the same for the employee and the employee's supervisor.
- Time studies were signed a month or several months after the end of the time-studied month.

During fieldwork, the Bureau of Special Prosecutions also provided us with child abduction and recovery case file documents from eight sample cases. The documents included Los Angeles Superior Court Minute Orders, attorney case notes, court transcripts, and attorney emails. In addition, the Bureau of Investigations provided us with child abduction and recovery case file documents for four sample cases (three of which were outside the audit period). None of the provided documents describe the mandated functions performed or specify the actual number of hours devoted to each function.

Based on the documentation provided, we were unable to determine the mandated functions performed, the actual number of hours devoted to each function, or the validity of the costs. Only actual costs traceable to source documents may be claimed for this program.

In addition, the county did not separately identify its time spent on activities for PC section 278.7 cases (commonly referred to as "good cause" cases). After discussions with county personnel, we determined that the Intermediate Typist Clerk position performs activities for "good cause" cases. Time spent on "good cause" cases is unallowable because the parameters and guidelines do not identify "good cause" cases as reimbursable costs.

The parameters and guidelines incorporate requirements of PC sections 278 and 278.5, as amended by Chapter 988, Statutes of 1996. This law, known as the Parental Kidnapping Prevention Act, also added PC section 278.7. However, PC section 278.7 was not incorporated into the parameters and guidelines; therefore, any costs claimed under this section are not reimbursable.

Section V., "Reimbursable Costs," of the parameters and guidelines begins:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Section VII.A.1., "Salaries and Employees' Benefits" of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

Recommendation

We recommend that the county:

- Follow the SCO's *Mandated Cost Manual* and the mandated program's parameters and guidelines when preparing its reimbursement claims; and
- Ensure that claimed costs are supported by source documentation.

County Response

> **I. SUMMARY OF RESPONSE**
>
> By letter dated June 28, 2023, the State Controller's Office ("Controller") has provided the County of Los Angeles ("County") the results of the Controller's draft audit of the County's claims for costs incurred in implementing the Custody of Minors-Child Abduction and Recovery Program ("Child Custody Program") for the period July 1, 2017, through June 30, 2021. During this period, the Los Angeles County District Attorney's Office, including its Bureau of Investigation, filed 141 cases, and declined 244 more. It expended approximately 67,328 hours. For the calendar years 2017 through 2021, these efforts resulted in the recovery or reunification of over 300 minors. The District Attorney's Office is proud of its work. The office has provided immeasurable comfort and peace of mind to the families involved.
>
> The Controller's draft audit, however, values this work as worth $0.00. Although the Child Custody Program in its various forms has been a reimbursable mandate since 1979, and the Controller has reimbursed the County for this work from the program's conception, the Controller has now reversed its position and asserts that the same documentation that was found sufficient in the past is now insufficient. The Controller did this without prior notice or warning and after the time periods had

passed, effectively precluding the County from providing the documentation the Controller now seeks.

The County does not agree with the Controller that the submitted documentation, as well as the supporting documentation provided to the Controller during the audit, is insufficient. The documents provided details of the employees involved and the cost of each employee's services, both direct and indirect. The time sheets provided allocate each employee's time between claimable and non-claimable activities in accordance with this program's Parameters and Guidelines.

There is no dispute that claimable services were rendered. Contrary to the draft audit's conclusions, the time sheets and other documentation submitted in support of the claims are source documents that show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities within the meaning of the Parameters and Guidelines. The draft audit's conclusions otherwise are unsupported and are arbitrary, capricious, and an abuse of discretion. . . .

**IV. THE AUDIT FOR [FY] 2017-2018 SHOULD BE WITHDRAWN AS UNTIMELY**

The audit for FY 2017-2018 is untimely and should be withdrawn.

The County filed its reimbursement claim for FY 2017-2018 on January 25, 2019. *See* Form FAM-27, dated January 25, 2019, enclosed herewith (Attachment II). The Controller initiated its audit of this fiscal year on August 5, 2022. *See* Letter to Arlene Barrera, dated August 5, 2022, enclosed herewith (Attachment III).

Government Code § 17558.5(a) provides that "[a] reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."

Here the initiation of the audit for FY 2017-2018 occurred more than three years after January 25, 2019, the date the claim for these costs were filed. The claim was not amended. The audit for FY 2017-2018 is untimely and should be withdrawn.

**V. THE TIME STUDIES AND OTHER DOCUMENTS SUBMITTED BY THE COUNTY ARE SOURCE DOCUMENTS THAT SHOW THE VALIDITY OF THE CLAIMED COSTS**

**A. The County Submitted Source Documents Consistent with the Parameters and Guidelines**

The County submitted time studies, salary and benefits information, and an indirect cost calculation in support of the costs incurred for each fiscal year. Contrary to the Controller's assertion, these documents are valid source documents as set forth by the Parameters and Guidelines.

The Parameters and Guidelines provide that claimed costs must be supported by documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. Employee time records or time logs are specifically referenced as acceptable source documents. *See* Parameters and Guidelines, Section V.

The County has submitted such source documents here. First, there are the time study reports. Although titled "time study," these are actually time sheets. Each deputy district attorney, paralegal, investigator, and clerk completes his or her own time sheet. The time sheets set forth the time expended on both claimable and non-claimable matters.

Each time sheet contains instructions as to how the time sheet is to be completed. Enforcement of custody orders is included under Family Code §§ 3130–3133. The return of an illegally concealed child or minor to its legal custodian is to be included under Penal Code §§ 277, 278, and 278.5.

The directions also specifically provide that all non-claimable activities are to be segregated and placed under the non-claimable section. The total hours expended on both claimable and non-claimable matters are totaled for each day. Each employee is instructed that the time sheets are to be completed on a daily basis, certified by the employee, and signed, dated, and submitted at the end of each month. Each employee's supervisor also signs and certifies that the time sheet is true and correct to the best of his or her knowledge.

In addition to the time sheet, the Controller also received in support of each claim a list of each attorney, paralegal, and investigator assigned to the appropriate category of compensable activities. With respect to Los Angeles County, these would be Family Code §§ 3130–3133 or Penal Code §§ 277, 278, and 278.5 matters. Support documentation showing salaries, benefits, and indirect costs was also supplied.

These documents were consistent with the Controller's Mandated Cost Manual for Local Agencies. Section 9(a) of that manual addresses actual time reporting. It provides in pertinent part that:

> Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:
>
> (1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee.
>
> (2) Account for the total activity for which each employee is compensated.
>
> (3) Be prepared at least monthly and must coincide with one or more pay periods.
>
> (4) Be signed by the employee.

That is the case here. Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. *Significantly, the Mandated Cost Manual does not call for the further detail on which the draft audit bases its conclusions.*

The County also supplied additional information during the audit. This information included a list of all matters handled by investigators as well as case files from representative custody and Hague Convention matters.

The Parameters and Guidelines provide that the claimant must identify each cost element for which reimbursement is claimed, and claimed costs must be identified to each cost element. With respect to salary and employee's benefits specifically, the Parameters and Guidelines require the documents "identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed, and specify the actual number of hours devoted to each function, the productive hourly rate and the related benefits." Parameters and Guidelines, Section VII.A.1.

That was done here. Each claim was supported by a schedule of employees, his or her classification, and the salary and other benefits claimed. Each employee's time sheet allocated his or her time on a daily basis to the reimbursable activity identified in Section V of the Parameters and Guidelines. Each employee's time was allocated between Section V.B.1, obtaining compliance with court orders (Family Code §§ 3130–3033), or Section V.B.2, return of illegally concealed children or minors to his or her legal custodian (Penal Code §§ 277, 278, 278.5).

The draft audit recognized that the County kept and submitted these time records. It noted that time was allocated between claimable and non-claimable activities by Family and Penal Code section, and that employees were specifically instructed as to how to allocate their time.

The draft audit nevertheless disallowed reimbursement in its entirety. Noting that Deputy District Attorneys and Investigators are at times involved in activities after a defendant's arraignment date, which would be non-claimable, the draft audit asserted that without a further description of the mandated functions, the Controller was unable to determine whether the County was claiming unallowable costs. This conclusion is not well taken.

First, the Parameters and Guidelines do not require the degree of detail the draft audit intends to require. Parameters and Guidelines Section V provides that the source documents must show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities. Here, the only direct costs claimed are the attorneys', paralegals', and investigators' time. The Parameters and Guidelines specifically provide that employee time records or time logs can be used for this purpose.

That is the case here. Each time record separates claimable from non-claimable time, reflects when the claimable activity occurred, and shows the relationship to the reimbursable activity by Family or Penal Code. Each employee certifies the accuracy of that record, and each employee's supervisor also certifies the time.

Significantly, these time records appear to have been used and accepted since 1994, the date of their last revision, without objection. Certainly, they have been used and accepted for audit periods prior to FY 2017-2018, the first audit period at issue here. The Controller, having accepted these records for several years prior to the audit period, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. The time records and logs had already been prepared in the previously-accepted format and, given the period of time between the audit period and the audit, the employee can no longer create further contemporaneous records. By changing requirements without prior notice or warning, the Controller unduly prejudices claimants.

If the Controller desires more detailed information, that information can be provided, *see* Section VI below, but it has to give notice that it is changing its requirements. The Controller's decision to reverse its prior practice of accepting the County's time records and logs in their current format, without prior notice or warning, is arbitrary, capricious and an abuse of discretion.

Moreover, the draft audit does not reflect information provided during the audit. First, during the audit, County representatives explained to the auditor that their investigators' time is almost exclusively devoted to claimable activities (i.e., enforcing custody orders). In support of this fact, the Controller was provided with a list of the cases the investigators handled during the audit period. The Controller was also provided with the case files of representative cases so that the Controller could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there is a place for that to be indicated on the time record.

Second, there is the time expended by the Intermediate Typist Clerk in support of the section. His or her work is also entirely devoted to supporting the investigators. As such, the clerk's work is also fully claimable. Nevertheless, the one month when the clerk was called upon to assist with non-claimable work, he so indicated on his time sheet, indicating that he understood the distinction and how to account for it. See Time Sheet for Roy Alvarado, January 2020.

The draft audit states that the Intermediate Typist Clerk also performs work for Penal Code § 287.7 cases, referred to as "good cause" cases. This is not correct. Penal Code § 287.7 does not create a new crime. It sets forth a defense as to when Penal Code § 278.5 does not apply (i.e., when a person with a right to custody keeps, withholds, or conceals a child because of a good faith and reasonable belief the child will suffer immediate bodily injury or emotional harm). Penal Code § 278.7(a) and (b). As such, there are no separate § 278.7 cases. Instead, this is a defense raised by a parent or person with a right to custody in a custody case. The Intermediate Clerk Typist performs no work other than inputting into a database any report filed by the person who keeps, withholds, or conceals the child so that there will be record of the report should the defense be asserted. This time is de minimus, but in any event claimable because it is part of the Penal Code §§ 278 or 278.5 hearing. The Parameters and Guidelines do not identify "good cause" hearings as reimbursable costs because there is no such hearing independent of Penal Code §§ 278 or 278.5; Penal Code § 278.7 is simply a defense that can be raised in those hearings.

Third, County representatives explained to the auditor that the paralegals work only on Section 3130 and Hague Convention cases and, accordingly, reflect their time under Family Code §§ 3130–3133. Their activities include coordinating with investigators, preparing documents for court, and communicating with the court clerk. As this time is entirely claimable, there is no issue as to whether the paralegals' time sheets contain sufficient information to distinguish claimable from non-claimable time. The draft audit does not set forth any reason to exclude any paralegal time. This time should be fully reimbursed.

Finally, the County representatives explained the work performed by Deputy District Attorneys. Unlike investigators or paralegals, Deputy District Attorneys perform both claimable and non- claimable work. This is reflected, however, in their time records. The attorneys are instructed

in how to allocate between claimable and non-claimable time and certify that they did it correctly. There is no basis to disallow this time.

**B. Representative Cases**

When performing an audit of a large number of items, it is appropriate to review a representative sample to determine accuracy. Here the County provided the Controller with the files relating to eight cases handled by Deputy District Attorneys and four cases handled by investigators. The draft audit states that the documents in the case files did not describe the functions performed or the hours devoted to those tasks.

The eight cases all were cases handled pursuant to the Hague Convention. All activities that relate to Hague matters are claimable, as they all relate to the recovery and return of children by means of a civil proceeding. As the County explained to the Controller, the documents in these case files are not prepared to describe the functions performed or the hours devoted. The claimable hours and reimbursable activities are set forth on the time records. The documents in these case files reflect or are the claimable activities themselves, they are the court orders (memorializing court appearances), investigations, contacts, travel, and reports in the case.

The Parameters and Guidelines provide that evidence corroborating source documents can include, but are not limited to, documents like worksheets, purchase orders, contracts, and agendas. These documents in the case files are the same type of corroborating documents, except generated in the context of child custody court proceedings. As reimbursable activities, these case files were provided to the Controller to corroborate that the activities for which reimbursement was sought are reimbursable activities under the Parameters and Guidelines.

The same is true for the investigator files. These also were cases handled pursuant to Family Code § 3130 and included the investigators' notes, contacts, and reports. Although the draft states that three of the cases were not in the audit period, it is not contested that the one in the audit period and the other three all evidence the type of activities performed by the investigators. As such, they are also corroborative evidence within the meaning of the Parameters and Guidelines.

The County submits that these files are sufficient representatives of the other cases on which the Deputy District Attorneys and investigators worked. Should the Controller believe that the sample is not sufficient, however, the County is willing to make additional case files available for review.

**C. Time Records for FYs 2018-19 and 2020-21**

The draft audit notes that it reviewed the time studies for the FYs 2018-19 and 2019-20 and found some time studies were not signed by the employee or employee's supervisor, signed before the end of the month, signed by the same person as employee and supervisor, or signed a month or several months after the end of the time period. None of these specific issues are disqualifying, but that, in any event, at most it is only the particular time sheet that is objectionable. It is not a basis for rejecting all properly completed time sheets.

> In this regard, the County submitted 147 time sheets for FY 2018-19. Of these, all were signed by the employee and only two were not signed by a supervisor. Only 11 were signed by the supervisor one to three days before the end of the month. (The date of the employee's signature is not controlling because when the supervisor signs it after the end of the month, he or she is certifying that the time was expended as set forth on the time sheet to the best of his or her belief.) Only one was signed more than a month after the end of the time-studied month. Finally, the only instances where the time sheet was signed by the same person were time sheets signed by a supervisor for her own time, which she was authorized to do.
>
> These record-keeping omissions do not show that the time on these time sheets is inaccurate. At worst, however, there are only 14 out of 147 time sheets with one of these issues, other than where the supervisor was authorized to approve her own time. That is not a basis for rejecting the other 133 time sheets, and not a basis for rejecting the time reported prior to the date of the supervisor's signature where circumstances caused him or her to have signed the time sheet a few days before the end of the month.
>
> The same is true for FY 2019-20. 133 time sheets were submitted for this period. Of these, only two were not signed by a supervisor and only two were signed by a supervisor before the end of the month. This is not a basis for rejecting the 129 other time sheets. Of the time sheets signed late by an employee, all were after the COVID County-wide health emergency was declared in March 2020 and County employees were directed to stay home. Similarly, of 17 time studies signed late by a supervisor, 15 of 17 were after March 2020. . . .

SCO Comment

Our finding and recommendation remain unchanged. We will address the county's concerns in the order in which they appear in the county's response.

On page 4 (Section IV., "The Audit for [FY] 2017-2018 Should Be Withdrawn as Untimely") of its response, the county states:

> . . . Government Code § 17558.5(a) provides that "[a] reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."
>
> Here the initiation of the audit for FY 2017-2018 occurred more than three years after January 25, 2019, the date the claim for these costs were filed. The claim was not amended. The audit for FY 2017-2018 is untimely and should be withdrawn.

The county does not quote GC section 17558.5(a) in its entirety. The subparagraph concludes:

> . . . However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be

> completed not later than two years after the date that the audit is commenced.

The initial payment for the FY 2017-18 claim was made on August 15, 2019. SCO contacted the county on July 26, 2022, to initiate the audit and the engagement start letter was dated August 5, 2022. Therefore, the audit of FY 2017-18 claims was initiated in a timely manner. The three-year statutory limit had not expired.

On page 5 (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines") of its response, the county states:

> Each time sheet contains instructions as to how the time sheet is to be completed. Enforcement of custody orders is included under Family Code §§ 3130–3133. The return of an illegally concealed child or minor to its legal custodian is to be included under Penal Code §§ 277, 278, and 278.5.

During our review, we examined the county's time study/time sheet instructions. They specifically state:

> **Section 3130–3133**
>
> Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category. . . .
>
> **Section 277, 278, 278.5**
>
> Activities performed under item (4) in the return of an illegally concealed child or minor to its legal custodian should be indicated in this category.

The time studies also included the following instructions for "Non-claimable" activities:

> **Section 277, 278, 278.5 – Non-Claimable (8)**
>
> All non-claimable custody of minors activities should be indicated in this category.
>
> **Other – Non-Claimable Activity Item Number (9)**
>
> Please explain any entries in this category.

The time study/time sheet instructions list the Penal Code and Family Code section and "Activity performed" or "Activities performed." However, descriptions of the mandated activities performed are not provided.

Likewise, "non-claimable" activities are simply noted as "277/278/278.5 Non-Claimable" or "Other-Non-claimable." No further description of the activities performed is provided.

Section VII.A.1., "Salary and Employees' Benefits," of the parameters and guidelines states, in part:

> Identify the employee(s), show the classification of the employee(s) involved, **describe the mandated functions performed and specify the actual number of hours devoted to each function**, [emphasis

> added] the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

On page 5 (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines") of its response, the county states:

> . . . Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. *Significantly, the Mandated Cost Manual does not call for the further detail on which the draft audit bases its conclusions.* [emphasis in original]

As noted in our draft report, the parameters and guidelines for the CAR Program establish the state mandate and define reimbursement criteria; SCO issues the *Mandated Cost Manual* to assist local agencies in claiming reimbursable costs.

Page 1 of "Custody of Minors – Child Abduction and Recovery – Program No. 13" (hereafter "Program No. 13") in the SCO's *Mandated Cost Manual* states, in part:

> . . . SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The Ps & Gs are an integral part of the claiming instructions and are located on CSM's website.

The "Audit of Costs" section ("Program No. 13," page 2) of the SCO's *Mandated Cost Manual* begins:

> All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions **and the Ps & Gs adopted by CSM** [emphasis added]. . . .

On pages 6 and 7 (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines") of its response, the county continues:

> Significantly, these time records appear to have been used and accepted since 1994, the date of their [the Ps & Gs] last revision, without objection. Certainly, they have been used and accepted for audit periods prior to FY 2017-2018, the first audit period at issue here. The Controller, having accepted these records for several years prior to the audit period, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. The time records and logs had already been prepared in the previously-accepted format and, given the period of time between the audit period and the audit, the employee can no longer create further contemporaneous records. By changing requirements without prior notice or warning, the Controller unduly prejudices claimants.

We disagree.

This is the first audit conducted by our office of Los Angeles County's CAR Program mandated cost claims under the amended parameters and guidelines, issued October 30, 2009. The prior audit report for the period of July 1, 1999, through June 30, 2002, was issued on January 19, 2007. Therefore, the prior audit report was conducted under the program's previous parameters and guidelines, adopted on August 26, 1999.

The county asserts that the requirements were changed without prior notice or warning; however, page 1 of "Program No. 13" of the SCO's *Mandated Cost Manual* states "On October 30, 2009, CSM approved amendments to the Ps & Gs to clarify source documentation requirements."

The SCO's updated *Mandated Cost Manual* is provided annually to all claimants. Furthermore, the Commission issued a "Notice of Draft Staff Analysis, Comment Period and Hearing Date" to all state agencies and interested parties on September 23, 2009. This notification was to allow any interested parties to comment regarding the proposed changes to the program's parameters and guidelines.

To state that the "Controller unduly prejudices claimants" is inaccurate. Claimants are responsible for reviewing all relevant material, including any changes to the program's parameters and guidelines, *before* any claim is submitted for reimbursement. Claimants are also responsible for adhering to the requirements of the program's parameters and guidelines when submitting their claims.

During this engagement, we audited claims filed under the Amended Parameters and Guidelines, adopted October 30, 2009. These parameters and guidelines became effective beginning with claims for FY 2005-06. Claims applicable to this audit engagement were filed between July 1, 2017, and June 30, 2021.

On page 7 of its response (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines"), the county states:

> Moreover, the draft audit does not reflect information provided during the audit. First, during the audit, County representatives explained to the auditor that their investigators' time is almost exclusively devoted to claimable activities (i.e., enforcing custody orders). In support of this fact, the Controller was provided with a list of the cases [that] the investigators handled during the audit period. The Controller was also provided with the case files of representative cases so that the Controller could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there is a place for that to be indicated on the time record.

We reviewed the list of the cases that the investigators handled during the audit period, as well as case file documents from sample cases. None of the provided documents describes the mandated functions performed or specifies the actual number of hours devoted to each function. Providing case files to support the county's assertion that the "investigators' time is almost exclusively devoted to claimable activities (i.e. enforcing custody

orders)" does not comply with the requirements of the parameters and guidelines to support the actual number of hours devoted to each reimbursable function.

Additionally, the parameters and guidelines do not allow for the Intermediate Typist Clerk's time to be "fully claimable" simply because "his or her work is also entirely devoted to supporting the investigators" (page 7 in Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines").

On page 7 of its response (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines"), the county states:

> The draft audit states that the Intermediate Typist Clerk also performs work for Penal Code § 287.7 cases, referred to as "good cause" cases. This is not correct. Penal Code § 287.7 does not create a new crime. It sets forth a defense as to when Penal Code § 278.5 does not apply. . . . there are no separate § 278.7 cases. Instead, this is a defense raised by a parent or person with a right to custody in a custody case. The Intermediate Clerk Typist performs no work other than inputting into a database any report filed by the person who keeps, withholds, or conceals the child so that there will be record of the report should the defense be asserted. This time is de minimus, but in any event claimable because it is part of the Penal Code §§ 278 or 278.5 hearing. . . .

We disagree.

During an interview with the Sergeant of the Bureau of Investigations on October 18, 2022, we were told that good cause reports are taken and input by the Intermediate Typist Clerk. We emailed a summary of the conversation to the county on October 19, 2022, and the county did not dispute the statement regarding the Intermediate Typist Clerk.

Activities performed related to PC section 278.7 are not considered reimbursable mandated activities. Furthermore, the documentation provided as support for the claims did not contain the required detail to determine the mandated functions performed, or identify employees' time spent on activities related to cases under PC section 278.7.

On page 8 of its response (Section V.A., "The County Submitted Source Documents Consistent with the Parameters and Guidelines"), the county states:

> County representatives explained to the auditor that the paralegals work only on Section 3130 and Hague Convention cases and, accordingly, reflect their time under Family Code §§ 3130–3133. Their activities include coordinating with investigators, preparing documents for court, and communicating with the court clerk. As this time is entirely claimable, there is no issue as to whether the paralegals' time sheets contain sufficient information to distinguish claimable from non-claimable time. The draft audit does not set forth any reason to exclude any paralegal time. This time should be fully reimbursed.

Documenting time spent on activities under FC sections 3130 through 3133, without describing the mandated functions performed and

specifying the number of hours devoted to each function, does not meet the requirements of the parameters and guidelines.

Section VII.A.1., "Salaries and Employees' Benefits" of the parameters and guidelines states:

> Identify the employee(s), show the classification of the employee(s) involved, **describe the mandated functions performed and specify the actual number of hours devoted to each function** [emphasis added], the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. . . .

On page 8 (Section V.B., "Representative Cases") of its response, the county states:

> . . . As the County explained to the Controller, the documents in these case files are not prepared to describe the functions performed or the hours devoted. The claimable hours and reimbursable activities are set forth on the time records. The documents in these case files reflect or are the claimable activities themselves, they are the court orders (memorializing court appearances), investigations, contacts, travel, and reports in the case.

As discussed previously, the time records provided by the county are not adequate source documentation. Furthermore, the documents in the case files do not qualify as source documents; they qualify as corroborating documents.

Section V., "Reimbursable Costs," of the parameters and guidelines states, in part:

> . . . Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. . . . Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. **However, these documents cannot be substituted for source documents** [emphasis added].

Claimants are allowed to submit evidence corroborating their source documents. However, the parameters and guidelines do not allow claimants to substitute corroborating documents for source documents.

On page 9 (Section V.C., "Time Records for FYs 2018-19 and 2020-21") of its response, the county states:

> The draft audit notes that it reviewed the time studies for the FYs 2018-19 and 2019-20 and found some time studies were not signed by the employee or employee's supervisor, signed before the end of the month, signed by the same person as employee and supervisor, or signed a month or several months after the end of the time period. None of these specific issues are disqualifying, but that, in any event, at most it is only the particular time sheet that is objectionable. It is not a basis for rejecting all properly completed time sheets. . . .

We discussed time study deficiencies in the draft audit report to provide readers with a broader understanding of the time records that we reviewed and the deficiencies noted within. The time study deficiencies were not the primary basis for the audit finding; however, these deficiencies represent a lack of consistency with the county's ability to provide accurate, contemporaneous time records to support the hours claimed for the legislatively mandated CAR Program.

# Attachment—
# County's Response to Draft Audit Report

**COUNTY OF LOS ANGELES**
**DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-3873
PHONE: (213) 974-8301 FAX: (213) 626-5427

OSCAR VALDEZ
AUDITOR-CONTROLLER

ASSISTANT AUDITOR-CONTROLLERS

MAJIDA ADNAN
ROBERT G. CAMPBELL
CONNIE YEE

July 27, 2023

Lisa Kurokawa, Chief, Compliance Audits Bureau
State Controller's Office
Division of Audits
P.O. Box 942850
Sacramento, CA 94250

Dear Ms. Kurokawa:

**LOS ANGELES COUNTY'S RESPONSE TO THE DRAFT AUDIT REPORT:**
**CUSTODY OF MINORS – CHILD ABDUCTION AND RECOVERY PROGRAM**

We have received your draft audit report for the State Controller's Office's (SCO) audit of costs claimed by Los Angeles County (County) for the legislatively-mandated Custody of Minors – Child Abduction and Recovery Program for the period of July 1, 2017, through June 30, 2021.

The County does not agree with the SCO's results and has prepared the attached response.

If you have any questions please call me, or your staff may contact Fernando Lemus at (213) 974-0324 or at flemus@auditor.lacounty.gov.

Very truly yours,

Oscar Valdéz
Auditor-Controller

OV:CY:RA:RC:FL:tm

Attachments

c: Fesia A. Davenport, Chief Executive Officer
George Gascón, District Attorney
Dawyn R. Harrison, County Counsel

*Help Conserve Paper – Print Double-Sided*
*"To Enrich Lives Through Effective and Caring Service"*

## I. SUMMARY OF RESPONSE

By letter dated June 28, 2023, the State Controller's Office ("Controller") has provided the County of Los Angeles ("County") the results of the Controller's draft audit of the County's claims for costs incurred in implementing the Custody of Minors-Child Abduction and Recovery Program ("Child Custody Program") for the period July 1, 2017, through June 30, 2021. During this period, the Los Angeles County District Attorney's Office, including its Bureau of Investigation, filed 141 cases, and declined 244 more. It expended approximately 67,328 hours. For the calendar years 2017 through 2021, these efforts resulted in the recovery or reunification of over 300 minors.[1] The District Attorney's Office is proud of its work. The office has provided immeasurable comfort and peace of mind to the families involved.

The Controller's draft audit, however, values this work as worth $0.00. Although the Child Custody Program in its various forms has been a reimbursable mandate since 1979, and the Controller has reimbursed the County for this work from the program's conception, the Controller has now reversed its position and asserts that the same documentation that was found sufficient in the past is now insufficient. The Controller did this without prior notice or warning and after the time periods had passed, effectively precluding the County from providing the documentation the Controller now seeks.

The County does not agree with the Controller that the submitted documentation, as well as the supporting documentation provided to the Controller during the audit, is insufficient. The documents provided details of the employees involved and the cost of each employee's services, both direct and indirect. The time sheets provided allocate each employee's time between claimable and non-claimable activities in accordance with this program's Parameters and Guidelines.

There is no dispute that claimable services were rendered. Contrary to the draft audit's conclusions, the time sheets and other documentation submitted in support of the claims are source documents that show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities within the meaning of the Parameters and Guidelines. The draft audit's conclusions otherwise are unsupported and are arbitrary, capricious, and an abuse of discretion.

## II. THE CLAIMS AT ISSUE

The draft audit proposes to disallow all costs incurred between July 1, 2017, and June 30, 2021, on the grounds that the County did not provide sufficient supporting documentation as follows:

---

[1] These statistics are collected on a calendar, as opposed to fiscal, year basis.

| Fiscal Year | Actual Costs Claimed | Audit Adjustment |
|---|---|---|
| 2017-2018 | $3,136,557 | $3,136,557 |
| 2018-2019 | $2,703,020 | $2,703,020 |
| 2019-2020 | $2,307,814 | $2,307,814 |
| 2020-2021 | $2,144,841 | $2,144,841 |
| Total | $10,292,232 | $10,292,232 |

For the following reasons, these draft audit adjustments are erroneous.

## III. THE CHILD CUSTODY PROGRAM

As set forth in the Amended Parameters and Guidelines, *Custody of Minors-Child Abduction and Recovery* 05-PGA-26 (CSM4237) ("Parameters and Guidelines"), the Legislature, through the enactment of several Family and Penal Code sections, has required District Attorney offices to assist parents and interested parties in resolving custody disputes and enforcing custody decrees.

As is pertinent here, Family Code §§ 3130 and 3131 provide that, where a petition to determine custody of a child has been filed, or a temporary order pending determination of custody has been entered, and the whereabouts of a party in possession of the child are unknown, the district attorney shall take all actions necessary to locate the party and the child and procure compliance with an order to appear, and if a child is taken or detained in violation of a custody or visitation order, the district attorney shall take all actions necessary to locate and return the child and the person who violated the order, and to assist in the enforcement of the custody or visitation order. Family Code § 3132 provides that the district attorney acts on behalf of the court, not any party to the proceeding. Family Code § 3133 provides that a court can issue a temporary custody order upon the district attorney's representation that such an order is needed to recover a detained or concealed child.

Penal Code § 277 contains definitions applicable to Penal Code §§ 278 and 278.5. Penal Code § 278 provides that every person not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both, or by imprisonment pursuant to subdivision (h) of Section 1170 for two, three or four years, a fine not exceeding ten thousand dollars, or both. Penal Code § 278.5 provides that every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be subject to similar punishment.

The Child Custody Program's Parameters and Guidelines provide for reimbursement for the costs incurred in implementing these statutes (Parameters and Guidelines, Section I). Section V.A of the Parameters and Guidelines specifically provides that:

> Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI.

(Section VI of the Parameters and Guidelines excludes from reimbursement costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in sections 278 or 278.5.)

Section V.B. of the Parameters and Guidelines provides that the County can recover all direct and indirect costs of labor, material and supplies, training and travel associated with obtaining compliance with court orders relating to child custody or visitation proceedings and enforcement of child custody or visitation orders, including:

> (1) contact with children and other involved persons, receipt of reports and requests for assistance, mediating with or advising involved individuals, and locating missing or concealed offenders and children;
>
> (2) utilizing any appropriate civil or criminal court action to secure compliance, including preparation and investigation of reports and requests for assistance, seeking physical restraint of offenders and/or the children to assure compliance with court orders, process services and depositions; and
>
> (3) physically recovering children, including travel expenses, food, lodging, transportation, and personal necessities for the child. (Section V.B.1.)

Section V.B further provides that the County can recover all direct and indirect costs in cases involving child custody or visitation orders from another jurisdiction, which may include utilization of the Uniform Child Custody Jurisdiction Act, the Federal Parental Kidnapping Prevention Act, and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction ("Hague Convention"), including:

> (1) cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian,
>
> (2) cost of transportation, including travel expenses, and personal necessities for the child;

(3) securing appearance of offenders and children in conjunction with an arrest warrant or court order, and cost of foster or short-term care because of the detention of the individual having custody; and

(4) return of an illegally obtained or concealed child, including the cost of food, lodging and necessities and cost of escorting the child. (Section V.B.2.)

## IV. THE AUDIT FOR FISCAL YEAR (FY) 2017-2018 SHOULD BE WITHDRAWN AS UNTIMELY

The audit for FY 2017-2018 is untimely and should be withdrawn.

The County filed its reimbursement claim for FY 2017-2018 on January 25, 2019. *See* Form FAM-27, dated January 25, 2019, enclosed herewith (Attachment II). The Controller initiated its audit of this fiscal year on August 5, 2022. *See* Letter to Arlene Barrera, dated August 5, 2022, enclosed herewith (Attachment III).

Government Code § 17558.5(a) provides that "[a] reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later."

Here the initiation of the audit for FY 2017-2018 occurred more than three years after January 25, 2019, the date the claim for these costs were filed. The claim was not amended. The audit for FY 2017-2018 is untimely and should be withdrawn.

## V. THE TIME STUDIES AND OTHER DOCUMENTS SUBMITTED BY THE COUNTY ARE SOURCE DOCUMENTS THAT SHOW THE VALIDITY OF THE CLAIMED COSTS

### A. The County Submitted Source Documents Consistent with the Parameters and Guidelines

The County submitted time studies, salary and benefits information, and an indirect cost calculation in support of the costs incurred for each fiscal year. Contrary to the Controller's assertion, these documents are valid source documents as set forth by the Parameters and Guidelines.

The Parameters and Guidelines provide that claimed costs must be supported by documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. Employee time records or time logs are specifically referenced as acceptable source documents. *See* Parameters and Guidelines, Section V.

The County has submitted such source documents here. First, there are the time study reports. Although titled "time study," these are actually time sheets. Each deputy district

attorney, paralegal, investigator, and clerk completes his or her own time sheet. The time sheets set forth the time expended on both claimable and non-claimable matters.

Each time sheet contains instructions as to how the time sheet is to be completed. Enforcement of custody orders is included under Family Code §§ 3130-3133. The return of an illegally concealed child or minor to its legal custodian is to be included under Penal Code §§ 277, 278, and 278.5.

The directions also specifically provide that all non-claimable activities are to be segregated and placed under the non-claimable section. The total hours expended on both claimable and non-claimable matters are totaled for each day. Each employee is instructed that the time sheets are to be completed on a daily basis, certified by the employee, and signed, dated, and submitted at the end of each month. Each employee's supervisor also signs and certifies that the time sheet is true and correct to the best of his or her knowledge.

In addition to the time sheet, the Controller also received in support of each claim a list of each attorney, paralegal, and investigator assigned to the appropriate category of compensable activities. With respect to Los Angeles County, these would be Family Code §§ 3130-3133 or Penal Code §§ 277, 278, and 278.5 matters. Support documentation showing salaries, benefits, and indirect costs was also supplied.

These documents were consistent with the Controller's Mandated Cost Manual for Local Agencies. Section 9(a) of that manual addresses actual time reporting. It provides in pertinent part that:

> Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:
>
> (1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee.
>
> (2) Account for the total activity for which each employee is compensated.
>
> (3) Be prepared at least monthly and must coincide with one or more pay periods.
>
> (4) Be signed by the employee.

That is the case here. Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. *Significantly, the Mandated Cost Manual does not call for the further detail on which the draft audit bases its conclusions.*

The County also supplied additional information during the audit. This information included a list of all matters handled by investigators as well as case files from representative custody and Hague Convention matters.

The Parameters and Guidelines provide that the claimant must identify each cost element for which reimbursement is claimed, and claimed costs must be identified to each cost element. With respect to salary and employee's benefits specifically, the Parameters and Guidelines require the documents "identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed, and specify the actual number of hours devoted to each function, the productive hourly rate and the related benefits." Parameters and Guidelines, Section VII.A.1.

That was done here. Each claim was supported by a schedule of employees, his or her classification, and the salary and other benefits claimed. Each employee's time sheet allocated his or her time on a daily basis to the reimbursable activity identified in Section V of the Parameters and Guidelines. Each employee's time was allocated between Section V.B.1, obtaining compliance with court orders (Family Code §§ 3130-3033), or Section V.B.2, return of illegally concealed children or minors to his or her legal custodian (Penal Code §§ 277, 278, 278.5).

The draft audit recognized that the County kept and submitted these time records. It noted that time was allocated between claimable and non-claimable activities by Family and Penal Code section, and that employees were specifically instructed as to how to allocate their time.

The draft audit nevertheless disallowed reimbursement in its entirety. Noting that Deputy District Attorneys and Investigators are at times involved in activities after a defendant's arraignment date, which would be non-claimable, the draft audit asserted that without a further description of the mandated functions, the Controller was unable to determine whether the County was claiming unallowable costs. This conclusion is not well taken.

First, the Parameters and Guidelines do not require the degree of detail the draft audit intends to require. Parameters and Guidelines Section V provides that the source documents must show the validity of the costs, when they were incurred, and their relationship to the reimbursable activities. Here, the only direct costs claimed are the attorneys', paralegals', and investigators' time. The Parameters and Guidelines specifically provide that employee time records or time logs can be used for this purpose.

That is the case here. Each time record separates claimable from non-claimable time, reflects when the claimable activity occurred, and shows the relationship to the reimbursable activity by Family or Penal Code. Each employee certifies the accuracy of that record, and each employee's supervisor also certifies the time.

Significantly, these time records appear to have been used and accepted since 1994, the date of their last revision, without objection. Certainly, they have been used and accepted for audit periods prior to FY 2017-2018, the first audit period at issue here. The Controller,

having accepted these records for several years prior to the audit period, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. The time records and logs had already been prepared in the previously-accepted format and, given the period of time between the audit period and the audit, the employee can no longer create further contemporaneous records. By changing requirements without prior notice or warning, the Controller unduly prejudices claimants.

If the Controller desires more detailed information, that information can be provided, *see* Section VI below, but it has to give notice that it is changing its requirements. The Controller's decision to reverse its prior practice of accepting the County's time records and logs in their current format, without prior notice or warning, is arbitrary, capricious and an abuse of discretion.

Moreover, the draft audit does not reflect information provided during the audit. First, during the audit, County representatives explained to the auditor that their investigators' time is almost exclusively devoted to claimable activities (i.e., enforcing custody orders). In support of this fact, the Controller was provided with a list of the cases the investigators handled during the audit period. The Controller was also provided with the case files of representative cases so that the Controller could review the activities performed by the investigators. In the few instances where an investigator may have assisted an attorney after the filing of a criminal case, there is a place for that to be indicated on the time record.

Second, there is the time expended by the Intermediate Typist Clerk in support of the section. His or her work is also entirely devoted to supporting the investigators. As such, the clerk's work is also fully claimable. Nevertheless, the one month when the clerk was called upon to assist with non-claimable work, he so indicated on his time sheet, indicating that he understood the distinction and how to account for it. See Time Sheet for Roy Alvarado, January 2020.

The draft audit states that the Intermediate Typist Clerk also performs work for Penal Code § 287.7 cases, referred to as "good cause" cases. This is not correct. Penal Code § 287.7 does not create a new crime. It sets forth a defense as to when Penal Code § 278.5 does not apply (i.e., when a person with a right to custody keeps, withholds, or conceals a child because of a good faith and reasonable belief the child will suffer immediate bodily injury or emotional harm). Penal Code § 278.7(a) and (b). As such, there are no separate § 278.7 cases. Instead, this is a defense raised by a parent or person with a right to custody in a custody case. The Intermediate Clerk Typist performs no work other than inputting into a database any report filed by the person who keeps, withholds, or conceals the child so that there will be record of the report should the defense be asserted. This time is de minimus, but in any event claimable because it is part of the Penal Code §§ 278 or 278.5 hearing. The Parameters and Guidelines do not identify "good cause" hearings as reimbursable costs because there is no such hearing independent of Penal Code §§ 278 or 278.5; Penal Code § 278.7 is simply a defense that can be raised in those hearings.

Third, County representatives explained to the auditor that the paralegals work only on Section 3130 and Hague Convention cases and, accordingly, reflect their time under Family Code §§ 3130-3133. Their activities include coordinating with investigators, preparing documents for court, and communicating with the court clerk. As this time is entirely claimable, there is no issue as to whether the paralegals' time sheets contain sufficient information to distinguish claimable from non-claimable time. The draft audit does not set forth any reason to exclude any paralegal time. This time should be fully reimbursed.

Finally, the County representatives explained the work performed by Deputy District Attorneys. Unlike investigators or paralegals, Deputy District Attorneys perform both claimable and non-claimable work. This is reflected, however, in their time records. The attorneys are instructed in how to allocate between claimable and non-claimable time and certify that they did it correctly. There is no basis to disallow this time.

**B. Representative Cases**

When performing an audit of a large number of items, it is appropriate to review a representative sample to determine accuracy. Here the County provided the Controller with the files relating to eight cases handled by Deputy District Attorneys and four cases handled by investigators. The draft audit states that the documents in the case files did not describe the functions performed or the hours devoted to those tasks.

The eight cases all were cases handled pursuant to the Hague Convention. All activities that relate to Hague matters are claimable, as they all relate to the recovery and return of children by means of a civil proceeding. As the County explained to the Controller, the documents in these case files are not prepared to describe the functions performed or the hours devoted. The claimable hours and reimbursable activities are set forth on the time records. The documents in these case files reflect or are the claimable activities themselves, they are the court orders (memorializing court appearances), investigations, contacts, travel, and reports in the case.

The Parameters and Guidelines provide that evidence corroborating source documents can include, but are not limited to, documents like worksheets, purchase orders, contracts, and agendas. These documents in the case files are the same type of corroborating documents, except generated in the context of child custody court proceedings. As reimbursable activities, these case files were provided to the Controller to corroborate that the activities for which reimbursement was sought are reimbursable activities under the Parameters and Guidelines.

The same is true for the investigator files. These also were cases handled pursuant to Family Code § 3130 and included the investigators' notes, contacts, and reports. Although the draft states that three of the cases were not in the audit period, it is not contested that the one in the audit period and the other three all evidence the type of activities performed by the investigators. As such, they are also corroborative evidence within the meaning of the Parameters and Guidelines.

The County submits that these files are sufficient representatives of the other cases on which the Deputy District Attorneys and investigators worked. Should the Controller believe that the sample is not sufficient, however, the County is willing to make additional case files available for review.

### C. Time Records for FYs 2018-19 and 2020-21

The draft audit notes that it reviewed the time studies for the FYs 2018-19 and 2019-20 and found some time studies were not signed by the employee or employee's supervisor, signed before the end of the month, signed by the same person as employee and supervisor, or signed a month or several months after the end of the time period. None of these specific issues are disqualifying, but that, in any event, at most it is only the particular time sheet that is objectionable. It is not a basis for rejecting all properly completed time sheets.

In this regard, the County submitted 147 time sheets for FY 2018-19. Of these, all were signed by the employee and only two were not signed by a supervisor. Only 11 were signed by the supervisor one to three days before the end of the month. (The date of the employee's signature is not controlling because when the supervisor signs it after the end of the month, he or she is certifying that the time was expended as set forth on the time sheet to the best of his or her belief.) Only one was signed more than a month after the end of the time-studied month. Finally, the only instances where the time sheet was signed by the same person were time sheets signed by a supervisor for her own time, which she was authorized to do.

These record-keeping omissions do not show that the time on these time sheets is inaccurate. At worst, however, there are only 14 out of 147 time sheets with one of these issues, other than where the supervisor was authorized to approve her own time. That is not a basis for rejecting the other 133 time sheets, and not a basis for rejecting the time reported prior to the date of the supervisor's signature where circumstances caused him or her to have signed the time sheet a few days before the end of the month.

The same is true for FY 2019-20. 133 time sheets were submitted for this period. Of these, only two were not signed by a supervisor and only two were signed by a supervisor before the end of the month. This is not a basis for rejecting the 129 other time sheets. Of the time sheets signed late by an employee, all were after the COVID County-wide health emergency was declared in March 2020 and County employees were directed to stay home. Similarly, of 17 time studies signed late by a supervisor, 15 of 17 were after March 2020.

## VI. FUTURE RECORD KEEPING

As set forth above, the County believes that the documentation it has provided is sufficient and consistent with the Parameters and Guidelines. Nevertheless, in order to provide more detailed information in response to the Controller's requests, the County has implemented a new time-keeping policy and created new time records that reflect not only

claimable and non-claimable categories, but also individual task codes for each specific activity performed under each category.

Personnel have been advised to submit these new time records and have them approved by a specified date. These new time records will continue to be consistent with the State Controller's Office's Mandated Cost Manual for Local Agencies.

## VII. CONCLUSION

During the audit period, the District Attorney's office filed 141 cases resulting in the recovery and reunification of over 300 minors. The District Attorney's office is proud of its work.

In support of this claim, the County has submitted documentation consistent with the Parameters and Guidelines: time sheets certified by each employee and their supervisor allocating time between claimable and non-claimable activities, and schedules reflecting the employee's salaries and benefits, as well as indirect cost calculations.

There is no dispute that claimable activities were performed, benefiting hundreds of children and their parents or legal custodians. The draft audit's refusal to allow any compensation for this work is, on its face, unreasonable. Having provided reimbursement based on the same documentation for several years prior to the audit, the Controller's draft audit is arbitrary, capricious, and an abuse of discretion.

For the forgoing reason, the draft audit should be revised, and the Controller should reinstate all disallowed costs.

Attachment II
Page 1 of 1

State Controller's Office | Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | Reimbursement Claim Data | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $2,242,310 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | | Type of Claim | | (26) FORM 1, (06) | 64% |
| | (03) | (09) Reimbursement | [X] | (27) FORM 1, (07) | $894,247 |
| | (04) | (10) Combined | [ ] | (28) FORM 1, (09) | |
| | (05) | (11) Amended | [ ] | (29) FORM 1, (10) | |
| Fiscal Year of Cost | (06) | (12) 2017-2018 | | (30) | |
| Total Claimed Amount | (07) | (13) $3,136,557 | | (31) | |
| Less: 10% Late Penalty (refer to attached Instructions) | | (14) | | (32) | |
| Less: Prior Claim Payment Received | | (15) | | (33) | |
| Net Claimed Amount | | (16) $3,136,557 | | (34) | |
| Due from State | (08) | (17) $3,136,557 | | (35) | |
| Due to State | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM**

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer

[redacted]

Date Signed 1/25/19

John Naimo, Auditor-Controller

Type or Print Name and Title of Authorized Signatory

Telephone Number (213) 974-8302

Email Address jnaimo@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

Form FAM-27 (Revised 9/18)

# BETTY T. YEE
## California State Controller

August 5, 2022

Arlene Barrera, Auditor-Controller
Los Angeles County
500 West Temple Street
Los Angeles, CA 90012

Re: Audit of Mandated Cost Claims for the Custody of Minors—Child Abduction and Recovery Program for the Period of July 1, 2017, through June 30, 2021

Dear Ms. Barrera:

This letter constitutes the initiation of an audit by the State Controller's Office of Los Angeles County's legislatively mandated Custody of Minors – Child Abduction and Recovery Program cost claims filed for fiscal year (FY) 2017-18 through FY 2020-21. The amount claimed for the audit period totals $10,292,392. The objective of our audit is to determine whether costs claimed represent increased costs as a result of the mandated program. To that end, we will assess whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

Alexandra Bonezzi, of our office, contacted the county on July 26, 2022, to schedule an entrance conference for Tuesday, August 16, 2022, at 9:00 a.m. The audit will be conducted in accordance with generally accepted government auditing standards. Government Code sections 12410, 17558.5, and 17561 provide the authority for this audit. We will begin audit fieldwork after the entrance conference.

Please furnish working accommodations for staff. Attached is a list of documents that we will need to begin the audit. We request that this information be made available at the time of the entrance conference. We will request additional documentation throughout the audit process, if necessary.

Lisa Kurokawa is the Bureau Chief with overall responsibility for the audit. Kimberly Tarvin, CPA, is the Division Chief, and is responsible for final review and signing the audit report.

P.O. Box 942850, Sacramento, CA 94250 • (916) 445-2636
3301 C Street, Suite 700, Sacramento, CA 95816 • (916) 324-8907
901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754 • (323) 981-6802

If you have any questions, please contact me by telephone at (916) 323-2368, or email at khowell@sco.ca.gov.

Sincerely,

*Original signed by*

KEN HOWELL, Audit Manager
Compliance Audits Bureau
Division of Audits

KH/ac

*21205*

Attachment

cc: Fernando Lemus, Principal Accountant-Auditor
Los Angeles County
Holly Mitchell, Chair
Los Angeles County Board of Supervisors
Chris Hill, Principal Program Budget Analyst
Local Government Unit
California Department of Finance
Steven Pavlov, Finance Budget Analyst
Local Government Unit
California Department of Finance
Darryl Mar, Manager
Local Reimbursement Section
State Controller's Office
Lisa Kurokawa, Bureau Chief
Division of Audits
State Controller's Office
Alexandra Bonezzi, Auditor-in-Charge
Division of Audits
State Controller's Office

**Attachment—**
**Records Request for Mandated Cost Program**
**FY 2017-18 through 2020-21**

---

1. Copies of claims filed for the Custody of Minors – Child Abduction and Recovery Program for FY 2017-18, FY 2018-19, FY 2019-20 and FY 2020-21
2. Copies of external and internal audit reports performed on the mandated cost program.
3. Organization charts for the county effective during the audit period, showing employee names and position titles.
4. Chart of accounts
5. Documentation that supports the productive hourly rate used, including support for benefit rates.
6. Employee timesheets or time logs that support claimed hours.
7. Access to payroll records showing employee salaries and benefits paid during the audit.
8. Access to general ledger accounts that support disbursements.
9. Documentation that supports amounts received from other funding sources.
10. Documentation that supports the indirect cost rate proposal.
11. List of child abduction cases for each fiscal year.
12. Access to case files.

**State Controller's Office**
**Division of Audits**
**Post Office Box 942850**
**Sacramento, CA 94250**

**www.sco.ca.gov**

**State Controller's Office** **Mandated Cost Manual for Local Agencies**

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed FEB 01 2019 (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | Reimbursement Claim Data | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $2,242,310 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | (03) | Type of Claim | | (26) FORM 1, (06) | 64% |
| | | (09) Reimbursement | X | (27) FORM 1, (07) | $894,247 |
| | (04) | (10) Combined | | (28) FORM 1, (09) | |
| | (05) | (11) Amended | | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) 2017-2018 | | (30) | |
| **Total Claimed Amount** | (07) | (13) $3,136,557 | | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | | (33) | |
| **Net Claimed Amount** | | (16) $3,136,557 | | (34) | |
| **Due from State** | (08) | (17) $3,136,557 | | (35) | |
| **Due to State** | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM** EL

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

John Naimo

Date Signed 1/25/19

John Naimo, Auditor-Controller

Type or Print Name and Title of Authorized Signatory

Telephone Number (213) 974-8302

Email Address jnaimo@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

**Form FAM-27 (Revised 9/18)**

State Controller's Office | Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year |
|---|---|
| County of Los Angeles | 2017 /2018 |

(03) Department District Attorney's Office

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits 59.659% (1) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $1,404,436.92 | $837,873.02 | | | | $2,242,309.94 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $1,404,436.92 | $837,873.02 | | | | $2,242,309.94 |

| | | | |
|---|---|---|---|
| **Indirect Costs** | | | |
| (06) Indirect Cost Rate | [From ICRP or 10%] | (2) | 63.673% |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | | $894,247.12 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $3,136,557.06 |
| **Cost Reduction** | | | |
| (09) Less: Offsetting Revenues | | | |
| (10) Less: Other Reimbursements | | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | | $3,136,557.06 |

Revised 9/18

(1) See TAB D
(2) See TAB A

State Controller's Office | Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

(01) Claimant: County of Los Angeles / District Attorney's Office

(02) Fiscal Year: 2017/2018

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| see attached | see attached | see attached | see attached |
| (04) Total ☐ Subtotal ☐ | | | |

Revised 9/18

State Controller's Office — Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles / District Attorney's Office

(02) Fiscal Year: 2017/2018

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (PROGRAM 3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses — Object Accounts

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | (d) Salaries (1) | (e) Benefits 59.659% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| Alarcon, Rosa - DDA IV<br>Program 3130-3133 | 100.4000 | 5.00 | 502.00 | 299.49 | | | |
| Basulto, Bertha - Paralegal<br>Program 3130-3133 | 40.0250 | 1,448.00 | 57,956.20 | 34,576.09 | | | |
| Batsford, Mark - Sr. INV<br>Program 3130-3133 | 82.2668 | 1,904.00 | 156,635.99 | 93,447.47 | | | |
| Dubois(Martin), Jennifer - Sr. INV<br>Program 3130-3133 | 74.5532 | 1,850.00 | 137,923.42 | 82,283.73 | | | |
| Garcia, Jr. Manuel - DDA IV<br>Program 3130-3133 | 103.3692 | 150.00 | 15,505.38 | 9,250.35 | | | |
| Grimaldo, Maria - Sr. INV<br>Program 3130-3133 | 72.9800 | 976.00 | 71,228.48 | 42,494.20 | | | |
| Hardine, Elizabeth - Paralegal<br>Program 3130-3133 | 40.6251 | 1,744.00 | 70,850.17 | 42,268.50 | | | |
| Hernandez, Jaime - Sr. INV<br>Program 3130-3133 | 60.5227 | 990.00 | 59,917.47 | 35,746.16 | | | |
| Howick, Kelly - DDA III<br>Program 3130-3133 | 87.2572 | 173.00 | 15,095.50 | 9,005.82 | | | |
| Kahana, Tal - DDA III<br>Program 3130-3133 | 88.1171 | 390.00 | 34,365.67 | 20,502.22 | | | |
| Miller, Dennis - Sr. INV<br>Program 3130-3133 | 73.7125 | 1,940.00 | 143,002.25 | 85,313.71 | | | |
| Newton, Tanya - Sr. INV<br>Program 3130-3133 | 82.3057 | 1,772.00 | 145,845.70 | 87,010.09 | | | |
| Oppenborn, Christopher - Sergeant<br>Program 3130-3133 | 81.4610 | 1,583.00 | 128,952.76 | 76,931.93 | | | |
| Paik, Scott - Sr. INV<br>Program 3130-3133 | 72.9800 | 865.00 | 63,127.70 | 37,661.35 | | | |
| Pritchard, William - Sr. INV<br>Program 3130-3133 | 72.9800 | 480.00 | 35,030.40 | 20,898.79 | | | |
| Suzuki, Diane - Sr. INV<br>Program 3130-3133 | 81.9966 | 848.00 | 69,533.12 | 41,482.76 | | | |
| Weiske, Michelle - DDA III<br>Program 3130-3133 | 86.0604 | 23.00 | 1,979.39 | 1,180.88 | | | |
| Wong, Angie - ITC<br>Program 3130-3133 | 22.2178 | 1,518.00 | 33,726.62 | 20,120.96 | | | |
| Wong, Arnold - Sr. INV<br>Program 3130-3133 | 76.6900 | 752.00 | 57,670.88 | 34,405.87 | | | |
| (05) Total [ ] Subtotal [x] Page: 1 of 2 | | | 1,298,849.10 | 774,880.37 | | | |

Revised 9/18

(1) See TAB B

State Controller's Office | Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles / District Attorney's Office

(02) Fiscal Year: 2017/2018

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (PROGRAM 277, 278, & 278.5)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses — Object Accounts

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | (d) Salaries (1) | (e) Benefits 59.659% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| Alarcon, Rosa - DDA IV<br>Program 277, 278, & 278.5 | 100.4000 | 180.00 | 18,072.00 | 10,781.57 | | | |
| Garcia, Jr. Manuel - DDA IV<br>Program 277, 278, & 278.5 | 103.1752 | 354.00 | 36,524.02 | 21,789.87 | | | |
| Howick, Kelly - DDA III<br>Program 277, 278, & 278.5 | 87.1371 | 217.00 | 18,908.75 | 11,280.77 | | | |
| Kahana, Tal - DDA III<br>Program 277, 278, & 278.5 | 87.0027 | 230.00 | 20,010.62 | 11,938.14 | | | |
| Weiske, Michelle - DDA III<br>Program 277, 278, & 278.5 | 85.6198 | 141.00 | 12,072.39 | 7,202.27 | | | |
| (05) Total [ ] Subtotal [x] Page: 2 of 2 | | | 105,587.78 | 62,992.62 | | | |

Revised 9/18

(1) See TAB G

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed FEB 10 2020 (21) LRS Input FEB 10 2020 | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $1,959,043 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | | **Type of Claim** | | (26) FORM 1, (06) | 61 |
| | (03) | (09) Reimbursement | X | (27) FORM 1, (07) | $743,978 |
| | (04) | (10) Combined | | (28) FORM 1, (09) | |
| | (05) | (11) Amended | | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | 2018 / 2019 | (30) | |
| **Total Claimed Amount** | (07) | (13) | $2,703,020 | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | | (33) | |
| **Net Claimed Amount** | | (16) | $2,703,020 | (34) | |
| **Due from State** | (08) | (17) | $2,703,020 | (35) | |
| **Due to State** | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM**

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Arlene Barrera

Arlene Barrera, Auditor-Controller

Type or Print Name and Title of Authorized Signatory

Date Signed 1/30/20

Telephone Number (213) 974-8302

Email Address abarrera@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

Form FAM-27 (Revised 9/19)

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

(01) Claimant: County of Los Angeles

(02) Fiscal Year: 2018 /2019

(03) Department: District Attorney's Office

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries (2) | (b) Benefits 60.886% (1) (2) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $1,217,659.04 | $741,383.91 | | | | $1,959,042.95 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $1,217,659.04 | $741,383.91 | | | | $1,959,042.95 |

| Indirect Costs | | | |
|---|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | (1) | 61.099% |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | (2) | $743,977.50 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $2,703,020.45 |

| Cost Reduction | | |
|---|---|---|
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | $2,703,020.45 |

Revised 9/19

(1) See TAB D
(2) See TAB A

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

(01) Claimant COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE

(02) Fiscal Year 2018/2019

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| SEE ATTACHED | SEE ATTACHED | SEE ATTACHED | SEE ATTACHED |
| (04) Total ☐ Subtotal ☐ | | | |

Revised 9/19

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles

(02) Fiscal Year: 2018/2019

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | (d) Salaries (1) | (e) Benefits 60.886% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| Alarcon, Rosa - DDA IV<br>Program 3130-3133 | 103.0015 | 131.00 | 13,493.20 | 8,215.47 | | | |
| Alvarado, Roy - ITC<br>Program 3130-3133 | 25.5246 | 1,076.00 | 27,464.46 | 16,722.01 | | | |
| Basulto, Bertha - PARALEGAL<br>Program 3130-3133 | 42.0185 | 1,768.00 | 74,288.72 | 45,231.43 | | | |
| Batsford, Mark - SR. INV<br>Program 3130-3133 | 83.02 | 310.00 | 25,736.20 | 15,669.74 | | | |
| Crenshaw, Regina - SR. INV<br>Program 3130-3133 | 82.98 | 880.00 | 73,022.40 | 44,460.41 | | | |
| Franco, Susana - SR. INV<br>Program 3130-3133 | 59.6771 | 990.00 | 59,080.30 | 35,971.64 | | | |
| Hardine, Elizabeth - PARALEGAL<br>Program 3130-3133 | 41.8174 | 1,700.00 | 71,089.56 | 43,283.59 | | | |
| Hernandez, Jaime - SR. INV<br>Program 3130-3133 | 63.0727 | 1,070.00 | 67,487.80 | 41,090.63 | | | |
| Kahana, Tal - DDA III<br>Program 3130-3133 | 91.9685 | 242.00 | 22,256.37 | 13,551.02 | | | |
| Martin, Jennifer - SR. INV<br>Program 3130-3133 | 79.8485 | 1,790.00 | 142,928.80 | 87,023.62 | | | |
| Miller, Dennis - SR. INV<br>Program 3130-3133 | 77.4373 | 1,900.00 | 147,130.90 | 89,582.13 | | | |
| Newton, Tanya - SR. INV<br>Program 3130-3133 | 83.02 | 360.00 | 29,887.20 | 18,197.12 | | | |
| Oppenborn, Christopher -SERGEANT<br>Program 3130-3133 | 86.5773 | 1,806.00 | 156,358.64 | 95,200.51 | | | |
| Pritchard, William - SR. INV<br>Program 3130-3133 | 19.4092 | 146.00 | 2,833.74 | 1,725.36 | | | |
| Serna, Norma - DDA III<br>Program 3130-3133 | 91.5472 | 96.00 | 8,788.53 | 5,350.98 | | | |
| Suzuki, Diane - SR. INV<br>Program 3130-3133 | 86.5431 | 1,836.00 | 158,893.04 | 96,743.62 | | | |
| Weiske, Michelle - DDA III<br>Program 3130-3133 | 87.18 | 118.00 | 10,287.24 | 6,263.48 | | | |
| Wong, Angie - SR. INV<br>Program 3130-3133 | 22.5729 | 331.50 | 7,482.93 | 4,556.06 | | | |
| (05) Total [ ] Subtotal [X] Page: 1 of 2 | | | 1,098,510.03 | 668,838.82 | | | |

Revised 9/19

(1) See TAB B

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: COUNTY OF LOS ANGELES

(02) Fiscal Year: 2018/2019

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders 277, 278 & 278.5
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses — Object Accounts

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost (1) | (c) Hours Worked or Quantity (1) | (d) Salaries (1) | (e) Benefits 60.886% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| ALARCON, ROSA - DDA IV PROGRAM 277, 278 & 278.5 | 102.2596 | 788.00 | 80,580.57 | 49,062.29 | | | |
| KAHANA, TAL - DDA III PROGRAM 277, 278 & 278.5 | 90.4024 | 399.00 | 36,070.56 | 21,961.93 | | | |
| SERNA, NORMA - DDA III PROGRAM 277, 278 & 278.5 | 91.2427 | 15.00 | 1,368.64 | 833.31 | | | |
| SUZUKI, DIANE - SR. INV PROGRAM 277, 278 & 278.5 | 86.3600 | 5.00 | 431.80 | 262.91 | | | |
| WEISKE, MICHELLE - DDA III PROGRAM 277, 278 & 278.5 | 87.1800 | 8.00 | 697.44 | 424.65 | | | |
| (05) Total [X] Subtotal [ ] Page: 2 of 2 | | | 119,149.01 | 72,545.09 | | | |

Revised 9/19

(1) See TAB C

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT | For State Controller Use Only (19) Program Number 00013 (20) Date Filed FEB 16 2021 (21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | | Reimbursement Claim Data | |
| (02) Claimant Name | Auditor-Controller | | | (22) FORM 1, (04) 1. (f) | $1,678,993 |
| County of Location | County of Los Angeles | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | 500 W. Temple Street | Suite | 603 | (24) FORM 1, (04) 3. (f) | |
| City | Los Angeles | State CA | Zip Code 90012 | (25) FORM 1, (04) 4. (f) | |
| | | Type of Claim | | (26) FORM 1, (06) | 62 |
| | (03) | (09) Reimbursement | X | (27) FORM 1, (07) | $628,820 |
| | (04) | (10) Combined | ☐ | (28) FORM 1, (09) | |
| | (05) | (11) Amended | ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | 2019/ 2020 | (30) | |
| **Total Claimed Amount** | (07) | (13) | $2,307,814 | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | | (33) | |
| **Net Claimed Amount** | | (16) | $2,307,814 | (34) | |
| **Due from State** | (08) | (17) | $2,307,814 | (35) | |
| **Due to State** | | (18) | | (36) | |

**(37) CERTIFICATION OF CLAIM**

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Arlene Barrera

Arlene Barrera, Auditor-Controller

Type or Print Name and Title of Authorized Signatory

Date Signed 2-11-21

Telephone Number (213) 974-8302

Email Address abarrera@auditor.lacounty.gov

(38) Name of Agency Contact Person for Claim

Hasmik Yaghobyan

Telephone Number (213) 974-9653

Email Address hyaghobyan@auditor.lacounty.gov

Name of Consulting Firm / Claim Preparer

Telephone Number

Email Address

Form FAM-27 (Revised 9/19)

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

(01) Claimant: COUNTY OF LOS ANGELES

(02) Fiscal Year: 2019/2020

(03) Departme

| Direct Costs (1) | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | 1,013,744.09 | 665,249.30 | | | | 1,678,993.39 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | 1,013,744.09 | 665,249.30 | | | | 1,678,993.39 |

| | | |
|---|---|---|
| **Indirect Costs** | | |
| (06) Indirect Cost Rate | [From ICRP or 10%] (1) | 62.0295 % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | 628,820.39 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | 2,307,813.78 |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) minus {line (09) + line (10)}] | 2,307,813.78 |

Revised 9/2020 (1) SEE TAB A

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

(01) Claimant COUNTY OF LOS ANGELES

(02) Fiscal Year 20 19 /20 20

(03) Indirect Costs Computation (1)

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| SEE ATTACHED | SEE ATTACHED | SEE ATTACHED | SEE ATTACHED |
| (04) Total ☐ Subtotal ☐ | | | |

Revised 9/2020

(1) SEE TAB A

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: COUNTY OF LOS ANGELES

(02) Fiscal Year: 2019/2020

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses (1)

| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | Object Accounts (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| Alarcon, Rosa - DDA IV Program 3130-3133 | 109.1839 | 114.00 | 12,446.96 | 8,168.06 | | | |
| Alvarado, Roy - ITC Program 3130-3133 | 26.1689 | 1,765.50 | 46,201.21 | 30,318.62 | | | |
| Basulto, Bertha - Paralegal Program 3130-3133 | 42.6383 | 720.00 | 30,699.60 | 20,145.98 | | | |
| Cisneros, Jose - Sergeant Program 3130-3133 | 87.9633 | 1,456.50 | 128,118.53 | 84,075.22 | | | |
| Franco, Susana - SR. INV Program 3130-3133 | 63.8600 | 780.00 | 49,810.80 | 32,687.34 | | | |
| Hardine, Elizabeth - PARALEGAL Program 3130-3133 | 43.2676 | 1,896.00 | 82,035.28 | 53,834.01 | | | |
| Kahana, Tal - DDA III Program 3130-3133 | 92.9913 | 233.00 | 21,666.97 | 14,218.52 | | | |
| Martin, Jennifer - SR. INV Program 3130-3133 | 82.1478 | 1,810.50 | 148,728.68 | 97,600.21 | | | |
| Miller, Dennis - SR. INV Program 3130-3133 | 79.7727 | 1,820.00 | 145,186.40 | 95,275.70 | | | |
| Oppenborn, Christopher - SERGEANT Program 3130-3133 | 88.5500 | 280.00 | 24,794.00 | 16,270.56 | | | |
| Papayoanou, Stephen - SR. INV Program 3130-3133 | 86.4242 | 389.00 | 33,619.01 | 22,061.80 | | | |
| Pritchard, William - SR. INV Program 3130-3133 | 22.0428 | 478.00 | 10,536.44 | 6,914.34 | | | |
| Rodriguera, Claudia - SR. INV Program 3130-3133 | 76.5260 | 1,180.00 | 90,300.70 | 59,258.04 | | | |
| Serna, Norma - DDA III Program 3130-3133 | 94.3657 | 49.50 | 4,671.10 | 3,065.33 | | | |
| Suzuki, Diane - SR. INV Program 3130-3133 | 88.5400 | 478.00 | 42,322.12 | 27,773.04 | | | |
| (05) Total [ ] Subtotal [x] Page: 1 of 2 | | | 871,137.80 | 571,666.77 | | | |

Revised 9/2020

(1) SEE TAB B

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant
COUNTY OF LOS ANGELES

(02) Fiscal Year
2019/2020

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (277, 278, & 278.5)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses (1)

| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | Object Accounts (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| ALARCON, ROSA - DDA IV<br>PROGRAM 277, 278, & 278.5 | 108.19 | 748.00 | 80,926.48 | 53,106.38 | | | |
| KAHANA, TAL - DDA III<br>PROGRAM 277, 278, & 278.5 | 94.26 | 581.00 | 54,766.97 | 35,939.73 | | | |
| SERNA, NORMA - DDA III<br>PROGRAM 277, 278, & 278.5 | 93.42 | 74.00 | 6,912.84 | 4,536.42 | | | |
| (05) Total [X] Subtotal [ ] Page: 2 of 2 | | | 142,606.29 | 93,582.53 | | | |

Revised 9/2020 (1) SEE TAB C

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| CUSTODY OF MINORS- CHILD ABDUCTION AND RECOVERY CLAIM FOR PAYMENT FORM | For State Controller Use Only (19) Program Number 00013 (20) Date Filed FEB 15 2022 (21) LRS Input | Program 013 |
|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | 9919 | | Reimbursement Claim Data | | |
| (02) Claimant Name | Auditor-Controller | | (22) | FORM 1, (04) 1. (f) | $1,556,317 |
| County of Location | County of Los Angeles | | (23) | FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box and Suite | 500 W. Temple Street, Room 603 | | (24) | FORM 1, (04) 3. (f) | |
| City, State, and Zip Code | Los Angeles, CA. 90012 | | (25) | FORM 1, (04) 4. (f) | |
| (03) | Type of Claim | | (26) | FORM 1, (06) | 62 |
| (04) | (09) Reimbursement | X | (27) | FORM 1, (07) | $588,524 |
| (05) | (10) Combined | | (28) | FORM 1, (09) | |
| (06) | (11) Amended | | (29) | FORM 1, (10) | |
| (07) | (12) Fiscal Year of Cost | 2020/2021 | (30) | | |
| (08) | (13) Total Claimed Amount | $2,144,841 | (31) | | |
| (14) Less: 10% Late Penalty | | | (32) | | |
| (15) Less: Prior Claim Payment Received | | | (33) | | |
| (16) Net Claimed Amount | | $2,144,841 | (34) | | |
| (17) Due from State | | $2,144,841 | (35) | | |
| (18) Due to State | | | (36) | | |

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.

I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Signature of Authorized Officer | Date Signed | 2-4-22 |
|---|---|---|
| Arlene Barrera | Telephone Number | (213) 974-8302 |
| Type or Print Name and Title of Authorized Signatory | Email Address | abarrera@auditor.lacounty.gov |
| Arlene Barrera, Auditor-Controller | | |

| (38) Name of Agency Contact Person for Claim | Telephone Number | (213) 974-0324 |
|---|---|---|
| Fernando Lemus | Email Address | flemus@auditor.lacounty.gov |
| Name of Consulting Firm/Claim Preparer | Telephone Number | |
| | Email Address | |

Revised 9/2020

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | County of Los Angeles | (02) | Fiscal Year 20 20 /20 21 |
|---|---|---|---|

(03) Department

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits 63.235% (1) | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | $953,421.22 | $602,895.92 | | | | $1,556,317.14 |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | $953,421.22 | $602,895.92 | | | | $1,556,317.14 |

| Indirect Costs | | | |
|---|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | (2) | 61.7276 % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | | $588,524.04 |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | | $2,144,841.18 |
| **Cost Reduction** | | | |
| (09) Less: Offsetting Revenues | | | |
| (10) Less: Other Reimbursements | | | |
| (11) Total Claimed Amount | [Line (08) minus {line (09) + line (10)}] | | $2,144,841.18 |

Revised 9/2020

(1) See TAB A
(2) See TAB B

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

(01) Claimant: County of Los Angeles District Attorney's Office

(02) Fiscal Year: 2020/2021

(03) Indirect Costs Computation **(1)**

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| SEE ATTACHED | SEE ATTACHED | SEE ATTACHED | SEE ATTACHED |
| (04) Total ☐ Subtotal ☐ | | | |

**(1) See TAB B**

**Revised 9/2020**

**State of California**
**State Controller's Office**

**Mandated Cost Manual for Local Agencies**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles District Attorney's Office

(02) Fiscal Year: 2020/2021

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (3130-3133)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

| (04) Description of Expenses (2) | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits 63.235% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| Alarcon, Rosa - DDA IV Program 3130-3133 | 114.767308 | 78.00 | 8,951.85 | 5,660.68 | | | |
| Alvarado, Roy - ITC Program 3130-3133 | 27.666625 | 1920.00 | 53,119.92 | 33,590.42 | | | |
| Cisneros, Jose - Sergeant Program 3130-3133 | 90.500000 | 840.00 | 76,020.00 | 48,071.24 | | | |
| Hardine, Elizabeth- Paralegal Program 3130-3133 | 45.209585 | 1928.00 | 87,164.08 | 55,118.21 | | | |
| Kahana, Tal - DDA III Program 3130-3133 | 97.925256 | 234.00 | 22,914.51 | 14,489.98 | | | |
| Le, Andy - Sergeant Program 3130-3133 | 86.350000 | 740.00 | 63,899.00 | 40,406.53 | | | |
| Martin, Jennifer - Sr. INV Program 3130-3133 | 85.971778 | 1,766.00 | 151,826.16 | 96,007.28 | | | |
| Miller, Dennis - Sr. INV Program 3130-3133 | 82.934547 | 1,478.00 | 122,577.26 | 77,511.74 | | | |
| Rodriguera, Claudia - Sr. INV Program 3130-3133 | 81.949681 | 1,880.00 | 154,065.40 | 97,423.27 | | | |
| Serna, Norma - DDA III Program 3130-3133 | 96.842635 | 83.50 | 8,086.36 | 5,113.40 | | | |
| Trujillo, Ruth - Paralegal Program 3130-3133 | 32.193025 | 1904.00 | 61,295.52 | 38,760.21 | | | |
| (05) Total [ ] Subtotal [X] Page: 1 of 2 | | | 809,920.06 | 512,152.96 | | | |

Revised 9/2020

(1) See TAB A
(2) See TAB D

State of California
State Controller's Office

Mandated Cost Manual for Local Agencies

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant: County of Los Angeles District Attorney's Office

(02) Fiscal Year: 2020/2021

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- [x] 1. Compliance with Court Orders (277, 278, & 278.5)
- [ ] 2. Court Costs for Out-of-Jurisdiction Cases
- [ ] 3. Secure Appearance of Offender
- [ ] 4. Return of Children to Custodian

(04) Description of Expenses (2)

| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | Object Accounts (d) Salaries | (e) Benefits 63.235% (1) | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| Alarcon, Rosa - DDA IV<br>Program 277, 278, & 278.5 | 114.773353 | 835.00 | 95,835.75 | 60,601.74 | | | |
| Kahana, Tal - DDA III<br>Program 277, 278, & 278.5 | 97.265894 | 397.00 | 38,614.56 | 24,417.93 | | | |
| Serna, Norma - DDA III<br>Program 277, 278, & 278.5 | 97.320968 | 93.00 | 9,050.85 | 5,723.29 | | | |
| (05) Total [x] Subtotal [ ] Page: 2 of 2 | | | 143,501.16 | 90,742.96 | | | |

Revised 9/2020

(1) See TAB A
(2) See TAB C

Amended: October 30, 2009
Amended: August 26, 1999
Amended: July 25, 1987
Amended: July 19, 1984
Adopted: January 21, 1981

# AMENDMENT TO PARAMETERS AND GUIDELINES

Family Code Sections 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare And Institutions Code Section 11478.5

Chapter 1399, Statutes of 1976
Chapter 162, Statutes of 1992
Chapter 988, Statutes of 1996

*Custody of Minors-Child Abduction and Recovery*

05-PGA-26 (CSM 4237)

State Controller's Office, Claimant

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160, and 5169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.

## II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

## III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate is eligible to claim reimbursement of those costs.

## IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30$^{th}$ following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561 (d) (3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

V. REIMBURSABLE COSTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in

Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, all direct and indirect costs of labor, materials and supplies, training and travel for the following activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

   a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care

may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs

of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

VII. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section V of this document.

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with

the claim.

3. Materials and Supplies

Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications, may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through

a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

1. Reimbursements

   On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

   In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

   Any amount received by a county and forwarded directly to the state, must be reported on the cost summary form, but will not reduce the amount of the claim.

2. Mileage and Travel

   Local entities will be reimbursed according to the rules of the local jurisdiction.

VIII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter1 is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

1 This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from the claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained therein.

LRSF080 DIVISION OF ACCOUNTING AND REPORTING 03/23/22
BUREAU OF LOCAL REIMBURSEMENTS 09:49:08
PAYMENTS FOR A CLAIM/PAYEE/PROGRAM/FISCAL YEAR

PAYEE NBR: 9919 PAYEE NAME: COUNTY OF LOS ANGELES PGM NBR: 13
CH NBR: 1399/76 PGM: CHILD ABDUCT & RECOV:1399/76-L FY: 2017/2018
TOT FYTD PAID AMT: 3,136,557.00 BAL DUE CLM: .00 PGM TYPE: MAN
FNL APRVD CLM AMT: 3,136,557.00 BAL DUE ST: .00 1ST TIME PGM: N

| CL TYP | PMT TYP | MAN PAY | DT FILED | CLAIM AMT | ADJUSTMENT AMT |
|---|---|---|---|---|---|
| APPROVED AMT | FNL APRVD AMT | PRO PCT | AMT BEFORE AR | BAL DUE CLAIM | |
| AR OFFSET AMT | WARRANT AMT | ISSUE DATE | CLAIM SCHED NBR | | |
| _ A | A01 | N | 02/01/2019 | 3,136,557.00 | .00 |
| 3,136,557.00 | 3,136,557.00 | 1.00000000 | 3,136,557.00 | | |
| .00 | 3,136,557.00 | 08/15/2019 | MA96103A | | .00 |

DC982051 Last page...
PAYEE NBR: 9919 PGM NBR: 13 FY: 2017/2018
PF10= CLMS FOR A PGM/FY PF11= WARRANT INFORMATION PF9= INTEREST PAY INFO

~~0~~ PENALTY

$3,136,557 - GROSS PAY
-$ 0 - OFFSETS

$3,136,557 - NET PAY

```
LRSF056              DIVISION OF ACCOUNTING AND REPORTING              03/23/22
                        BUREAU OF LOCAL REIMBURSEMENTS                 09:49:14
                     ACCOUNTS RECEIVABLE'S OVERPAYMENTS

PAYEE NBR: 9919        PAYEE NAME: COUNTY OF LOS ANGELES
  PGM NBR:    13         PGM NAME: CHILD ABDUCT & RECOV:1399/76-L
       FY: 2017/2018 CHAPTER NBR: 1399/76

ACL
CODE: FND  SUB AGCY FY  REF/ITM FED/CATLG CT PG EL COM TSK
             ORIGINAL AMT          AVAIL AMT   STATUS    EST DATE    LETTER DATE



DC982043 No overpayments for payee and program/fiscal year requested
            PAYEE NBR: 9919      PGM NBR:    13  FY: 2017/2018   PF11= AR LIST
 PF4= ADD  PF5= MODIFY  PF6= DELETE  PF9= O/P COLLECTIONS PF10= CLMS FOR PGM/FY
```

LRSF081 DIVISION OF ACCOUNTING AND REPORTING 03/23/22
BUREAU OF LOCAL REIMBURSEMENTS 09:49:18
CLAIM ADJUSTMENT DETAIL LIST

PAYEE NBR: 9919 COUNTY OF LOS ANGELES
PGM NBR: 13 CHILD ABDUCT & RECOV:1399/76-L
CHAPTER: 1399/76 FY: 2017/2018 CLAIMED AMOUNT: 3,136,557.00
FINAL APRVD DATE: 02/05/2019 TOTAL ADJUSTMENTS AMOUNT: 0.00
ADJUSTMENT LETTER DATE: 00/00/0000 FINAL APRVD CLAIM AMT: 3,136,557.00

| ADJ DATE | FNL APR DATE | LTR DATE | TYPE | ADJUSTOR | AMOUNT | REASON |
|---|---|---|---|---|---|---|

PROJECTED APPROVED AMOUNT=> 3,136,557.00

DC982029 Claim does not have any adjustment records
PAYEE NBR: 9919 PGM NBR: 13 FY: 2017/2018
PF4= ADD ADJ PF5= MODIFY ADJ PF6= DELETE ADJ PF10= CLMS FOR A PGM/FY

```
LRSF003M          DIVISION OF ACCOUNTING AND REPORTING          03/23/22
                     BUREAU OF LOCAL REIMBURSEMENTS             09:49:01
                        MODIFY CLAIM INFORMATION

            PAYEE NUMBER: 9919            COUNTY OF LOS ANGELES
          PROGRAM NUMBER:    13           CHILD ABDUCT & RECOV:1399/76-L
          CHAPTER NUMBER: 1399/76
             FISCAL YEAR: 2017/2018       BALANCE DUE:
CLAIM TYPE ==============> A  (A/E)
CLAIM FILED DATE========> 02/01/2019  (MM/DD/CCYY)
CLAIMED AMOUNT ==========>   3,136,557.00
CONTACT NAME ============> HASMIK YAGHOBYAN
CONTACT PHONE NUMBER ===> 213  974-9653  EX
MANUAL PAY ==============> N  (Y/N)_____
ADJ LETTER DATE ========> 00/00/0000  (MM/DD/CCYY)
CLAIM BLOCK IND ========> U  (B/U)
PAYMENT TYPE CODE ======> A  (E/A/F/L/D/I)
CLAIM STATUS ===========> 6  (0-6)  PAID
ACTIVE CLAIM IND =======> A  (A/I)
CLAIM AUDITED IND ======> N  (Y/N)
INTEREST PAID IND ======> N  (Y/N)

            PAYEE NBR: 9919      PGM NBR:    13  FY: 2017/2018
ENTER= MOD CLM PF4= ADD CLM PF6= DEL CLM PF10= CLAIMS FOR PGM/FY
```

## Howell, Kenneth

**From:** Bonezzi, Alexandra L.
**Sent:** Tuesday, July 26, 2022 12:00 PM
**To:** flemus@auditor.lacounty.gov
**Cc:** Howell, Kenneth
**Subject:** Audit of the Mandated Cost Claims - Custody of Minors - Child Abduction and Recovery Program

Good Morning Mr. Lemus,

I called and left a voicemail for you this morning but thought I would also follow up with an email. My name is Alexandra Bonezzi and I am an auditor with the State Controller's Office. I have been assigned to the audit the county's mandated cost claims for the Custody of Minors – Child Abduction and Recovery Program for fiscal year (FY) 2017-18, FY 2018-19, FY 2019-20, and FY 2020-21. I am contacting you because you are the listed contact person on the claims. Total costs claimed during this four year period amount to $10,292,232.

I would like to schedule a meeting via Microsoft Teams with the county. During the entrance meeting we will discuss the audit scope and objectives, audit authority and statutes, and the reporting process. I anticipate the entrance meeting to last no longer than 30 minutes. Following the entrance meeting, I would like to have a brief discussion with someone at the county that is familiar with the county's claim preparation process and internal control procedures.

I am looking to schedule the entrance meeting for Tuesday, August 9 at 10:00 am. Please let me know if this date and time work for the county. Once we confirm an entrance date and time I will provide a list of preliminary documentation needed to start this audit.

Please let me know if you have any questions.

Thank you,

**Alexandra Bonezzi** | Auditor
Office of State Controller Betty T. Yee
Division of Audits, Compliance Audits Bureau
3301 C Street, Suite 725A
Sacramento, CA 95816 | Office/Cell Phone: (916) 704-9377

CONFIDENTIALITY NOTICE: This communication with its contents as well as any attachments may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

## Howell, Kenneth

**From:** Bonezzi, Alexandra L.
**Sent:** Friday, August 5, 2022 1:07 PM
**To:** abarrera@auditor.lacounty.gov
**Cc:** Lemus, Fernando; hollyjmitchell@bos.lacounty.gov; chris.hill@dof.ca.gov; steven.pavlov@dof.ca.gov; Mar, Darryl; Kurokawa, Lisa; Aquino, Socorro; Howell, Kenneth
**Subject:** Engagement Start Letter - Los Angeles County - Custody of Minors Mandated Cost Audit
**Attachments:** Start Letter - Los Angeles County - Custody of Minors - Child Abduction and Recovery Program.pdf

Good Afternoon Ms. Barrera,

My name is Alexandra Bonezzi and I am an auditor with the State Controller's Office. The State Controller's Office has initiated an audit of the Los Angeles County's Custody of Minors – Child Abduction and Recovery Program mandated cost claims for fiscal year (FY) 2017-18, FY 2018-19, FY 2019-20, and FY 2020-21. Please see the attached official engagement start letter.

If you have any questions regarding the upcoming audit, please contact me at abonezzi@sco.ca.gov or call me at (916) 704-9377.

Please confirm that you received this message and attached official engagement start letter.

Thank you,

**Alexandra Bonezzi** | Auditor
Office of State Controller Betty T. Yee
Division of Audits, Compliance Audits Bureau
3301 C Street, Suite 725A
Sacramento, CA 95816 | Office/Cell Phone: (916) 704-9377

CONFIDENTIALITY NOTICE: This communication with its contents as well as any attachments may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

| | |
|---|---|
| IN RE REQUEST TO AMEND PARAMETERS AND GUIDELINES<br><br>Family Code Sections 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, and 3421<br>Penal Code Sections 277, 278, and 278.5<br>Welfare And Institutions Code Section 11478.5<br><br>Chapter 1399, Statutes of 1976<br>Chapter 162, Statutes of 1992<br>Chapter 988, Statutes of 1996<br><br>Filed on April 7, 2006<br><br>By the State Controller's Office, Requestor | No. 05-PGA-43 (4237)<br><br>*Request to Add Boilerplate Language Custody of Minors-Child Abduction and Recovery*<br><br>**NOTICE OF DRAFT STAFF ANALYSIS, COMMENT PERIOD, AND HEARING DATE** |

**TO: State Controller's Office**
**California State Association of Counties**
**League of California Cities**
**Counties of Los Angeles and San Bernardino**
**City of Newport Beach**
**Maximus, Financial Services**
**Department of Finance**
**Legislative Analyst's Office**
**Interested Parties**

The draft staff analysis and proposed amendments to the parameters and guidelines for the above-named matter are being posted to the Commission's website for your review and comment. These documents may be found at http://www.csm.ca.gov/boilerplate.

**Review and Comments.** All state agencies and interested parties in receipt of this notice are invited to comment on the draft staff analysis and proposed amendments to parameters and guidelines. Recommendations and comments must be submitted to the Commission by **October 14, 2009**.

An original and one copy, or an original and an Adobe Acrobat PDF file, shall be submitted to the Commission. PDF files should be e-mailed to: csminfo@csm.ca.gov. The comments will be posted on the Commission's website. This will satisfy all the service requirements under California Code of Regulations, title 2, section 1181.2, subdivision (d).

**Hearing.** This matter is scheduled for hearing on **October 30, 2009,** at 9:30 a.m. in Room 447, State Capitol, Sacramento, CA. The final staff analysis will be issued by October 19, 2009. Please let us know in advance if you or a representative of your agency will testify at the hearing, and if other witnesses will appear. If you would like to request postponement of the hearing, please refer to section 1183.01, subdivision (c)(2), of the Commission's regulations.

Please contact Nancy Patton at (916) 323-8217 if you have questions.

Dated: September 23, 2009

PAULA HIGASHI, Executive Director

# Tab 5

STATE of CALIFORNIA
COMMISSION ON STATE MANDATES

September 26, 2017

Mr. Christian Keiner
Dannis Woliver Kelly
555 Capitol Mall, Suite 645
Sacramento, CA 95814

Ms. Jill Kanemasu
Division of Accounting and Reporting
State Controller's Office
3301 C Street, Suite 700
Sacramento, CA 95816

*And Parties, Interested Parties, and Interested Persons (See Mailing List)*

Re: **Decision**
*Integrated Waste Management,* 14-0007-I-04
Public Resources Code Sections 40418, 40196.3, 42920-42928;
Public Contract Code Sections 12167 and 12167.1
Statutes 1992, Chapter 1116 (AB 3521); Statutes 1999, Chapter 764 (AB 75)
State Agency Model Integrated Waste Management Plan (February 2000)
Fiscal Years: 1999-2000, 2000-2001, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, and 2010-2011
Gavilan Joint Community College District, Claimant

Dear Mr. Keiner and Ms. Kanemasu:

On September 22, 2017, the Commission on State Mandates adopted the Decision on the above-entitled matter.

Sincerely,

Heather Halsey
Executive Director

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

| | |
|---|---|
| IN RE INCORRECT REDUCTION CLAIM ON:<br><br>Public Resources Code Sections 40148, 40196.3, 42920-42928; Public Contract Code Sections 12167 and 12167.1; Statutes 1992, Chapter 1116 (AB 3251); Statutes 1999, Chapter 764 (AB 75); State Agency Model Integrated Waste Management Plan (February 2000)<br><br>Fiscal Years 1999-2000, 2000-2001, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010 and 2010-2011<br><br>Gavilan Joint Community College District, Claimant | Case No.: 14-0007-I-04<br><br>*Integrated Waste Management*<br><br>DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7<br><br>(*Adopted September 22, 2017*)<br><br>(*Served September 26, 2017*) |

**DECISION**

The Commission on State Mandates (Commission) heard and decided this Incorrect Reduction Claim (IRC) during a regularly scheduled hearing on September 22, 2017. Claimant, Gavilan Joint Community College District, did not attend the hearing. Lisa Kurokawa appeared for the State Controller's Office (Controller).

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code section 17500 et seq., and related case law.

The Commission adopted the Proposed Decision to partially approve the IRC by a vote of 7-0 as follows:

| **Member** | **Vote** |
|---|---|
| Lee Adams, County Supervisor | Yes |
| Richard Chivaro, Representative of the State Controller, Vice Chairperson | Yes |
| Mark Hariri, Representative of the State Treasurer | Yes |
| Scott Morgan, Representative of the Director of the Office of Planning and Research | Yes |
| Sarah Olsen, Public Member | Yes |
| Eraina Ortega, Representative of the Director of the Department of Finance, Chairperson | Yes |
| Carmen Ramirez, City Council Member | Yes |

**Summary of the Findings**

This IRC addresses reductions made by the Controller to reimbursement claims of the Gavilan Joint Community College District (claimant) for fiscal years 1999-2000, 2000-2001, and 2003-2004 through 2010-2011, under the *Integrated Waste Management* program, 00-TC-07. The Controller made the audit reductions because the claimant did not identify and deduct from its reimbursement claims offsetting cost savings from its diversion of solid waste and the associated reduced or avoided landfill disposal costs.

The Commission finds that the Controller timely initiated the audit of the fiscal year 2000-2001 reimbursement claim and timely completed the audit for all claims pursuant to Government Code section 17558.5. Government Code section 17558.5(a) tolls the time to initiate the audit to three years from the date of initial payment on the claim, rather three years from the date the claim was filed, "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed." The record shows that payment on the 2000-2001 reimbursement claim was first made by the Controller on either January 18, 2011,[1] or January 28, 2011,[2] within three years of the date the audit was initiated on January 17, 2014. Thus, the audit was timely initiated. The audit was complete for all reimbursement claims when the final audit report was issued April 11, 2014,[3] well before the two-year deadline of January 17, 2016.

On the merits, the Commission finds that the audit reductions are partially correct. The Controller correctly presumed, consistent with the test claim statutes and the court's interpretation of those statutes, and without any evidence to the contrary, that the claimant realized cost savings during the audit period equal to the avoided landfill disposal fee per ton of waste required to be diverted.

The Commission further finds, based on the evidence in the record, that the Controller's calculation of offsetting cost savings for fiscal years 1999-2000, 2000-2001, the second half of fiscal year 2003-2004, and fiscal years 2004-2005 through 2010-2011, is correct as a matter of law and is not arbitrary, capricious, or entirely lacking in evidentiary support. Because the claimant exceeded the mandate and diverted more solid waste than required by law, the Controller's cost savings formula "allocated" the diversion percentage by dividing the percentage of solid waste required to be diverted, either 25 or 50 percent, by the actual percentage of solid waste diverted, as reported by the claimant to the California Integrated Waste Management Board (CIWMB). The resulting quotient was then multiplied by the tons of solid waste diverted, as annually reported by the claimant to CIWMB, multiplied by the avoided landfill disposal fee (based on the statewide average fee).[4] The formula allocates cost savings based on the mandated rates of diversion, and was intended to prevent penalizing the claimant

[1] Exhibit A, IRC, page 292.

[2] Exhibit B, Controller's Late Comments on the IRC, page 36.

[3] Exhibit A, IRC, page 24 (Final Audit Report).

[4] Exhibit A, IRC, pages 33-35 (Final Audit Report); Exhibit B, Controller's Late Comments on the IRC, page 21.

for diverting more solid waste than the amount mandated by law.[5] The claimant has not filed any evidence to rebut the statutory presumption of cost savings or to show that the statewide average disposal fee is incorrect or arbitrary. Thus, the Controller's reduction of costs claimed for these fiscal years is correct.

However, the Controller's reduction of costs claimed for the first half of fiscal year 2003-2004 is incorrect as a matter of law because the Controller calculated offsetting savings using an incorrect required diversion rate. During this period, the claimant achieved an actual diversion percentage of 75.43 percent.[6] The Controller allocated the diversion rate for the first half of fiscal year 2003-2004, as it had done for the other fiscal years, because the claimant exceeded the mandate. However, the Controller used a 50 percent rate to calculate the allocated diversion rate, although the test claim statutes required only 25 percent diversion in calendar year 2003. The requirement to divert 50 percent of solid waste did not become operative until January 1, 2004.[7] Applying the Controller's calculation of cost savings (using 25 percent to calculate the allocated diversion rate) to the first half of fiscal year 2003-2004, results in offsetting costs savings of $3,822 (25 percent mandated diversion rate divided by 75.43 percent actual diversion rate equals a 33.14 percent allocated rate, multiplied by 313.1 tons diverted, multiplied by the avoided statewide average landfill disposal fee of $36.83),[8] rather than the $7,644 calculated by the Controller using a 50 percent diversion rate.

Accordingly, the Commission finds that the law and the record support offsetting cost savings for the first half of fiscal year 2003-2004 of $3,822, rather than $7,644, and that the difference of $3,822 has been incorrectly reduced.

Therefore, the Commission partially approves this IRC, and requests, pursuant to Government Code section 17551(d) and section 1185.9 of the Commission's regulations, that the Controller reinstate $3,822 to the claimant.

## COMMISSION FINDINGS

### I. Chronology

10/06/2005 The claimant filed its 1999-2000, 2000-2001, 2003-2004, and 2004-2005 reimbursement claims.[9]

12/27/2006 The claimant filed its 2005-2006 reimbursement claim.[10]

01/22/2008 The claimant filed its 2006-2007 reimbursement claim.[11]

---

[5] Exhibit B, Controller's Late Comments on the IRC, page 21.

[6] Exhibit B, Controller's Late Comments on the IRC, page 77.

[7] Public Resources Code sections 42921; Exhibit A, IRC, page 43 (Parameters and Guidelines, adopted March 30, 2005).

[8] Exhibit B, Controller's Late Comments on the IRC, page 77.

[9] Exhibit A, IRC, pages 224, 230, 237, and 244.

[10] Exhibit A, IRC, page 251.

[11] Exhibit A, IRC, page 258.

| | |
|---|---|
| 02/17/2009 | The claimant filed its 2007-2008 reimbursement claim.[12] |
| 12/18/2009 | The claimant filed its 2008-2009 reimbursement claim.[13] |
| 02/15/2011 | The claimant filed its 2009-2010 reimbursement claim.[14] |
| 01/18/2011 | The Controller issued a letter to the claimant for 2000-2001, indicating that payment was made for 2000-2001 on this date.[15] |
| 01/28/2011 | Payment issue date for 2000-2001, according to Controller's remittance advice and apportionment report.[16] |
| 02/14/2012 | The claimant filed its 2010-2011 reimbursement claim.[17] |
| 01/17/2014 | The claimant was notified of the audit.[18] |
| 04/11/2014 | The Controller issued the Final Audit Report.[19] |
| 07/14/2014 | The claimant filed this IRC.[20] |
| 04/18/2016 | The Controller filed late comments on the IRC.[21] |
| 07/14/2017 | Commission staff issued the Draft Proposed Decision.[22] |
| 07/28/2017 | The Controller filed comments agreeing with the Draft Proposed Decision.[23] |

[12] Exhibit A, IRC, page 264.

[13] Exhibit A, IRC, page 270.

[14] Exhibit A, IRC, page 277.

[15] Exhibit A, IRC, page 292 (Letter from the Controller to the claimant).

[16] Exhibit B, Controller's Late Comments on the IRC, pages 36 and 38 (Remittance Advice and Apportionment Report).

[17] Exhibit A, IRC, page 284.

[18] Exhibit B, Controller's Late Comments on the IRC, pages 12, 34; see also Exhibit A, IRC, page 33 (Final Audit Report).

[19] Exhibit A, IRC, page 24 (Final Audit Report).

[20] Exhibit A, IRC.

[21] Exhibit B, Controller's Late Comments on the IRC. Note that Government Code section 17553(d) states: "the Controller shall have no more than 90 days after the claim is delivered or mailed to file any rebuttal to an incorrect reduction claim. The failure of the Controller to file a rebuttal to an incorrect reduction claim shall not serve to delay the consideration of the claim by the Commission." However, in this instance, due to the backlog of IRCs, these late comments have not delayed consideration of this item and so have been included in the analysis and Proposed Decision.

[22] Exhibit C, Draft Proposed Decision.

[23] Exhibit D, Controller's Comments on the Draft Proposed Decision.

## II. Background

### A. The *Integrated Waste Management* Program

The test claim statutes require community college districts[24] to adopt and implement, in consultation with CIWMB (which is now the California Department of Resources Recycling and Recovery, or CalRecycle), integrated waste management (IWM) plans to reduce solid waste, reuse materials whenever possible, recycle recyclable materials, and procure products with recycled content in all agency offices and facilities.[25] To implement their plans, districts must divert from landfill disposal at least 25 percent of generated solid waste by January 1, 2002, and at least 50 percent by January 1, 2004. To divert means to "reduce or eliminate the amount of solid waste from solid waste disposal…"[26]

CIWMB developed and adopted a model IWM plan on February 15, 2000, and the test claim statutes provide that if a district does not adopt an IWM plan, the CIWMB model plan governs the community college.[27] Each district is also required to report annually to CIWMB on its progress in reducing solid waste; and the reports' minimum contents are specified in statute.[28] The test claim statutes also require a community college, when entering into or renewing a lease, to ensure that adequate areas are provided for and adequate personnel are available to oversee collection, storage, and loading of recyclable materials in compliance with CIWMB's requirements.[29] Additionally, the test claim statutes added Public Resources Code section 42925(a), which addressed cost savings from IWM plan implementation:

> Any cost savings realized as a result of the state agency integrated waste management plan shall, to the extent feasible, be redirected to the agency's integrated waste management plan to fund plan implementation and administration costs, in accordance with Sections 12167 and 12167.1 of the Public Contract Code.

The Public Contract Code sections referenced in section 42925(a) require that revenue received as a result of the community college's IWM plan be deposited in CIWMB's Integrated Waste Management Account. After July 1, 1994, CIWMB is authorized to spend the revenue upon appropriation by the Legislature to offset recycling program costs. Annual revenue under $2,000 is to be continuously appropriated for expenditure by the community colleges, whereas annual revenue over $2,000 is available for expenditures upon appropriation by the Legislature.[30]

---

[24] The test claim statutes apply to "state agencies" and define them to include "the California Community Colleges" (Pub. Res. Code, § 40196.3).

[25] Public Resources Code section 42920(b).

[26] Public Resources Code section 40124.

[27] Public Resources Code section 42920(b)(3).

[28] Public Resources Code section 42926.

[29] Public Resources Code section 42924(b).

[30] Public Contract Code sections 12167 and 12167.l are part of the State Assistance for Recycling Markets Act, which was originally enacted in 1989 to foster the procurement and use of recycled paper products and other recycled resources in daily state operations (See Pub.

On March 24, 2004, the Commission adopted the *Integrated Waste Management* Statement of Decision and determined that the test claim statutes impose a reimbursable state-mandated program on community college districts. The Commission also found that cost savings under Public Resources Code section 42925(a) did not preclude a reimbursable mandate under Government Code section 17556(e) because there was no evidence that offsetting savings would result in no net costs to a community college implementing an IWM plan, nor was there evidence that revenues received from plan implementation would be "in an amount sufficient to fund" the cost of the state-mandated program. The Commission found that any revenues received would be identified as offsetting revenue in the Parameters and Guidelines.

The Parameters and Guidelines were adopted on March 30, 2005, and authorize reimbursement for the increased costs to perform the following activities:

A. One-Time Activities (*Reimbursable starting January 1, 2000*)

1. Develop the necessary district policies and procedures for the implementation of the integrated waste management plan.
2. Train district staff on the requirements and implementation of the integrated waste management plan (one-time per employee). Training is limited to the staff working directly on the plan.

B. Ongoing Activities *(Reimbursable starting January 1, 2000)*

1. Complete and submit to the [Integrated Waste Management] Board the following as part of the State Agency Model Integrated Waste Management Plan (Pub. Resources Code, § 42920, subd. (b)(3) & State Agency Model Integrated Waste Management Plan, February 2000.):
   a. state agency or large state facility information form;
   b. state agency list of facilities;
   c. state agency waste reduction and recycling program worksheets that describe program activities, promotional programs, and procurement activities, and other questionnaires; and
   d. state agency integrated waste management plan questions.

   NOTE: Although reporting on promotional programs and procurement activities in the model plan is reimbursable, implementing promotional programs and procurement activities is not.

---

Contract Code, §§ 12153, 12160; Stats. 1989, ch. 1094). The Act, including sections 12167 and 12167.1, applies to California community colleges only to the limited extent that these sections are referenced in Public Resources Code section 42925. Community colleges are not defined as state agencies or otherwise subject to the Act's provisions for the procurement and use of recycled products in daily state operations. See Exhibit B, Controller's Late Comments on the IRC, page 105 (*State of California, Department of Finance, California Integrated Waste Management Board v. Commission on State Mandates, et al.* (Sacramento County Superior Court, Case No. 07CS00355)).

2. Respond to any Board reporting requirements during the approval process. (Pub. Resources Code, § 42920, subd. (b)(3) & State Agency Model Integrated Waste Management Plan, February 2000.)

3. Consult with the Board to revise the model plan, if necessary. (Pub. Resources Code, § 42920, subd. (b)(3) & State Agency Model Integrated Waste Management Plan, February 2000.)

4. Designate one solid waste reduction and recycling coordinator for each college in the district to perform new duties imposed by chapter 18.5 (Pub. Resources Code, §§ 42920 – 42928). The coordinator shall implement the integrated waste management plan. The coordinator shall act as a liaison to other state agencies (as defined by section 40196.3) and coordinators. (Pub. Resources Code, § 42920, subd. (c).)

5. Divert at least 25 percent of all solid waste from landfill disposal or transformation facilities by January 1, 2002, and at least 50 percent of all solid waste from landfill disposal or transformation facilities by January 1, 2004, through source reduction, recycling, and composting activities. Maintain the required level of reduction, as approved by the Board. (Pub. Resources Code, §§ 42921 & 42922, subd. (i).)

C. Alternative Compliance *(Reimbursable from January 1, 2000 – December 31, 2005)*

1. Seek either an alternative requirement or time extension if a community college is unable to comply with the January 1, 2002 deadline to divert 25 percent of its solid waste, by doing the following: (Pub. Resources Code, §§ 42927 & 42923 subds. (a) & (c).)

   a. Notify the Board in writing, detailing the reasons for its inability to comply.

   b. Request of the Board an alternative to the January 1, 2002 deadline.

   c. Provide evidence to the Board that the college is making a good faith effort to implement the source reduction, recycling, and composting programs identified in its integrated waste management plan.

   d. Provide information that describes the relevant circumstances that contributed to the request for extension, such as lack of markets for recycled materials, local efforts to implement source reduction, recycling and composting programs, facilities built or planned, waste disposal patterns, and the type of waste disposed of by the community college.

   e. Submit a plan of correction that demonstrates that the college will meet the requirements of Section 42921 [the 25 and 50 percent diversion requirements] before the time extension expires, including the source reduction, recycling, or composting steps the community college will implement, a date prior to the expiration of the time extension when the requirements of Section 42921 will be met, the

existing programs that it will modify, any new programs that will be implemented to meet those requirements, and the means by which these programs will be funded.

2. Seek either an alternative requirement or time extension if a community college is unable to comply with the January 1, 2004 deadline to divert 50 percent of its solid waste, by doing the following: (Pub. Resources Code, §§ 42927 & 42922, subds. (a) & (b).)

   a. Notify the Board in writing, detailing the reasons for its inability to comply.

   b. Request of the Board an alternative to the 50-percent requirement.

   c. Participate in a public hearing on its alternative requirement.

   d. Provide the Board with information as to:

      (i) the community college's good faith efforts to implement the source reduction, recycling, and composting measures described in its integrated waste management plan, and demonstration of its progress toward meeting the alternative requirement as described in its annual reports to the Board;

      (ii) the community college's inability to meet the 50 percent diversion requirement despite implementing the measures in its plan;

      (iii) how the alternative source reduction, recycling, and composting requirement represents the greatest diversion amount that the community college may reasonably and feasibly achieve; and,

      (iv) the circumstances that support the request for an alternative requirement, such as waste disposal patterns and the types of waste disposed by the community college.[31]

D. Accounting System *(Reimbursable starting January 1, 2000)*

Developing, implementing, and maintaining an accounting system to enter and track the college's source reduction, recycling and composting activities, the cost of those activities, the proceeds from the sale of any recycled materials, and such other accounting systems which will allow it to make its annual reports to the state and determine waste reduction. Note: only the pro-rata portion of the costs incurred to implement the reimbursable activities can be claimed.

E. Annual Report *(Reimbursable starting January 1, 2000)*

Annually prepare and submit, by April 1, 2002, and by April 1 each subsequent year, a report to the Board summarizing its progress in reducing

[31] These alternative compliance and time extension provisions in part C were sunset on January 1, 2006, but were included in the adopted Parameters and Guidelines.

solid waste. The information in the report must encompass the previous calendar year and shall contain, at a minimum, the following as outlined in section 42926, subdivision (b): (Pub. Resources Code, §§ 42926, subd. (a) & 42922, subd. (i).)

1. calculations of annual disposal reduction;
2. information on the changes in waste generated or disposed of due to increases or decreases in employees, economics, or other factors;
3. a summary of progress made in implementing the integrated waste management plan;
4. the extent to which the community college intends to use programs or facilities established by the local agency for handling, diversion, and disposal of solid waste (If the college does not intend to use those established programs or facilities, it must identify sufficient disposal capacity for solid waste that is not source reduced, recycled or composted.);
5. for a community college that has been granted a time extension by the Board, it shall include a summary of progress made in meeting the integrated waste management plan implementation schedule pursuant to section 42921, subdivision (b), and complying with the college's plan of correction, before the expiration of the time extension;
6. for a community college that has been granted an alternative source reduction, recycling, and composting requirement by the Board pursuant to section 42922, it shall include a summary of progress made towards meeting the alternative requirement as well as an explanation of current circumstances that support the continuation of the alternative requirement.

F. Annual Recycled Material Reports *(Reimbursable starting July 1, 1999)*

Annually report to the Board on quantities of recyclable materials collected for recycling. (Pub. Contract Code, § 12167.1.) (See Section VII. regarding offsetting revenues from recyclable materials.)

The Parameters and Guidelines further require that each claimed reimbursable cost be supported by contemporaneous source documentation.[32]

And as originally adopted, the Parameters and Guidelines required community college districts to identify and deduct from their reimbursement claims all of the offsetting revenues received from the sale of recyclable materials, limited by the provisions of Public Resources Code section 42925 and Public Contract Code section 12167.1. The original Parameters and Guidelines did not require community colleges to identify and deduct from their claims any offsetting cost savings resulting from the solid waste diversion activities required by the test claim statutes.[33]

---

[32] Exhibit A, IRC, page 41 (Parameters and Guidelines, adopted March 30, 2005).

[33] Exhibit A, IRC, page 41-47 (Parameters and Guidelines, adopted March 30, 2005).

### B. Superior Court Decision on Cost Savings and Offsets Under the Program

After the Parameters and Guidelines were adopted, the Department of Finance (Finance) and CIWMB filed a petition for a writ of mandate requesting the court to direct the Commission to set aside the Test Claim Statement of Decision and Parameters and Guidelines and to issue a new Decision and Parameters and Guidelines that give full consideration to the cost savings and offsetting revenues community college districts will achieve by complying with the test claim statutes, including all cost savings realized from avoided landfill disposal fees and revenues received from the collection and sale of recyclable materials. The petitioners further argued that Public Contract Code sections 12167 and 12167.1 do not require community college districts to deposit revenues received from the collection and sale of recyclable materials into the Integrated Waste Management Account, as determined by the Commission, but instead allow community college districts to retain all revenues received. The petitioners argued that such revenues must be identified as offsetting revenues and applied to the costs of the program, without the community college district obtaining the approval of the Legislature or CIWMB.

On May 29, 2008, the Sacramento County Superior Court granted the petition for writ of mandate, finding that the Commission's treatment of cost savings and revenues in the Parameters and Guidelines was erroneous and required that the Parameters and Guidelines be amended. The court said:

> There is no indication in the administrative record or in the legal authorities provided to the court that, as respondent [Commission] argues, a California Community College might not receive the full reimbursement of its actual increased costs required by section 6 if its claims for reimbursement of IWM plan costs were offset by realized cost savings and all revenues received from the plan activities.[34]

Instead, the court recognized that community colleges are "*likely* to experience costs savings in the form of reduced or avoided costs of landfill disposal" as a result of the mandated activities in Public Resources Code section 42921 because reduced or avoided costs "are a direct result and an integral part of the IWM plan mandated under Public Resources Code section 42920 et seq.: as solid waste diversion occurs, landfill disposal of the solid waste and associated landfill disposal costs are reduced or avoided." [35] The court noted that "diversion is defined in terms of landfill disposal for purposes of the IWM plan mandates" and cited the statutory definition of diversion: "activities which reduce or eliminate the amount of solid waste from solid waste disposal for purposes of this division [i.e., division 30, including§ 42920 et seq.]" as well as the statutory definition of disposal: "the management of solid waste through landfill disposal or transformation at a permitted solid waste facility."[36] The court explained that:

---

[34] Exhibit B, Controller's Late Comments on the IRC, page 63 (Ruling on Submitted Matter).

[35] Exhibit B, Controller's Late Comments on the IRC, page 63 (Ruling on Submitted Matter). Emphasis added.

[36] Exhibit B, Controller's Late Comments on the IRC, pages 63-64 (Ruling on Submitted Matter).

> [R]eduction or avoidance of landfill fees resulting from solid waste diversion activities under § 42920 et seq. represent savings *which must be offset* against the costs of the diversion activities to determine the reimbursable costs of the IWM plan implementation . . . The amount or value of the savings may be determined from the calculations of annual solid waste disposal reduction or diversion which California Community Colleges must annually report to petitioner Integrated Waste Management Board pursuant to subdivision (b)(l) of Public Resources Code section 42926.[37]

The court harmonized section 42925(a) with Public Contract Code sections 12167 and 12167.1:

> By requiring the redirection of cost savings from state agency IWM plans to fund plan implementation and administration costs "in accordance with Sections 12167 and 12167.1 of the Public Contract Code," section 42925 assures that cost savings realized from state agencies' IWM plans are handled in a manner consistent with the handling of revenues received from state agencies' recycling plans under the State Assistance for Recycling Markets Act. Thus, in accordance with section 12167, state agencies, along with California Community Colleges which are defined as state agencies for purposes of IWM plan requirements in Public Resources Code section 42920 et seq. [citations omitted], must deposit cost savings resulting from IWM plans in the Integrated Waste Management Account in the Integrated Waste Management Fund; the funds deposited in the Integrated Waste Management Account, upon appropriation by the Legislature, may be expended by the Integrated Waste Management Board for the purpose of offsetting IWM plan costs. In accordance with section 12167.1 and notwithstanding section 12167, cost savings from the IWM plans of the agencies and colleges that do not exceed $2000 annually are continuously appropriated for expenditure by the agencies and colleges for the purpose of offsetting IWM plan implementation and administration costs; cost savings resulting from IWM plans in excess of $2000 annually are available for such expenditure by the agencies and colleges when appropriated by the Legislature.[38]

The court issued a writ of mandate directing the Commission to amend the Parameters and Guidelines to require community college districts claiming reimbursable costs of an integrated waste management plan to:

1. Identify and offset from their claims, consistent with the directions for revenue in Public Contract Code sections 12167 and 12167.1, cost savings realized as a result of implementing their plans; and

---

[37] Exhibit B, Controller's Late Comments on the IRC, page 64 (Ruling on Submitted Matter). Emphasis added.

[38] Exhibit B, Controller's Late Comments on the IRC, pages 65-66 (Ruling on Submitted Matter).

2. Identify and offset from their claims all of the revenue generated as a result of implementing their plans, without regard to the limitations or conditions described in sections 12167 and 12167.1 of the Public Contract Code.[39]

**C. Parameters and Guidelines Amendment Pursuant to the Writ**

In compliance with the writ, the Commission amended the Parameters and Guidelines on September 26, 2008 to add section VIII. Offsetting Cost Savings, which states:

> Reduced or avoided costs realized from implementation of the community college districts' Integrated Waste Management plans shall be identified and offset from this claim as cost savings, consistent with the directions for revenue in Public Contract Code sections 12167 and 12167.1. Pursuant to these statutes, community college districts are required to deposit cost savings resulting from their Integrated Waste Management plans in the Integrated Waste Management Account in the Integrated Waste Management Fund; the funds deposited in the Integrated Waste Management Account, upon appropriation by the Legislature, may be expended by the California Integrated Waste Management Board for the purpose of offsetting Integrated Waste Management plan costs. Subject to the approval of the California Integrated Waste Management Board, cost savings by a community college that do not exceed two thousand dollars ($2,000) annually are continuously appropriated for expenditure by the community college for the purpose of offsetting Integrated Waste Management program costs. Cost savings exceeding two thousand dollars ($2,000) annually may be available for expenditure by the community college only when appropriated by the Legislature. To the extent so approved or appropriated and applied to the college, these amounts shall be identified and offset from the costs claimed for implementing the Integrated Waste Management Plan.[40]

Section VII. of the Parameters and Guidelines, on Offsetting Revenues, was amended as follows (amendments in strikeout and underline):

> Reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds allocated to any service provided under this program, shall be identified and ~~deducted~~ offset from this claim. Offsetting revenue shall include all revenues generated from implementing the Integrated Waste Management Plan. ~~the revenues cited in Public Resources Code section 42925 and Public Contract Code sections 12167 and 12167.1.~~
>
> ~~Subject to the approval of the California Integrated Waste Management Board, revenues derived from the sale of recyclable materials by a community college that do not exceed two thousand dollars ($2,000) annually are continuously appropriated for expenditure by the community college for the purpose of~~

[39] Exhibit B, Controller's Late Comments on the IRC, page 31 (Judgment Granting Petition for Writ of Administrative Mandamus).

[40] Exhibit A, IRC page 59 (Amended Parameters and Guidelines, adopted Sept. 26, 2008).

> ~~offsetting recycling program costs. Revenues exceeding two thousand dollars ($2,000) annually may be available for expenditure by the community college only when appropriated by the Legislature. To the extent so approved or appropriated and applied to the college, these amounts are a reduction to the recycling costs mandated by the state to implement Statutes 1999, chapter 764.~~
>
> In addition, revenue from a building-operating fee imposed pursuant to Education Code section 76375, subdivision (a) if received by a claimant and the revenue is applied to this program, shall be deducted from the costs claimed.[41]

All other requirements in the Parameters and Guidelines remained the same.

CIWMB requested additional amendments to the Parameters and Guidelines at this September 2008 hearing, including a request to alter the offsetting savings provision to require community college districts to provide offsetting savings information *whether or not* the offsetting savings generated in a fiscal year exceeded the $2,000 continuous appropriation required by Public Contract Code sections 12167 and 12167.1. The Commission denied the request because the proposed language went beyond the scope of the court's judgment and writ.[42] As the court found:

> By requiring the redirection of cost savings from state agency IWM plans to fund plan implementation and administration costs "in accordance with Sections 12167 and 12167.1 of the Public Contract Code," section 42925 assures that cost savings realized from state agencies' IWM plans are handled in a manner consistent with the handling of revenues received from state agencies' recycling plans under the State Assistance for Recycling Markets Act. Thus, in accordance with section 12167, state agencies, along with California Community Colleges which are defined as state agencies for purposes of IWM plan requirements in Public Resources Code section 42920 et seq. [citations omitted], must deposit cost savings resulting from IWM plans in the Integrated Waste Management Account in the Integrated Waste Management Fund; the funds deposited in the Integrated Waste Management Account, upon appropriation by the Legislature, may be expended by the Integrated Waste Management Board for the purpose of offsetting IWM plan costs. In accordance with section 12167.1 and notwithstanding section 12167, cost savings from the IWM plans of the agencies and colleges that do not exceed $2000 annually are continuously appropriated for expenditure by the agencies and colleges for the purpose of offsetting IWM plan implementation and administration costs; cost savings resulting from IWM plans in excess of $2000 annually are available for such expenditure by the agencies and colleges when appropriated by the Legislature.[43]

---

[41] Exhibit A, IRC, pages 58-59 (Amended Parameters and Guidelines, adopted Sept. 26, 2008).

[42] Exhibit E, Commission on State Mandates, Excerpt from the Minutes, September 26, 2008 Meeting.

[43] Exhibit B, Controller's Late Comments on the IRC, pages 65-66 (Ruling on Submitted Matter).

CIWMB also requested adding a requirement for community college districts to analyze specified categories of potential cost savings when filing their reimbursement claims. The Commission found that the court determined that the amount or value of cost savings is already available from the annual reports the community college districts provide to CIWMB pursuant to Public Resources Code section 42926(b). This report is required to include the district's "calculations of annual disposal reduction" and "information on the changes in waste generated or disposed of due to increases or decreases in employees, economics, or other factors." Thus, the Commission denied CIWMB's request and adopted the staff analysis finding that the request was beyond the scope of the court's writ and judgment. The Commission also noted that the request was the subject of separate pending request filed by CIWMB to amend the Parameters and Guidelines and would therefore be further analyzed for that matter.

### D. Subsequent Request by CIWMB to Amend the Parameters and Guidelines to Require Detailed Reports on Cost Savings and Revenues

CIWMB filed a request to amend the Parameters and Guidelines to require community college districts to submit with their reimbursement claims a separate worksheet and report analyzing the costs incurred and avoided and any fees received relating to staffing, overhead, materials, storage, transportation, equipment, the sale of commodities, avoided disposal fees, and any other revenue received relating to the mandated program as specified by CIWMB. At its January 30, 2009 meeting, the Commission denied the request for the following reasons: there is no requirement in statute or regulation that community college districts perform the analysis specified by CIWMB; the Commission has no authority to impose additional requirements on community college districts regarding this program; the offsetting cost savings paragraph in the Parameters and Guidelines already identifies the offsetting savings consistent with the language of Public Resources Code section 42925(a), Public Contract Code sections 12167 and 12167.1, and the court's judgment and writ; and information on cost savings is already available in the community colleges' annual reports submitted to CIWMB, as required by Public Resources Code section 42926(b)(1).[44]

### E. The *Integrated Waste Management* Program Made Optional

This program was made optional by statutes of 2010, chapter 724 (AB1610), section 34, effective October 19, 2010 and has remained so since that time.[45]

### F. The Controller's Audit

The Controller issued the audit report for reimbursement claims for the fiscal years 1999-2000, 2000-2001, and 2003-2004 through 2010-2011 fiscal years (the audit period) dated April 11, 2014. Of the total of $658,967 claimed for these fiscal years, the Controller found that $458,791 is allowable and $200,176 is unallowable because the claimant did not report offsetting

---

[44] Exhibit E, Commission on State Mandates, Item 9, Final Staff Analysis of Proposed Amendments to the Parameters and Guidelines for *Integrated Waste Management*, 05-PGA-16, January 30, 2009, pages 2-3.

[45] See Government Code section 17581.5.

savings of $306,596 related to implementation of its IWM plan.[46] The Controller did not audit the claims for fiscal years 2001-2002 and 2002-2003 because, according to the Controller, the statute of limitations to initiate the audit had expired before the Controller began the review.[47]

The Controller's audit finding is based on the court's ruling, which states that "the amount or value of the savings may be determined from the calculations of annual solid waste disposal reduction or diversion which California Community Colleges must annually report to petitioner Integrated Waste Management Board pursuant to subdivision (b)(l) of Public Resources Code section 42926,"[48] the resulting amendment to the Parameters and Guidelines, and the claimant's annual reports to CIWMB.[49]

The Controller determined that for every year, the claimant diverted more solid waste than the amount mandated by the test claim statute.[50] Therefore, the Controller calculated offsetting cost savings by allocating the diversion rate based on the mandated rate:

$$\text{Offsetting Savings Realized} = \frac{\overbrace{\text{Maximum Allowable Diversion \%}}^{\text{Allocated Diversion \%}}}{\text{Actual Diversion \%}} \times \text{Tonnage Diverted} \times \text{Avoided Landfill Disposal Fee (per Ton)}$$

This allocated diversion rate is the percentage of solid waste required to be diverted (25 or 50 percent) divided by the actual percentage of solid waste diverted (as reported by the claimant to CIWMB).[51] The resulting quotient is then multiplied by the tons of solid waste diverted (as annually reported by the claimant), multiplied by the avoided landfill disposal fee (based on the statewide average fee).

The Controller provided an example of how this formula works. In calendar year 2007, the claimant reported that it diverted 261.8 tons of solid waste and disposed of 161.8 tons, which totals 423.6 tons of solid waste generated for that year. Diverting 261.8 tons out of the 423.6 tons generated results in a diversion rate of 61.8 percent (more than the 50 percent required).[52]

---

[46] Because the audit adjustment exceeded the amount claimed in two fiscal years (2005-2007) an excess of $106,420 was subtracted from the offset amount, leaving a net audit adjustment of $200,176. (Exhibit A, IRC, pages 17, 24, 29 (Final Audit Report); Exhibit B, Controller's Late Comments on the IRC, page 28.)

[47] Exhibit A, IRC, page 24 (Final Audit Report); Exhibit B, Controller's Late Comments on the IRC, page 79 (Email from the Controller to the claimant).

[48] Exhibit B, Controller's Late Comments on the IRC, page 70 (Ruling on Submitted Matter).

[49] Exhibit A, IRC, page 35 (Final Audit Report).

[50] Exhibit B, Controller's Late Comments on the IRC, pages 21, 77.

[51] Exhibit B, Controller's Late Comments on the IRC, page 77.

[52] Exhibit B, Controller's Late Comments on the IRC, pages 21, 77 (Controller's calculations of offsetting savings for the audit period).

The Controller did not want to penalize the claimant for diverting more solid waste than the amount mandated[53] so instead of using 100 percent of the claimant's diversion, the Controller allocated the diversion by dividing the mandated diversion rate (50 percent) by the actual diversion rate (61.8 percent), which equals 80.91 percent. The 80.91 percent allocated diversion rate is then multiplied by the 261.8 tons diverted that year, which equals 211.8 tons of diverted solid waste, instead of the 261.8 tons actually diverted. The allocated 211.8 tons of diverted waste is then multiplied by the statewide average disposal fee per ton, which in calendar year 2007 was $48, resulting in "offsetting cost savings" for calendar year 2007 of $10,168.[54]

In 2008, CIWMB stopped requiring community college districts to report the actual amount of tonnage diverted, instead requiring a report based on "per-capita disposal." Consequently, the Controller used the claimant's reported 2007 percentage of tons diverted to calculate the offsetting savings for the last half of fiscal year 2007-2008, as well as for fiscal years 2008-2009, 2009-2010 and 2010-2011. The Controller pointed out in the audit report that the claimant did not provide documentation supporting different diversion rates or disposal fees.[55]

The Controller calculated offsetting savings for the audit period at $306,596,[56] but because the adjustment exceeded the amount claimed for two fiscal years (2005-2006 and 2006-2007) an excess of $106,420 was subtracted from the offset, leaving a net audit adjustment of $200,176.[57]

---

[53] Exhibit B, Controller's Late Comments on the IRC, page 21.

[54] Exhibit B, Controller's Late Comments on the IRC, pages 21, 77 (Controller's calculations of offsetting savings for the audit period). Page 21 of the Controller's Late Comments on the IRC describes the calculation differently than the formula identified in the audit report, but the result is the same. The Controller states that cost savings can be calculated by multiplying the total tonnage generated (solid waste diverted + disposed) by the mandated diversion percentage (25 or 50 percent), times the avoided landfill disposal fee:

> For example, in calendar year 2007, the district reported to CalRecycle that it diverted 261.8 tons of solid waste and disposed of 161.8 tons, which results in an overall diversion percentage of 61.8% [Tab 6, page 13]. Because the district was required to divert 50% for that year to meet the mandated requirements and comply with the Public Resources Code, it needed to divert only 211.8 tons (423 total tonnage generated x 50%) in order to satisfy the 50% requirements. Therefore, we adjusted our calculation to compute offsetting savings based on 211.8 tons of diverted solid waste rather than a total of 261.8 tons diverted.

Using this formula results in cost savings for calendar year 2007 of $10,166 (423.6 tons generated x 50 percent required = 211.8 tons x $48 = 10,166).

[55] Exhibit A, IRC, pages 35-36 (Final Audit Report).

[56] Exhibit A, IRC, page 32, 33 (Final Audit Report).

[57] Exhibit A, IRC, pages 17, 24, 29 (Final Audit Report); Exhibit B, Controller's Late Comments on the IRC, page 28.

## III. Positions of the Parties

### A. Gavilan Joint Community College District

The claimant maintains that the audit reductions are incorrect and requests the reinstatement of the full amount reduced.

The claimant first argues that the three-year deadline to initiate the audit had expired for fiscal year 2000-2001 when the Controller commenced the audit. According to claimant, "Pursuant to Chapter 724, Statutes of 2010, an appropriation was made to the District by January 14, 2011, for FY 2000-01 for $8,404. The exact date of payment is a matter of record not available to the District but that can be produced by the Controller."[58] Claimant cites the audit report that states that claimant was first contacted by the Controller on January 17, 2014 regarding the audit, which is more than three years after the January 14, 2011, appropriation for the fiscal year 2000-2001 annual claim, so the Controller did not have jurisdiction to audit fiscal year 2000-2001.[59]

The claimant next alleges that it did not realize any cost savings as a result of the mandate and quotes the Superior Court decision (discussed above) that cost savings will "most likely" occur as a result of reduced or avoided costs of landfill disposal. Claimant argues that:

> The court presupposes a previous legal requirement for districts to incur landfill disposal fees to divert solid waste. Thus, potentially relieved of the need to incur new or additional landfill fees for increased waste diversion, a cost savings would occur. There is no finding of fact or law in the court decision or from the Commission Statement of Decision for the test claim for this assumed duty to use landfills.[60]

The claimant further argues that the offsetting savings provision in the Parameters and Guidelines does not assume that the cost savings occurred, but instead requires that the cost savings be *realized.* For the savings to be realized, the claimant contends that the following chain of events are required:

> The cost savings must exist (avoided landfill costs); be converted to cash; amounts in excess of $2,000 per year deposited in the state fund: and, these deposits by the districts appropriated by the Legislature to districts for purposes of mitigating the cost of implementing the plan. None of those prerequisite events occurred so no cost savings were "realized" by the District. Regardless, the adjustment cannot be applied to the District since no state appropriation of the cost savings was made to the District.[61]

The claimant also argues that the Parameters and Guidelines are silent as to how to calculate the avoided costs, but that the court provided two alternative methods, either disposal reduction or diversion reported by districts. The Controller used the diversion percentage, which assumes, without findings of fact, that all diversion tonnage is landfill disposal tonnage reduction. The

---

[58] Exhibit A, IRC, pages 9-10.

[59] Exhibit A, IRC, pages 9-10.

[60] Exhibit A, IRC, page 12.

[61] Exhibit A, IRC, pages 13-14. Emphasis in original.

claimant contends that the Controller's calculation of cost savings is wrong because: (1) the formula is a standard of general application that was not adopted pursuant to the Administrative Procedure Act and is therefore an unenforceable underground regulation; (2) the Controller's formula assumes facts not in evidence, such as applying the same percentage of waste diverted in 2007 to all subsequent years without evidence in the record, and assumes that all tonnage diverted would have been disposed in a landfill, although some waste may have been composted or may not apply to the mandate (e.g. paint); and (3) the landfill disposal fee, a statewide average calculated by CIWMB, does not include the data used to generate the average fee amounts, so the average is unknown and unsupported by the audit findings.[62]

Claimant also asserts that application of the formula is incorrect. Since no landfill costs were claimed, none can be offset, so the offsets are not properly matched to relevant costs. Moreover, the Controller's calculation method prevents the claimant from receiving full reimbursement for its actual increased program costs. Claimant contends, using audit results for 23 other claimants under the *Integrated Waste Management* program, the application of the Controller's formula has arbitrary results because the percentages of allowed costs for those claimants ranges from zero to 83.4 percent.[63]

Finally, the claimant argues: (1) the Controller used the wrong standard of review in that the claimed costs were not found to be excessive or unreasonable, as required by Government Code section 17561(d)(2); and (2) the Controller has the burden of proof as to the propriety of its audit findings "because it bears the burden of going forward and because it is the party with the power to create, maintain, and provide evidence regarding its auditing methods and procedures, as well as the specific facts relied upon for its audit findings."[64]

The claimant did not file comments on the Draft Proposed Decision.

**B. State Controller's Office**

The Controller maintains that the audit findings are correct. The Controller first argues that it complied with the three-year audit deadline in Government Code section 17558.5, in that it sent a remittance advice to the claimant for 2000-2001 on January 28, 2011, and initiated the audit on January 17, 2014, so the Controller had jurisdiction to audit the fiscal year 2000-2001 claim.[65]

The Controller also notes that the claimant does not indicate how undiverted solid waste would be disposed of if not at a landfill. In addition, the claimant does not state that it disposed of its solid waste at any location other than a landfill or used any other means to dispose of its waste rather than to contract with a commercial waste hauler.[66]

The Controller concludes that the claimant's comments relating to alternatives for the disposal of solid waste are irrelevant and cites the claimant's annual reports of tonnage disposed for each year of the audit period, arguing that the claimant "does not indicate in these annual reports that

---

[62] Exhibit A, IRC, pages 14-16.

[63] Exhibit A, IRC, pages 16-18.

[64] Exhibit A, IRC, pages 20-21.

[65] Exhibit B, Controller's Late Comments on the IRC, pages 12-13.

[66] Exhibit B, Controller's Late Comments on the IRC, page 18.

it used any other methodology to dispose of solid waste other than in the landfill."[67] The Controller also cites some of the claimant's annual reports that indicates that the claimant disposed of waste in a landfill.[68] According to the Controller:

> Unless the district had an arrangement with its waste hauler that it did not disclose to us or CalRecycle, the district did not dispose of its solid waste at a landfill for no cost. Gavilan Community College is located in Gilroy, California. An internet search for landfill fees revealed that the Buena Vista Sanitary Landfill in Watsonville, California, currently charges between $59 and $71 per ton to dispose of solid waste [citation omitted]. Thus, the higher rate of diversion results in less trash that is disposed at a landfill, which creates cost savings for the district.[69]

As to the claimant not remitting cost savings from the implementation of its IWM plan into the Integrated Waste Management Account in compliance with the Public Contract Code, the Controller asserts that the claimant is not precluded from the requirement to do so, as indicated in the Parameters and Guidelines and the court ruling. The Controller says the evidence supports that the claimant realized cost savings that should have been remitted to the state and that must be used to fund IWM plan costs.[70]

In response to the claimant's argument that the Controller's formula is a standard of general application that is an underground regulation, the Controller responds that the calculation is a "court approved methodology" to determine the "required offset." The Controller also states that the claimant did not amend any of its reimbursement claims after the Parameters and Guidelines were amended in September 2008. According to the Controller: "We believe that this "court-identified" approach provides a reasonable methodology to identify the required offset."[71]

The Controller also states that it "allocated" the offsetting savings to avoid penalizing the claimant for diverting more than the minimum percentage of diversion required. According to the Controller:

> As there is no State mandate to exceed solid waste diversion for amounts in excess of 25% for calendar years 2000 through 2003 or greater than 50% for calendar year 2004 and beyond, there is no basis for calculating offsetting savings realized for actual diversion percentages that exceeded the levels set by statute.[72]

The Controller notes that after the passage of Statutes 2008, chapter 343, CIWMB no longer required districts to report their tonnage or percentage diverted, but they are still required to divert 50 percent of their solid waste.[73]

---

[67] Exhibit B, Controller's Late Comments on the IRC, page 18.

[68] Exhibit B, Controller's Late Comments on the IRC, page 18.

[69] Exhibit B, Controller's Late Comments on the IRC, page 18.

[70] Exhibit B, Controller's Late Comments on the IRC, pages 19.

[71] Exhibit B, Controller's Late Comments on the IRC, pages 19-20.

[72] Exhibit B, Controller's Late Comments on the IRC, page 21.

[73] Exhibit B, Controller's Late Comments on the IRC, page 21.

Defending its use of the claimant's 2007 reported diversion to calculate offsetting savings for 2007-2008 through 2010-2011, the Controller calls the 2007 report a "fair representation" of 2008 -2010 "because the district's recycling processes have already been established and committed to."[74] The Controller notes that the claimant's reported per-capita disposal rate is well below the target rate for 2008, 2009, and 2010, so "the district is meeting its requirement to divert 50% of its solid waste."[75] The Controller also cites the claimant's 2009 report that states: "The science club and the athletic association have been recycling aluminum and plastic bottles on campus. We have added 12 ea. new containers throughout the campus." In its 2010 report, the claimant states: "More recycling containers were placed on campus."[76] Based on these statements, the Controller states that its savings calculations for 2007-2008 through 2010-2011 may be understated.[77]

The Controller also responded to claimant's argument against the assumption that all tonnage diverted would have been disposed in a landfill, even though some waste may have been composted or may not apply to the mandate (e.g. paint). Noting that nearly $100,000 was claimed for salaries and benefits for groundskeepers for diversion via composting, "it seems reasonable that the correlated landfill fees that the district did not incur for the composted materials translate into savings realized by the district . . . [that] should be recognized and appropriately offset against composting costs that the district claimed as part of implementing its IWM plan."[78] The Controller also states that claimant's reference to paint disposal is irrelevant because hazardous waste is not included in the diversion amounts that claimant reported, and therefore, are not included in the Controller's offsetting savings calculation.[79]

Regarding the data for the statewide disposal fee, the Controller states the information was provided by CIWMB, is included in the record, and is based on private surveys of a large percentage of landfills across California. In addition, the claimant "did not provide any information, such as its contract with or invoices received from its commercial waste hauler to support either the landfill fees actually incurred by the district or to confirm that the statewide average landfill fee was greater than the actual landfill fees incurred by the district."[80]

In response to the claimant's argument that it "did not claim landfill costs, so there are none to be offset," the Controller answers that the mandated program does not reimburse claimants for landfill costs incurred to dispose of solid waste, so none would be claimable. Rather, the program reimburses claimant's costs to divert solid waste from disposal, which according to the Controller, results in both a reduction of solid waste going to a landfill and the associated costs

---

[74] Exhibit B, Controller's Late Comments on the IRC, page 22.

[75] Exhibit B, Controller's Late Comments on the IRC, page 21.

[76] Exhibit B, Controller's Late Comments on the IRC, page 22.

[77] Exhibit B, Controller's Late Comments on the IRC, page 22.

[78] Exhibit B, Controller's Late Comments on the IRC, page 22.

[79] Exhibit B, Controller's Late Comments on the IRC, page 22.

[80] Exhibit B, Controller's Late Comments on the IRC, page 23.

of having the waste hauled there, which creates offsetting savings that claimant is required to identify in its reimbursement claims.[81]

In response to the claimant's argument that "the adjustment method does not match or limit the landfill costs avoided to landfill costs, if any, actually claimed," the Controller quotes Public Resources Code section 42925 which provides that "cost savings realized as a result of the IWM plan are to "fund plan *implementation and administration costs.*" The Controller argues that offsetting savings applies to the whole program and is not limited to solid waste diversion activities. The Controller also cites the reimbursable activities in the Parameters and Guidelines that refer to "implementation of the IWM plan," concluding that it is reasonable that offsetting savings from implementing the plan be offset against direct costs to implement the plan. The Controller also asserts that the claimant's reference to other IWM audits is irrelevant to the current issue.[82]

The Controller also disagrees with claimant's assertion that the Controller used the wrong standard of review because it did not conclude that the claims were excessive. The Controller cites the statute that authorizes it to audit the claimant's records to verify actual mandate-related costs *and* reduce any claim that is excessive or unreasonable. In this case, the claims were excessive because the amount claimed did not account for the cost savings required by the test claim statutes. As to the burden of proof, the Controller states that it used data from the claimant's annual reports to CIWMB from implementing its IWM program.[83]

On July 28, 2017, the Controller filed comments on the Draft Proposed Decision, agreeing with the conclusion and recommendation to support the audit reductions for fiscal years 1999-2000, 2000-2001, the second half of 2003-2004, and 2004-2005 through 2010-2011. The Controller also agreed to reinstate $3,822 to the claimant for the first half of fiscal year 2003-2004.[84]

## IV. Discussion

Government Code section 17561(d) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state mandated costs that the Controller determines is excessive or unreasonable.

Government Code Section 17551(d) requires the Commission to hear and decide a claim that the Controller has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.9 of the Commission's regulations requires the Commission to send the decision to the Controller and request that the costs in the claim be reinstated.

The Commission must review questions of law, including interpretation of the parameters and guidelines, de novo, without consideration of legal conclusions made by the Controller in the context of an audit. The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6 of

---

[81] Exhibit B, Controller's Late Comments on the IRC, page 23.

[82] Exhibit B, Controller's Late Comments on the IRC, page 24.

[83] Exhibit B, Controller's Late Comments on the IRC, pages 26-27.

[84] Exhibit D, Controller's Comments on the Draft Proposed Decision.

the California Constitution.[85] The Commission must also interpret the Government Code and implementing regulations in accordance with the broader constitutional and statutory scheme. In making its decisions, the Commission must strictly construe article XIII B, section 6 of the California Constitution and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[86]

With regard to the Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely lacking in evidentiary support. This standard is similar to the standard used by the courts when reviewing an alleged abuse of discretion of a state agency.[87] Under this standard, the courts have found that:

> When reviewing the exercise of discretion, "[t]he scope of review is limited, out of deference to the agency's authority and presumed expertise: 'The court may not reweigh the evidence or substitute its judgment for that of the agency. [Citation.]'" ... "In general ... the inquiry is limited to whether the decision was arbitrary, capricious, or entirely lacking in evidentiary support. . . ." [Citations.] When making that inquiry, the " ' "court must ensure that an agency has adequately considered all relevant factors, and has demonstrated a rational connection between those factors, the choice made, and the purposes of the enabling statute." [Citation.]' "[88]

The Commission must review the Controller's audit in light of the fact that the initial burden of providing evidence for a claim of reimbursement lies with the claimant. [89] In addition, sections 1185.1(f)(3) and 1185.2(c) of the Commission's regulations require that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Commission's ultimate findings of fact must be supported by substantial evidence in the record.[90]

---

[85] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

[86] *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1264, 1281, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

[87] *Johnston v. Sonoma County Agricultural Preservation and Open Space Dist.* (2002) 100 Cal.App.4th 973, 983-984. See also *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008)162 Cal.App.4th 534, 547.

[88] *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547-548.

[89] *Gilbert v. City of Sunnyvale* (2005) 130 Cal.App.4th 1264, 1274-1275.

[90] Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

### A. The Controller Timely Initiated the Audit of the Fiscal Year 2000-2001 Reimbursement Claim, and Timely Completed the Audit of All Claims.

Government Code section 17558.5 requires an audit to be initiated no later than three years after the date the reimbursement claim is filed or last amended. However, section 17558.5 also provides that *if no funds are appropriated or no payment is made* "to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim."[91] "In any case," section 17558.5 requires the audit to be completed no later than two years after it is commenced.[92]

The claimant argues that the Controller did not timely initiate the audit of the 2000-2001 reimbursement claim. For the reasons below, the Commission finds that the Controller timely initiated and completed the audit.

1. The audit of the 2000-2001 reimbursement claim was timely initiated.

The claimant filed the 2000-2001 reimbursement claim on October 6, 2005.[93] However, payment was not made at that time. The claimant alleges that payment on the 2000-2001 claim was made on January 14, 2011, and that the Controller initiated the audit more than three years later on January 17, 2014, according to information in the final audit report. Therefore, the claimant asserts that the Controller did not timely initiate the audit.[94]

Government Code section 17558.5(a) tolls the time to initiate the audit to three years from the date of initial payment on the claim, rather three years from the date the claim was filed, "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed," as follows:

> A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run *from the date of initial payment of the claim*. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.[95]

Although the parties agree that payment was first made on the 2000-2001 claim in January 2011, the parties dispute the date of payment. The claimant alleges:

> Pursuant to Chapter 724, Statutes of 2010, an appropriation was made to the District by January 14, 2011, for FY 2000-01 for $8,404. The exact date of

---

[91] Government Code section 17558.5 (as amended, Stats. 2002, ch. 1128 (AB 2834)).

[92] Government Code section 17558.5 (as amended, Stats. 2004, ch. 890 (AB 2856)).

[93] Exhibit A, IRC, page 230.

[94] Exhibit A, IRC, page 9.

[95] Emphasis added.

payment is a matter of record not available to the District but that can be produced by the Controller.[96]

There is no evidence in the record, however, to support the claimant's assertion that the Controller made payment on January 14, 2011. Rather, the record supports a finding that payment was first made on the 2000-2001 reimbursement claim on either January 18, 2011, or January 28, 2011.

The claimant filed, as part of its IRC, a copy of a notice from the Controller to the claimant dated April 18, 2014 (following the audit), showing the audit adjustments and identifying an $8,406 payment on the 2000-2001 reimbursement claim on *January 18, 2011* by "Schedule No. AP00122A," that states:

> WE HAVE REVIEWED YOUR 2000/2001 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:
>
> | | | |
> |---|---|---|
> | AMOUNT CLAIMED | | 69,207.00 |
> | ADJUSTMENT TO CLAIM: | | |
> | FIELD AUDIT FINDINGS | - 2.739.00 | |
> | TOTAL ADJUSTMENTS | | 2,739.00 |
> | **LESS PRIOR PAYMENT: SCHEDULE NO. AP00122A PAID 01-18-2011** | | **8,406.00** |
> | AMOUNT DUE CLAIMANT | | $ 58,062.00[97] |

The Controller asserts that payment was first made on the 2000-2001 reimbursement claim on *January 28, 2011*, pursuant to Statutes of 2010, chapter 724 (AB 1610, eff. October 19, 2010).[98] That statute appropriated funds to offset the outstanding balance of the state's minimum funding obligation under Proposition 98 to school districts and community college districts, and required that funds first be paid in satisfaction of any outstanding claims for reimbursement of state-mandated costs. The Controller filed a copy of a remittance advice showing payments to the claimant under AB 1610 for several state-mandated programs, including a payment of $8,406 for the *Integrated Waste Management* program for fiscal year 2000-2001 by "Claim Schedule Number: 1000149A, Payment Issue Date: 01/28/2011."[99]

---

[96] Exhibit A, IRC, page 9.

[97] Exhibit A, IRC, page 292. Emphasis added.

[98] Exhibit A, IRC, page 24 (Final Audit Report); Exhibit B, Controller's Late Comments on the IRC, page 12 ("The SCO sent a remittance advice to the district dated January 28, 2011, notifying the district of payment made on that date pursuant to Chapter 724, Statutes 2010 (Assembly Bill No. 1610) totaling $8,406 [Tab 5].").

[99] Exhibit B, Controller's Late Comments on the IRC, page 36.

The Controller has not explained the discrepancy between the notice indicating payment of $8,406 for the 2000-2001 reimbursement claim on January 18, 2011 by "Schedule No. AP00122A," and the remittance advice indicating payment of $8,406 for the 2000-2001 reimbursement claim on January 28, 2011 by "Schedule Number: 1000149A." Nevertheless, the Controller issued both documents that support a finding that payment was first made on the 2000-2001 reimbursement claim on either January 18, 2011, or January 28, 2011.

As indicated above, Government Codes section 17558.5(a) tolls the time to initiate the audit of a claim "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed," to three years from the date of initial payment on the claim. Therefore, using the earlier of the two dates showing payment on the 2000-2001 reimbursement claim on January 18, 2011, the Controller had until January 18, 2014 to initiate the audit of the 2000-2001 claim.

The Legislature has not specifically defined the event that initiates the audit and, unlike other auditing agencies,[100] the Controller has not adopted formal regulations (which can be viewed as the controlling interpretation of a statute) to clarify when an audit of a mandate reimbursement claim begins. Therefore, the Commission cannot, as a matter of law, state the event that initiates an audit in all cases, but must determine when the audit was initiated based on evidence in the record. Initiating an audit requires a unilateral act of the Controller. In this respect, Government Code section 17558.5(a) can be characterized as a statute of repose because it provides a period during which an audit has been commenced, and after which claimants may enjoy repose, dispose of evidence to support their claims, and assert a defense that the audit is not timely and therefore void.[101] Since the Controller's authority to audit must be exercised within a specified time, it must be within the Controller's exclusive control to meet or fail to meet the deadline imposed. The Controller has the burden of proof on this issue and must show with evidence in the record that the claimant was notified that an audit was being initiated by the statutory deadline to ensure that the claimant not dispose of any evidence or documentation to support its claim for reimbursement.

The Controller asserts that the audit began on January 17, 2014, the day before the January 18, 2014 deadline. In support, the Controller filed a declaration by Jim Spano (Chief, Mandated Cost Audits Bureau, Division of Audits), stating under penalty of perjury that "a review of the claims . . . commenced on January 17, 2014 (initial contact date)."[102] The Controller also filed a copy of an email dated January 17, 2014, from an audit manager at the Controller's Office to the claimant, to evidence the Controller's initial contact with the claimant about the audit. The email states in relevant part:

> I am contacting you because the State Controller's Office will be adjusting the district's Integrated Waste Management claims for FY 2000-02, . . . because the

---

[100] See, e.g., regulations adopted by the California Board of Equalization (title 18, section 1698.5, stating that an "audit engagement letter" is a letter "used by Board staff to confirm the start of an audit or establish contact with the taxpayer").

[101] *Giest v. Sequoia Ventures, Inc.* (2000) 83 Cal.App.4th 300, 305.

[102] Exhibit B, Controller's Late Comments on the IRC, page 5.

> district did not offset any savings (e.g. avoided landfill disposal fees) received as a result of implementing the districts' IWM Plan.
>
> I will notify you, via email, of the exact adjustment amount later this week. Also, included in this email, will be documentation to support the adjustment.[103]

The claimant concurs that the audit was initiated by the Controller's initial contact on January 17, 2014.[104]

Accordingly, the Commission finds that the Controller timely initiated the audit, pursuant to Government Code section 17558.5(a), on January 17, 2014.

2. The audit was timely completed.

Government Code section 17558.5 also prescribes the time in which an audit must be completed: "In any case, an audit shall be completed not later than two years after the date that the audit is commenced."[105] As indicated above, the audit was initiated on January 17, 2014, the date of initial contact with the claimant about the audit and thus, had to be completed no later than January 17, 2016. An audit is completed when the Controller issues the final audit report to the claimant. The final audit report constitutes the Controller's final determination on the subject claims and provides the claimant with written notice of the claim components adjusted, the amounts adjusted, and the reasons for the adjustment.[106] This notice enables the claimant to file an IRC. Here, the final audit report was issued April 11, 2014, well before the January 17, 2016 deadline.[107]

Based on the foregoing, the Commission finds that the Controller's audit was timely completed in accordance with Government Code section 17558.5.

**B. The Controller's Reduction of Costs Is Generally Correct as a Matter of Law; However, the Reduction of Costs for the First Half of Fiscal Year 2003-2004 Based on the Incorrect Mandated Diversion Rate, Is Incorrect as a Matter of Law.**

1. The test claim statutes presume that by complying with the mandate to divert solid waste through the IWM program, landfill fees are reduced or avoided and cost savings are realized.

The test claim statute added Public Resources Code section 42925(a), which provides that "Any cost savings realized as a result of the state agency integrated waste management plan shall, to the extent feasible, be redirected to the agency's integrated waste management plan to fund plan implementation and administration costs, in accordance with Sections 12167 and 12167.1 of the Public Contract Code."

---

[103] Exhibit B, Controller's Late Comments on the IRC, page 34 (emphasis in original).

[104] Exhibit A, IRC, pages 9-10.

[105] Government Code section 17558.5 (Stats. 2004, ch. 890).

[106] Government Code section 17558.5(c).

[107] Exhibit A, IRC, page 24.

The court's Ruling on Submitted Matter states that community colleges are "likely to experience costs savings in the form of reduced or avoided costs of landfill disposal" as a result of the mandated activities in Public Resources Code section 42921 because reduced or avoided costs "are a direct result and an integral part of the IWM plan mandated under Public Resources Code section 42920 et seq.: as solid waste diversion occurs, landfill disposal of the solid waste and associated landfill disposal costs are reduced or avoided." The court noted that "diversion is defined in terms of landfill disposal for purposes of the IWM plan mandates." The statutory definition of diversion provides that "activities which reduce or eliminate the amount of solid waste from solid waste disposal for purposes of this division." And the statutory definition of disposal is "the management of solid waste through landfill disposal or transformation at a permitted solid waste facility."[108] The court explained that:

> [R]eduction or avoidance of landfill fees resulting from solid waste diversion activities under § 42920 et seq. represent savings *which must be offset* against the costs of the diversion activities to determine the reimbursable costs of the IWM plan implementation . . . The amount or value of the savings may be determined from the calculations of annual solid waste disposal reduction or diversion which California Community Colleges must annually report to petitioner Integrated Waste Management Board pursuant to subdivision (b)(l) of Public Resources Code section 42926.[109]

As noted in the background, the court harmonized section 42925(a) with Public Contract Code sections 12167 and 12167.1:

> By requiring the redirection of cost savings from state agency IWM plans to fund plan implementation and administration costs "in accordance with Sections 12167 and 12167.1 of the Public Contract Code," section 42925 assures that cost savings realized from state agencies' IWM plans are handled in a manner consistent with the handling of revenues received from state agencies' recycling plans under the State Assistance for Recycling Markets Act. Thus, in accordance with section 12167, state agencies, along with California Community Colleges which are defined as state agencies for purposes of IWM plan requirements in Public Resources Code section 42920 et seq. [citations omitted], must deposit cost savings resulting from IWM plans in the Integrated Waste Management Account in the Integrated Waste Management Fund; the funds deposited in the Integrated Waste Management Account, upon appropriation by the Legislature, may be expended by the Integrated Waste Management Board for the purpose of offsetting IWM plan costs. In accordance with section 12167.1 and notwithstanding section 12167, cost savings from the IWM plans of the agencies and colleges that do not exceed $2000 annually are continuously appropriated for expenditure by the agencies and colleges for the purpose of offsetting IWM plan implementation and administration costs; cost savings resulting from IWM plans

---

[108] Exhibit B, Controller's Late Comments on the IRC, page 69 (Ruling on Submitted Matter).

[109] Exhibit B, Controller's Late Comments on the IRC, page 70 (Ruling on Submitted Matter). Emphasis added.

> in excess of $2000 annually are available for such expenditure by the agencies and colleges when appropriated by the Legislature.[110]

Thus, the court found that offsetting savings are, by statutory definition, likely to occur as a result of implementing the mandated activities. Reduced or avoided costs "are a direct result and an integral part of the IWM plan mandated under Public Resources Code section 42920 et seq.: as solid waste diversion occurs, landfill disposal of the solid waste and associated landfill disposal costs are reduced or avoided."[111] As the court held, "landfill fees resulting from solid waste diversion activities under § 42920 et seq. represent savings *which must be offset* against the costs of the diversion activities to determine the reimbursable costs. . . ."[112]

The statutes, therefore, presume that by complying with the mandate to divert solid waste through the IWM program, landfill fees are reduced or avoided and cost savings are realized. As indicated in the court's ruling, the amount or value of the cost savings may be determined from the calculations of annual solid waste disposal reduction or diversion, which community colleges are required to annually report to CIWMB. The amount of cost savings realized must be identified by the claimant and used to offset the costs incurred to comply with IWM plan implementation and administration activities approved for reimbursement in the Parameters and Guidelines. Accordingly, the court's ruling requires claimants to report in their reimbursement claims the costs incurred to comply with the reimbursable activities (which includes the activities and costs to divert at least 25 or 50 percent of all solid waste from landfill disposal) and the cost savings from the avoided landfill disposal fees, for a bottom line request for reimbursement of the net increased costs.

The Parameters and Guidelines are consistent with the court's ruling and require in Section IV. that "[t]he claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate."[113] Section VIII. requires that "[r]educed or avoided costs realized from implementation of the community college districts' Integrated Waste Management plans shall be identified and offset from this claim as cost savings, consistent with the directions for revenue in Public Contract Code sections 12167 and 12167.1."[114] The court's decision and the amended Parameters and Guidelines are binding.[115]

---

[110] Exhibit B, Controller's Late Comments on the IRC, pages 71-72 (Ruling on Submitted Matter).

[111] Exhibit B, Controller's Late Comments on the IRC, page 69 (Ruling on Submitted Matter).

[112] Exhibit B, Controller's Late Comments on the IRC, page 70 (Ruling on Submitted Matter). Emphasis added.

[113] Exhibit A, IRC, page 55 (Parameters and Guidelines).

[114] Exhibit A, IRC, page 60 (Parameters and Guidelines).

[115] *California School Boards Association v. State of California* (2009) 171 Cal.App.4th 1183, 1201.

2. During the audit period, the claimant exceeded the mandated diversion rate for solid waste, but has filed no evidence to rebut the presumption that cost savings were realized.

In this case, the claimant reported no cost savings in its reimbursement claims and asserts that no cost savings were realized, but does not explain why.[116]

The record shows that during the audit period the claimant complied with the mandate and diverted more solid waste than the state-mandated amount. The mandate requires community colleges to divert at least 25 percent of all solid waste from landfill disposal or transformation facilities by January 1, 2002, through source reduction, recycling, and composting activities, and at least 50 percent of all solid waste from landfill disposal or transformation facilities by January 1, 2004.[117] The claimant's annual reports to CIWMB for calendar years 2000, 2001, and 2003 report diversion percentages from 36.21 percent to 75.43 percent of the total tonnage of waste generated, which exceeds the mandated diversion requirement of 25 percent.[118] The claimant's annual reports to CIWMB for calendar years 2004 through 2007 also report diversion percentages that exceed the mandated diversion requirement of 50 percent, and range from 61.8 percent to 98.23 percent of the total tonnage of waste generated.[119]

In 2008, CIWMB stopped requiring community college districts to report the amount and percentage of tonnage diverted, and instead required them to report the "per-capita disposal" of waste.[120] As amended, each community college now has a disposal target that is the equivalent to a 50 percent diversion, and is expressed on a per capita basis. So if the district's per-capita disposal rate is less than the target, it means that the district is meeting the requirement to divert 50 percent of its solid waste.[121]

In this case, the reports for 2008, 2009, and 2010 show that the claimant's annual per capita disposal rate for both the employee and student populations to be at or below the target rate, thereby satisfying the requirement to divert 50 percent of its solid waste during these years.[122] In

---

[116] Exhibit A, IRC, page 10.

[117] Public Resources Code sections 42921; Exhibit A, IRC, pages 52 and 56 (Parameters and Guidelines, section IV.(B)(5)).

[118] Exhibit B, Controller's Late Comments on the IRC, pages 40-45 and 77.

[119] Exhibit B, Controller's Late Comments on the IRC, pages 46-53 and 77.

[120] The new requirement was a result of Statutes 2008, chapter 343 (SB 1016).

[121] Exhibit B, Controller's Late Comments on the IRC, pages 84-92 ["Understanding SB 1016 Solid Waste Per Capita Disposal Measurement Act", http://www.calrecycle.ca.gov/lgcentral/goalmeasure/Tools/SimplePresen.pdf].

[122] Exhibit B, Controller's Late Comments on the IRC, pages 54 (2008 report, showing an employee population target of 127.4, and 1.1 was achieved; and a student population target of 4.3, and 0.09 was achieved); 56 (2009 report, showing an employee population target of 127.4, and 1.3 was achieved; and a student population target of 4.3, and 0.1 was achieved); and 58 (2010 report, showing an employee population target of 127.4, and 1.0 was achieved; and a student population target of 4.3, and 0.09 was achieved).

addition, the claimant's 2008, 2009, and 2010 reports continue to show that the claimant had solid waste reduction programs in place. In its 2008 report, the claimant listed the following programs: "Business Source Reduction, Material Exchange, Beverage Containers, Cardboard, Office Paper (mixed), Xeriscaping, grasscycling, On-site composting/mulching, Tires, Scrap Metal, Concrete/asphalt/rubble (C&D), Rendering."[123] Also in its 2008 report, the claimant stated: "No changes were implemented in our Mission Statement. We are operating under our current Waste Management/Recycling program. … We still have recycle containers next to our general trash receptacles."[124] In its 2009 report, the claimant stated: "The science club and the athletic association have been recycling aluminum and plastic bottles on campus. We have added 12 ea new containers throughout the campus."[125] And in its 2010 report, the claimant stated: "Campus club from the sciences entitled 'Science Alliance' has propagated a massive push for recyclables as a fundraising method. More recycling containers were placed on campus."[126]

The record also shows that the tonnage of solid waste that was not diverted was disposed at a landfill. The annual reports filed by the claimant with CIWMB during the audit period identify the total tonnage of waste disposed and the use of a waste hauler.[127] Moreover, there are statements in the claimant's 2003, 2004, 2005, and 2006 annual reports pertaining to decreased landfill disposal, indicating that the claimant used a landfill to some extent.[128] The avoided landfill disposal fee was based on the statewide average disposal fee provided by CIWMB for each fiscal year in the audit period, since the claimant did not provide any information to the Controller regarding the landfill fees it was charged.[129]

Based on this documentation, the Controller correctly presumed, consistent with the presumption in the test claim statutes and the court's interpretation of those statutes and with no evidence to

---

[123] Exhibit B, Controller's Late Comments on the IRC, page 55 (2008 report to CIWMB).

[124] Exhibit B, Controller's Late Comments on the IRC, page 55 (2008 report to CIWMB).

[125] Exhibit B, Controller's Late Comments on the IRC, page 57 (2009 report to CIWMB).

[126] Exhibit B, Controller's Late Comments on the IRC, page 58 (2010 report to CIWMB).

[127] For example, the 2001 report to CIWMB states: "On-site waste assessments and hauler/processor records review were conducted to obtain actual material weights, volumes, areas, and quantities wherever possible. . . . Hired a technical consultant to … research and analyze hauler and processor waste management records;" See Exhibit B, Controller's Late Comments on the IRC, page 43. The 2003 report states: "Actual hauler tonnages were obtained for disposal debris boxes. . . . Recycling Coordinator . . . Liaison to garbage and recycling hauling company." Similar statements were made in the 2003 report (p. 45) the 2004 report (p. 47). Statements that the recycling coordinator "Worked with garbage and recycling haulers to execute collection programs" is in the 2004 report (p. 47), the 2005 report (p. 49) and the 2006 report (p. 51). The 2008 report indicated that the claimant used "South Valley Disposal and Recycling" to haul its materials (p. 55). The 2009 report indicated that the claimant used "Recology Waste and Recycling Company" (p. 57).

[128] Exhibit B, Controller's Late Comments on the IRC, pages 45, 47, 49, 51.

[129] Exhibit B, Controller's Late Comments on the IRC, pages 23, 101-130.

the contrary, that the percentage of waste diverted results in offsetting savings in an amount equal to the avoided landfill fee per ton of waste required to be diverted.

The statutory presumption of cost savings controls unless the claimant files evidence to rebut the presumption and shows that cost savings were not realized.[130] The claimant has the burden of proof on this issue. Under the mandates statutes and regulations, the claimant is required to show that it has incurred increased costs mandated by the state when submitting a reimbursement claim to the Controller's Office, and the burden to show that any reduction made by the Controller is incorrect.[131] The Parameters and Guidelines, as amended pursuant to the court's writ, also require claimants to show the costs incurred to divert solid waste and to perform the administrative activities, and *to report and identify* the costs saved or avoided by diverting solid waste: "Reduced or avoided costs realized from implementation of the community college

---

[130] Government Code section 17559, which requires that the Commission's decisions be supported by substantial evidence in the record. See also, *Coffy v. Shiomoto* (2015) 60 Cal.4th 1198, 1209, a case interpreting the rebuttable presumption in Vehicle Code section 23152 that if a person had 0.08 percent or more, by weight, of alcohol in the blood at the time of testing, then it is presumed by law that he or she had 0.08 percent or more, by weight, of alcohol in the blood at the time of driving, unless he or she files evidence to rebut the presumption. The court states that unless and until evidence is introduced that would support a finding that the presumption does not exist, the statutory presumption that the person was driving over the legal limit remains the finding of fact.

[131] Evidence Code section 500, which states: "Except as otherwise provided by law, a party has the burden of proof as to each fact the existence or nonexistence of which is essential to the claim for relief or defense that he is asserting." See also, *Simpson Strong-Tie Co., Inc. v. Gore* (2010) 49 Cal.4th 12, 24, where the court recognized that "the general principle of Evidence Code 500 is that a party who seeks a court's action in his favor bears the burden of persuasion thereon." This burden of proof is recognized throughout the architecture of the mandates statutes and regulations. Government Code section 17551(a) requires the Commission to hear and decide a claim filed by a local agency or school district that it is entitled to reimbursement under article XIII B, section 6. Section 17551(d) requires the Commission to hear and decide a claim by a local agency or school district that the Controller has incorrectly reduced payments to the local agency or school district. In these claims, the claimant must show that it has incurred increased costs mandated by the state. (Gov. Code, §§ 17514 [defining "costs mandated by the state"], 17560(a) ["A local agency or school district may . . . file an annual reimbursement claim that details the costs actually incurred for that fiscal year."]; 17561 [providing that the issuance of the Controller's claiming instructions constitutes a notice of the right of local agencies and school districts to file reimbursement claims based upon the parameters and guidelines, and authorizing the Controller to audit the records of any local agency or school district to "verify the actual amount of the mandated costs."]; 17558.7(a) ["If the Controller reduces a claim approved by the commission, the claimant may file with the commission an incorrect reduction claim pursuant to regulations adopted by the commission."]. By statute, only the local agency or school district may bring these claims, and the local entity must present and prove its claim that it is entitled to reimbursement. (See also, Cal. Code Regs., tit. 2, §§ 1185.1, et seq., which requires that the IRC contain a narrative that describes the alleged incorrect reductions, and be signed under penalty of perjury.)

districts' Integrated Waste Management plans *shall be* identified and offset from this claim as cost savings."[132] Thus, the claimant has the burden to rebut the statutory presumption and to show, with substantial evidence in the record, that the costs of complying with the mandate exceed any cost savings realized by diverting solid waste.

Accordingly, the Commission finds that the claimant has not filed any evidence to rebut the statutory presumption of cost savings. Therefore, the Controller's finding of cost savings is correct as a matter of law.

3. For fiscal years 1999-2000, 2000-2001, the second half of fiscal year 2003-2004, and 2004-2005 through 2010-2011, the Controller's calculation of cost savings is correct as a matter of law, and is not arbitrary, capricious, or entirely lacking in evidentiary support.

The Controller correctly determined that for every year during the audit period, the claimant diverted more solid waste than the amount mandated by the test claim statute. Therefore, the Controller allocated the actual diversion rate based on the mandated diversion rate to calculate offsetting savings. Instead of using 100 percent of the diverted amount, the Controller divided the percentage of solid waste required to be diverted (either 25 percent or 50 percent) by the actual percentage of solid waste diverted (as reported by the claimant to CIWMB). The resulting quotient is then multiplied by the tons of solid waste diverted (as annually reported to CIWMB), multiplied by the avoided landfill disposal fee (based on the statewide average fee).[133]

$$\text{Offsetting Savings Realized} = \frac{\overbrace{\text{Maximum Allowable Diversion \%}}^{\text{Allocated Diversion \%}}}{\text{Actual Diversion \%}} \times \text{Tonnage Diverted} \times \text{Avoided Landfill Disposal Fee (per Ton)}$$

The formula allocates or reduces cost savings based on the mandated rate, and is intended to prevent penalizing the claimant for diverting more solid waste than the amount mandated by law.[134]

The claimant raises several arguments to assert that the Controller's calculation of cost savings is incorrect. These arguments are not supported by the law or evidence in the record.

The claimant first alleges that cost savings cannot be realized because the chain of events required by Public Contract Code sections 12167 and 12167.1 did not occur: that savings have to be converted to cash, and amounts in excess of $2000 per year must be deposited in the state fund and appropriated back by the Legislature to mitigate the costs.[135] It is undisputed that the claimant did not remit to the state any savings realized from the implementation of the IWM

---

[132] Exhibit A, IRC, page 96 (Parameters and Guidelines). Emphasis added.

[133] Exhibit A, IRC, pages 33-35; Exhibit B, Controller's Late Comments on the IRC, page 21.

[134] Exhibit B, Controller's Late Comments on the IRC, page 21.

[135] Exhibit A, IRC, page 13.

plan.[136] However, as indicated above, cost savings are presumed by the statutes and the claimant has not filed evidence to rebut that presumption. Thus the claimant should have deposited the cost savings into the state's account as required by the test claim statutes, and the claimant's failure to comply with the law does not make the Controller's calculations of cost savings incorrect as a matter of law, or arbitrary or capricious. Since cost savings are presumed by the statutes, the claimant has the burden to show increased costs mandated by the state. As the court stated: "[r]eimbursement is not available under section 6 and section 17514 to the extent that a local government or school district is able to provide the mandated program or increased level of service without actually incurring increased costs."[137]

The claimant next asserts that the Controller's formula is an underground regulation.[138] The Commission disagrees. Government Code section 11340.5 provides that no state agency shall enforce or attempt to enforce a rule or criterion which is a regulation, as defined in section 11342.600, unless it has been adopted pursuant to the Administrative Procedures Act. As indicated above, however, the formula is consistent with the statutory presumption of cost savings, as interpreted by the court for this program. Interpretations that arise in the course of case-specific adjudication are not regulations.[139]

The claimant also argues that using landfill fees in the calculation of offsetting savings is not relevant because "[t]he District did not claim landfill costs, so there are none to be offset."[140] The claimant's interpretation of the cost savings requirement is not correct. The cost of disposing waste at a landfill is not eligible for reimbursement. Reimbursement is authorized to *divert* solid waste from the landfill through source reduction, recycling, and composting activities.[141] As explained by the court:

> In complying with the mandated solid waste diversion requirements of Public Resources Code section 42921, California Community Colleges are likely to experience cost savings in the form of reduced or avoided costs of landfill disposal. The reduced or avoided costs are a direct result and an integral part of the mandated IWM plan ....
>
> Such reduction or avoidance of landfill fees and costs resulting from solid waste diversion activities under § 42920 et seq. represent savings which must be offset against the costs of the diversion activities to determine the reimbursable costs of IWM plan implementation -- i.e., the actual increased costs of diversion -- under section 6 and section 17514.[142]

---

[136] Exhibit B, Controller's Late Comments on the IRC, page 19.

[137] Exhibit B, Controller's Late Comments on the IRC, page 69 (Ruling on Submitted Matter).

[138] Exhibit A, IRC, page 14.

[139] *Tidewater Marine Western, Inc. v. Bradshaw* (1996) 14 Cal.4th 557, 571.

[140] Exhibit A, IRC, page 17.

[141] Exhibit A, IRC, page 56 (Parameters and Guidelines).

[142] Public Resources Code section 40124. Exhibit B, Controller's Late Comments on the IRC, pages 69-70 (Ruling on Submitted Matter).

The court also noted that diversion is defined as "activities which reduce or eliminate the amount of solid waste from solid waste disposal."[143]

In addition, the claimant argues that the formula assumes facts without evidence in the record. For example, the claimant questions the Controller's assumption that the diversion percentage achieved in 2007 applies equally to subsequent years, that all diverted waste would have been disposed in a landfill, and that the statewide average cost to dispose of waste at a landfill actually applied to the claimant.[144]

The Controller's assumptions, however, are supported by evidence in the record and the claimant has filed no evidence to rebut them. The Controller applied the diversion percentage achieved in 2007 to subsequent years because the CIWMB stopped requiring community college districts to report the actual amount and percent of tonnage diverted in 2008. As the Controller notes, the claimant's diversion program was well-established by 2007, and the claimant's reports of subsequent years reflect continued diversion. In its 2008 report, the claimant stated: "We are operating under the current Waste Management/Recycling program. … … We still have recycle containers next to our general trash receptacles"[145] In its 2009 report, the claimant stated: "The science club and the athletic association have been recycling aluminum and plastic bottles on campus. We have added 12 ea new containers throughout the campus."[146] And in its 2010 report, the claimant stated: "Campus club from the sciences entitled 'Science Alliance' has propagated a massive push for recyclables as a fundraising method. More recycling containers were placed on campus"[147] Moreover, the claimant's reported per-capita disposal rate is well below the target rate for 2008, 2009, and 2010, so the 50-percent target diversion rate is being met.[148]

Thus, there is evidence in the record that for 2008 through 2010, the claimant met or exceeded the diversion rates recorded in 2007.

The Controller obtained the statewide average cost for landfill disposal fees from the CIWMB, which was based on private surveys of a large percentage of landfills across California.[149] The

---

[143] Exhibit B, Controller's Late Comments on the IRC, page 69 (Ruling on Submitted Matter).

[144] Exhibit A, IRC, pages 15-16.

[145] Exhibit B, Controller's Late Comments on the IRC, page 55 (2008 Annual Report).

[146] Exhibit B, Controller's Late Comments on the IRC, page 57 (claimant's 2009 report to CIWMB).

[147] Exhibit B, Controller's Late Comments on the IRC, page 58 (claimant's 2010 report to CIWMB).

[148] Exhibit B, Controller's Late Comments on the IRC, page 21, and pages 54 (2008 report, showing an employee population target of 127.4, and 1.1 was achieved; and a student population target of 4.3, and 0.09 was achieved); 56 (2009 report, showing an employee population target of 127.4, and 1.3 was achieved; and a student population target of 4.3, and 0.1 was achieved); and 58 (2010 report, showing an employee population target of 127.4, and 1.0 was achieved; and a student population target of 4.3, and 0.09 was achieved).

[149] Exhibit B, Controller's Late Comments on the IRC, page 23.

Controller's audit report indicates that the claimant did not provide documentation to support a different disposal fee.[150] In addition, the Controller states:

> The district did not provide any information, such as its contract with or invoices received from its commercial waste hauler to support either the landfill fees actually incurred by the district or to confirm that the statewide average landfill fee was greater than the actual landfill fees incurred by the district.[151]

On these audit issues, the Commission may not reweigh the evidence or substitute its judgment for that of the Controller. The Commission must only ensure that the Controller's decision is not arbitrary, capricious, or entirely lacking in evidentiary support, and that it adequately considered all relevant factors.[152] There is no evidence that the Controller's assumptions are wrong or arbitrary or capricious with regard to the statewide average landfill fee.

The claimant also points to the Controller's audits of other community college districts, arguing that the costs allowed by the Controller in those cases vary and are arbitrary.[153] The Controller's audits of other community college district reimbursement claims are not relevant to the Controller's audit here. Each audit depends on the documentation and evidence provided by the claimant to show increased costs mandated by the state.

Accordingly, the Controller's calculations of cost savings for fiscal years 1999-2000, 2000-2001, the second half of fiscal year 2003-2004, and fiscal years 2004-2005 through 2010-2011, are correct as a matter of law, and are not arbitrary, capricious, or entirely lacking in evidentiary support.

4. <u>The Controller's calculation of the allocated diversion rate for the first half of fiscal year 2003-2004 using 50 percent required diversion rate, rather than the 25 percent rate actually required, is incorrect as a matter of law.</u>

For the first half of fiscal year 2003-2004, the claimant achieved an actual diversion percentage of 75.43 percent.[154] The Controller allocated the diversion rate for the first half of fiscal year 2003-2004, as it had done for the other fiscal years, because the claimant exceeded the mandate. However, the Controller used a 50 percent rate to calculate the allocated diversion rate, when the test claim statutes required only 25 percent diversion in calendar year 2003. The requirement to divert 50 percent of all solid waste did not become operative until January 1, 2004.[155] Therefore, using the 50 percent rate, the Controller's allocated diversion rate was calculated at 66.29 percent, which resulted in a reduction of $7,644 for this time period (313.1 tons of diverted waste

---

[150] Exhibit A, IRC, page 36.

[151] Exhibit B, Controller's Late Comments on the IRC, page 23.

[152] *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547-548.

[153] Exhibit A, IRC, pages 18-19.

[154] Exhibit B, Controller's Late Comments on the IRC, page 77.

[155] Public Resources Code sections 42921; Exhibit A, IRC, page 43 (Parameters and Guidelines, adopted March 30, 2005).

multiplied by the allocated diversion rate of 66.29 percent -50 percent divided by 75.43 percent - multiplied by the avoided statewide average landfill disposal fee of $36.83).[156]

As indicated in the Parameters and Guidelines, the mandate is to divert at least 25 percent of all solid waste from landfill disposal or transformation facilities by January 1, 2002, and at least 50 percent of all solid waste from landfill disposal or transformation facilities by January 1, 2004, through source reduction, recycling, and composting activities.[157] Thus, from July 1, 2003, through December 31, 2003, community college districts were mandated to achieve only 25 percent diversion. The Controller admits that: "as there is no state mandate to exceed solid waste diversion for amounts in excess of 25% for calendar years 2000 through 2003 or 50% for calendar year 2004 and later, there is no basis for calculating offsetting savings realized for actual diversion percentages that exceed the levels set by statute."[158]

However, the Controller's calculation of cost savings incorrectly applied a 50 percent diversion rate to calculate the allocated diversion rate for the period of July 1, 2003, through December 31, 2003, instead of the mandated 25 percent diversion rate.[159] Because the Controller used the incorrect percentage to calculate the allocated rate, the calculation of offsetting savings for this time period is incorrect as a matter of law.

As indicated above, the Controller's formula for offsetting cost savings for years when the claimant exceeded the diversion mandate, which allocates the diversion percentage achieved based on the mandated diversion percentage, is consistent with the test claim statutes and the court's decision on this program. That allocated rate is the percentage of solid waste required to be diverted (either 25 percent or 50 percent) divided by the actual percentage of solid waste diverted (as reported by the claimant to CIWMB). The resulting quotient is then multiplied by the tons of solid waste diverted (as annually reported by the claimant to the CIWMB), multiplied by the avoided landfill disposal fee (based on the statewide average fee).[160]

Applying the formula to the first half of fiscal year 2003-2004, using the 25 percent diversion requirement, results in a finding of offsetting costs savings of $3,822 (25 percent mandated diversion rate divided by the 75.43 percent diversion actually achieved equals an allocated diversion rate of 33.14 percent, multiplied by 313.1 tons diverted, multiplied by the avoided

---

[156] Exhibit A, IRC, page 30 (Final Audit Report); Exhibit B, Controller's Late Comments on the IRC, page 77.

[157] Public Resources Code sections 42921; Exhibit A, IRC, page 92 (Parameters and Guidelines).

[158] Exhibit B, Controller's Late Comments on the IRC, page 21; see also the Final Audit Report, which states: "Public Resource Code 42921 requires districts to achieve a solid waste diversion percentage of 25% beginning January 1, 2002, and a 50% diversion percentage by January 1, 2004." (Exhibit A, IRC, page 35).

[159] Exhibit B, Controller's Late Comments on the IRC, page 77.

[160] Exhibit A, IRC, pages 34 - 35 (Final Audit Report). Exhibit B, Controller's Late Comments on the IRC, page 77.

statewide average landfill disposal fee of $36.83), rather than the $7,644 the Controller calculated.[161]

In comments on the Draft Proposed Decision, the Controller agreed to reinstate $3,822 for the first half of fiscal year 2003-2004.[162]

Accordingly, the Commission finds that the reduction of $7,644 in the first half of fiscal year 2004-2004, based on the incorrect diversion rate used to calculate offsetting cost savings, is incorrect as a matter of law. The law and the record support offsetting cost savings for the first half of fiscal year 2003-2004 of $3,822, rather than $7,644, and that the difference of $3,822 has been incorrectly reduced.

## V. Conclusion

Based on the foregoing, the Commission concludes that the Controller's reduction of costs claimed for fiscal years 1999-2000, 2000-2001, the second half of fiscal year 2003-2004, and fiscal years 2004-2005 through 2010-2011 is correct as a matter of law and is not arbitrary, capricious, or entirely lacking in evidentiary support.

However, the reduction of costs claimed for the first half of fiscal year 2003-2004 is incorrect as a matter of law.

Accordingly, the Commission partially approves this IRC and requests that the Controller reinstate $3,822 to the claimant pursuant to Government Code section 17551(d) and section 1185.9 of the Commission's regulations.

[161] Exhibit B, Controller's Late Comments on the IRC, pages 37 and 71.

[162] Exhibit D, Controller's Comments on the Draft Proposed Decision.

STATE of CALIFORNIA
COMMISSION ON STATE MANDATES

RE: **Decision**

*Integrated Waste Management,* 14-0007-I-04
Public Resources Code Sections 40418, 40196.3, 42920-42928;
Public Contract Code Sections 12167 and 12167.1
Statutes 1992, Chapter 1116 (AB 3521); Statutes 1999, Chapter 764 (AB 75)
State Agency Model Integrated Waste Management Plan (February 2000)
Fiscal Years: 1999-2000, 2000-2001, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, and 2010-2011
Gavilan Joint Community College District, Claimant

On September 22, 2017, the foregoing Decision of the Commission on State Mandates was adopted on the above-entitled matter.

Heather Halsey, Executive Director

Dated: September 26, 2017

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

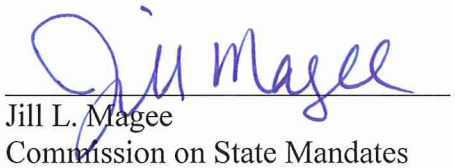
On September 26, 2017, I served the:

- **Decision adopted September 22, 2017**

  *Integrated Waste Management,* 14-0007-I-04
  Public Resources Code Sections 40418, 40196.3, 42920-42928;
  Public Contract Code Sections 12167 and 12167.1
  Statutes 1992, Chapter 1116 (AB 3521); Statutes 1999, Chapter 764 (AB 75)
  State Agency Model Integrated Waste Management Plan (February 2000)
  Fiscal Years: 1999-2000, 2000-2001, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, and 2010-2011
  Gavilan Joint Community College District, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on September 26, 2017 at Sacramento, California.



Jill L. Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 9/21/17

**Claim Number:** 14-0007-I-04

**Matter:** Integrated Waste Management

**Claimant:** Gavilan Joint Community College District

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Lacey Baysinger**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0254
lbaysinger@sco.ca.gov

**Anita Dagan**, Manager, Local Reimbursement Section, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-4112
Adagan@sco.ca.gov

**Marieta Delfin**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-4320
mdelfin@sco.ca.gov

**Wade Ellis**, Director of Business Services, *Gavilan Joint Community College District*
5055 Santa Teresa Blvd, Gilroy, CA 95020
Phone: (408) 848-4739
wellis@gavilan.edu

**Eric Feller**, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
eric.feller@csm.ca.gov

**Donna Ferebee**, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
donna.ferebee@dof.ca.gov

**Susan Geanacou**, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
susan.geanacou@dof.ca.gov

**Heather Halsey**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
heather.halsey@csm.ca.gov

**Rebecca Hamilton**, *Department of Finance*
Education Systems Unit, 915 L Street, 7th Floor, Sacramento, CA 95814
Phone: (916) 445-0328
Rebecca.Hamilton@dof.ca.gov

**Ed Hanson**, *Department of Finance*
Education Systems Unit, 915 L Street, 7th Floor, Sacramento, CA 95814
Phone: (916) 445-0328
ed.hanson@dof.ca.gov

**Frederick Harris**, Vice President, *Gavilan Joint Community College District*
5055 Santa Teresa Boulevard, Gilroy, CA 95020
Phone: (408) 848-4715
fharris@gavilan.edu

**Jill Kanemasu**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-9891
jkanemasu@sco.ca.gov

**Dan Kaplan**, Fiscal & Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8353
Dan.Kaplan@lao.ca.gov

**Christian Keiner**, *Dannis Woliver Kelly*
**Claimant Representative**
555 Capitol Mall, Suite 645, Sacramento, CA 95814
Phone: (916) 978-4040
ckeiner@dwkesq.com

**Yazmin Meza**, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Yazmin.meza@dof.ca.gov

**Robert Miyashiro**, *Education Mandated Cost Network*
1121 L Street, Suite 1060, Sacramento, CA 95814
Phone: (916) 446-7517
robertm@sscal.com

**Andy Nichols**, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819

Phone: (916) 455-3939
andy@nichols-consulting.com

**Christian Osmena**, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
christian.osmena@dof.ca.gov

**Arthur Palkowitz**, *Artiano Shinoff*
2488 Historic Decatur Road, Suite 200, San Diego, CA 92106
Phone: (619) 232-3122
apalkowitz@as7law.com

**Keith Petersen**, *SixTen & Associates*
P.O. Box 340430, Sacramento, CA 95834-0430
Phone: (916) 419-7093
kbpsixten@aol.com

**Sandra Reynolds**, *Reynolds Consulting Group,Inc.*
P.O. Box 894059, Temecula, CA 92589
Phone: (951) 303-3034
sandrareynolds_30@msn.com

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Carla Shelton**, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 327-6490
carla.shelton@csm.ca.gov

**Jim Spano**, Chief, Mandated Cost Audits Bureau, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 323-5849
jspano@sco.ca.gov

**Dennis Speciale**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0254
DSpeciale@sco.ca.gov

**William Tunick**, Attorney , *Dannis Woliver Kelley*
275 Battery Street, Suite 1150, San Francisco, CA 94111
Phone: (415) 543-4111
wtunick@dwkesq.com

# Tab 6

STATE of CALIFORNIA
COMMISSION ON STATE MANDATES

July 26, 2022

Ms. Annette Chinn
Cost Recovery Systems, Inc.
705-2 East Bidwell Street, #294
Folsom, CA 95630

Ms. Natalie Sidarous
State Controller's Office
Local Government Programs and Services Division
3301 C Street, Suite 740
Sacramento, CA 95816

*And Parties, Interested Parties, and Interested Persons (See Mailing List)*

**Re: Decision**
*Municipal Stormwater and Urban Runoff Discharges,* 20-0304-I-07
Los Angeles Regional Quality Control Board Order No. 01-182,
Permit CAS004001, Part 4F5c3
Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013
City of Lakewood, Claimant

Dear Ms. Chinn and Ms. Sidarous:

On July 22, 2022, the Commission on State Mandates adopted the Decision on the above-entitled matter.

Sincerely,

Heather Halsey
Executive Director

J:\MANDATES\IRC\2020\0304 (Municipal Storm Water and Urban Runoff Discharges)\20-0304-I-07\Correspondence\decisiontrans.docx

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

| | |
|---|---|
| IN RE INCORRECT REDUCTION CLAIM<br><br>Los Angeles Regional Water Quality Control Board Order No. 01-182<br>Permit CAS004001<br>Part 4F5c3<br><br>Fiscal Years 2002-2003 through 2012-2013<br><br>Filed on October 22, 2020<br><br>City of Lakewood, Claimant | Case No.: 20-0304-I-07<br><br>*Municipal Stormwater and Urban Runoff Discharges*<br><br>DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7.<br><br>(*Adopted July 22, 2022*)<br><br>(*Served July 26, 2022*) |

**INCORRECT REDUCTION CLAIM**

The Commission on State Mandates adopted the attached Decision on July 22, 2022.

Heather Halsey, Executive Director

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

| | |
|---|---|
| IN RE INCORRECT REDUCTION CLAIM<br>Los Angeles Regional Water Quality Control Board Order No. 01-182<br>Permit CAS004001<br>Part 4F5c3<br>Fiscal Years 2002-2003 through 2012-2013<br>Filed on October 22, 2020<br>City of Lakewood, Claimant | Case No.: 20-0304-I-07<br>*Municipal Stormwater and Urban Runoff Discharges*<br>DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7.<br>(*Adopted July 22, 2022*)<br>(*Served July 26, 2022*) |

**DECISION**

The Commission on State Mandates (Commission) heard and decided this Incorrect Reduction Claim (IRC) during a regularly scheduled hearing on July 22, 2022. Lisa Kurokawa appeared on behalf of the State Controller's Office. The claimant did not appear, but contacted staff to indicate that they were standing on the written record.

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code sections 17500 et seq., and related case law.

The Commission adopted the Proposed Decision to partially approve the IRC by a vote of 6-0, as follows:

| **Member** | **Vote** |
|---|---|
| Lee Adams, County Supervisor | Yes |
| Jeannie Lee, Representative of the Director of the Office of Planning and Research | Yes |
| Gayle Miller, Representative of the Director of the Department of Finance, Chairperson | Absent |
| Sarah Olsen, Public Member | Yes |
| Renee Nash, School Board Member | Yes |
| Shawn Silva, Representative of the State Controller | Yes |
| Spencer Walker, Representative of the State Treasurer, Vice Chairperson | Yes |

**Summary of the Findings**

This Incorrect Reduction Claim (IRC) challenges reductions by the State Controller's Office (Controller) to reimbursement claims filed by the City of Lakewood (claimant) for fiscal years 2002-2003 through 2012-2013 (audit period) under the *Municipal Stormwater and Urban Runoff Discharges* program. At issue are the Controller's reduction of costs claimed, based on its findings that the claimant did not provide contemporaneous source documentation to support its claim under the reasonable reimbursement methodology for the number of weekly trash collections performed during the audit period and reduced the number of collections claimed from twice weekly (104 annual collections) to once weekly (52 annual collections); and that the claimant failed to offset from its claim forms Proposition A local return funds – non-local tax revenues – used to purchase trash receptacles in fiscal years 2005-2006 and 2008-2009.

The Commission finds that this IRC was timely filed.

The Commission further finds that the Controller's reduction of costs claimed for twice weekly trash collection based on the claimant's failure to provide contemporaneous source documents is incorrect as a matter of law. The Parameters and Guidelines for the *Municipal Stormwater and Urban Runoff Discharges* program do not require the claimant to provide contemporaneous source documentation to support a claim for ongoing maintenance activities, including trash collection, under the reasonable reimbursement methodology. Rather, "[t]he RRM is in lieu of filing detailed documentation of actual costs."[1] Thus, section VII. B, which pertains to costs claimed using a reasonable reimbursement methodology, simply requires that "Local agencies must retain documentation which supports the reimbursement of the maintenance costs identified in Section IV.B of these parameters and guidelines during the period subject to audit, including documentation showing the number of trash receptacles in the jurisdiction and the number of trash collections or pickups."[2]

Furthermore, even assuming the Parameters and Guidelines could be interpreted to require contemporaneous source documentation to support the ongoing trash collection activities, applying such a requirement to the claiming period before the Parameters and Guidelines were adopted (fiscal years 2002-2003 through 2010-2011) would violate due process and be incorrect as a matter of law.[3] The claimant was not on notice of a contemporaneous source document requirement when the costs were incurred in fiscal years 2002-2003 through 2010-2011 because the Parameters and Guidelines were not adopted until March 2011.

The documents provided by the claimant, however, contain inconsistencies and do not verify that trash collection was performed twice per week during the audit period. Accordingly, the Commission remands the reimbursement claims back to the State Controller's Office to further

---

[1] Exhibit A, IRC, filed October 22, 2020, page 396 (Parameters and Guidelines).

[2] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

[3] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 802-813; *City of Modesto v. National Med, Inc.* (2005) 128 Cal.App.4th 518, 527; *In re Cindy B.* (1987) 192 Cal.App.3d 771, 783-784; *Department of Health Services v. Fontes* (1985) 169 Cal.App.3d 301, 304-305; *Tapia v. Superior Court* (1991) 53 Cal.3d 282; 287-292; *Murphy v. City of Alameda* (1993) 11 Cal.App.4th 906, 911-912.

review and verify the costs claimed under the reasonable reimbursement methodology based on the number of weekly trash collections during the audit period and reinstate those costs that are deemed eligible for reimbursement in accordance with this decision.

The Commission also finds that the Controller's reductions, based on its determination that Proposition A local return funds are offsetting revenues that should have been identified and deducted from the reimbursement claims, is correct as a matter of law. Proposition A is a transactions and use tax levied by the Los Angeles County Metropolitan Transportation Authority. A portion of the Proposition A tax revenues are distributed to the claimant through the Proposition A Local Return Program for use on eligible transportation projects. Under article XIII B, section 6 of the California Constitution, the state is required to provide reimbursement only when a local government is mandated to spend its own proceeds of taxes subject to the appropriations limit of article XIII B.[4] The Proposition A local return funds distributed to the claimant are not the claimant's "proceeds of taxes" because the claimant does not levy the tax, nor is the tax subject to the claimant's appropriations limit.

Accordingly, the Commission partially approves this IRC and remands the reimbursement claims to the Controller to further review and reinstate those costs that are deemed eligible for reimbursement in accordance with this Decision.

## COMMISSION FINDINGS

### I. Chronology

| | |
|---|---|
| 09/28/2011 | The claimant dated its reimbursement claims for fiscal years 2002-2003 through 2010-2011.[5] |
| 01/15/2013 | The claimant filed its reimbursement claim for fiscal year 2011-2012.[6] |
| 02/05/2014 | The claimant filed its reimbursement claim for fiscal year 2012-2013.[7] |
| 08/24/2017 | The Controller issued the Draft Audit Report.[8] |
| 09/06/2017 | The claimant filed comments on the Draft Audit Report.[9] |

[4] *Dept. of Finance v. Commission on State Mandates* (2016) 1 Cal.5th 749, 762-763; *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 486–487.

[5] Exhibit A, IRC, filed October 22, 2020, pages 460 (2002-2003 claim), 463 (2003-2004 claim), 466 (2004-2005 claim), 469 (2005-2006 claim), 477 (2006-2007 claim), 480 (2007-2008 claim), 483 (2008-2009 claim), 495 (2009-2010 claim), and 502 (2010-2011 claim). The reimbursement claims for fiscal years 2002-2003 through 2010-2011 are dated September 27, 2011. A cover sheet entitled "Claims Receipt," which lists the claims for fiscal years 2002-2003 through 2010-2011, is stamped "received" with the date September 28, 2011 (Exhibit A, IRC, filed October 22, 2020, page 459).

[6] Exhibit A, IRC, filed October 22, 2020, page 504 (2011-2012 claim).

[7] Exhibit A, IRC, filed October 22, 2020, page 506 (2012-2013 claim).

[8] Exhibit A, IRC, filed October 22, 2020, page 433 (Final Audit Report).

[9] Exhibit A, IRC, filed October 22, 2020, page 433 (Final Audit Report).

| | |
|---|---|
| 11/27/2017 | The Controller issued the Final Audit Report.[10] |
| 10/22/2020 | The claimant filed the IRC.[11] |
| 05/24/2022 | Commission staff issued the Draft Proposed Decision.[12] |
| 06/14/2022 | The claimant and the Controller both filed comments on the Draft Proposed Decision.[13] |

## II. Background

This IRC challenges the Controller's reductions of costs claimed for fiscal years 2002-2003 through 2012-2013 (the audit period) under Part 4F5c3 of the *Municipal Stormwater and Urban Runoff Discharges* program to install and maintain trash receptacles at public transit stops.[14]

### A. The *Municipal Stormwater and Urban Runoff Discharges* Program

The *Municipal Stormwater and Urban Runoff Discharges* program arose from the consolidated Test Claim filed by the County of Los Angeles and several cities within the County alleging various sections of a 2001 stormwater permit issued by the Los Angeles Regional Water Control Board, a state agency, constituted a reimbursable state-mandate program within the meaning of article XIII B, section 6 of the California Constitution.[15]

On July 31, 2009, the Commission adopted the Test Claim Decision, finding that the following activities in part 4F5c3 of the permit imposed a reimbursable state mandate on those local agencies subject to the permit that are not subject to a trash total maximum daily load (TDML):

> Place trash receptacles at all transit stops within its jurisdiction that have shelters no later than August 1, 2002, and at all transit stops within its jurisdiction no later than February 3, 2003. All trash receptacles shall be maintained as necessary.[16]

The Commission adopted the Parameters and Guidelines for this program on March 24, 2011.[17] Section IV. A, identifies the following one-time reimbursable activities:

> A. Install Trash Receptacles (one-time per transit stop, reimbursed using actual costs):
>
> 1. Identify locations of all transit stops within the jurisdiction required to have a trash receptacle pursuant to the Permit.

[10] Exhibit A, IRC, filed October 22, 2020, page 427 (Final Audit Report).

[11] Exhibit A, IRC, filed October 22, 2020, page 1.

[12] Exhibit B, Draft Proposed Decision, issued May 24, 2022.

[13] Exhibit C, Claimant's Comments on the Draft Proposed Decision, filed June 14, 2022; Exhibit D, Controller's Comments on the Draft Proposed Decision, filed June 14, 2022.

[14] Exhibit A, IRC, filed October 22, 2020, pages 1, 438, 445 (Final Audit Report).

[15] Exhibit A, IRC, filed October 22, 2020, page 391 (Parameters and Guidelines).

[16] Exhibit A, IRC, filed October 22, 2020, page 391 (Parameters and Guidelines).

[17] Exhibit A, IRC, filed October 22, 2020, page 391 (Parameters and Guidelines).

2. Select receptacle and pad type, evaluate proper placement of receptacles and prepare specifications and drawings.
3. Prepare contracts, conduct specification review process, advertise bids, and review and award bids.
4. Purchase or construct receptacles and pads and install receptacles and pads.
5. Move (including replacement if required) receptacles and pads to reflect changes in transit stops, including costs of removal and restoration of property at former receptacle location and installation at new location.[18]

Section IV. B. lists the following ongoing activities as reimbursable:

B. Maintain Trash Receptacles and Pads (on-going, reimbursed using the reasonable reimbursement methodology):

1. Collect and dispose of trash at a disposal/recycling facility. *This activity is limited to no more than three times per week.*
2. Inspect receptacles and pads for wear, cleaning, emptying, and other maintenance needs.
3. Maintain receptacles and pads. This activity includes painting, cleaning, and repairing receptacles; and replacing liners. The cost of paint, cleaning supplies and liners is reimbursable. Graffiti removal is not reimbursable.
4. Replace individual damaged or missing receptacles and pads. The costs to purchase and install replacement receptacles and pads and dispose of or recycle replaced receptacles and pads are reimbursable.[19]

Under section IV., only "actual costs" are reimbursed for one-time activities, whereas ongoing activities are reimbursed under a "reasonable reimbursement methodology."[20]

"Actual costs" are defined as "those costs actually incurred to implement the mandated activities" and which "must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities."[21] Under section IV., "contemporaneous source documents" are required to support actual costs: "document[s] created at or near the same time the actual costs were incurred for the event or activity in question" and "may include, but are not limited to, employee time records or

[18] Exhibit A, IRC, filed October 22, 2020, page 394 (Parameters and Guidelines).

[19] Exhibit A, IRC, filed October 22, 2020, page 394 (Parameters and Guidelines), emphasis in original.

[20] Exhibit A, IRC, filed October 22, 2020, page 393 (Parameters and Guidelines).

[21] Exhibit A, IRC, filed October 22, 2020, page 393 (Parameters and Guidelines).

time logs, sign-in sheets, invoices, and receipts."[22] Section IV. further provides as follows regarding corroborating evidence:

> Evidence corroborating the source documents may include, but is not limited to, timesheets, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "l certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.[23]

Under section VII. A, a reimbursement claim for actual costs requires the claimant to retain "[a]ll documents used to support the reimbursable activities, as described in Section IV."[24]

Section VI. describes the reasonable reimbursement methodology for the ongoing costs, including the costs to collect trash "no more than three times per week":

> The Commission is adopting a reasonable reimbursement methodology to reimburse eligible local agencies for all direct and indirect costs for the on-going activities identified in section IV.B of these parameters and guidelines to maintain trash receptacles. (Gov. Code, §§ 17557, subd. (b) & 17518.) The RRM is in lieu of filing detailed documentation of actual costs. Under the RRM, the unit cost of $6.74, during the period of July 1, 2002 to June 30, 2009, for each trash collection or "pickup" is multiplied by the annual number of trash collections (number of receptacles times pickup events for each receptacle), subject to the limitation of no more than three pickups per week. Beginning in fiscal year 2009-2010, the RRM shall be adjusted annually by the implicit price deflator as forecast by the Department of Finance.[25]

Section VII. B, which pertains to costs claimed using a reasonable reimbursement methodology, requires as follows:

> Local agencies must retain documentation which supports the reimbursement of the maintenance costs identified in Section IV.B of these parameters and guidelines during the period subject to audit, including documentation showing the number of trash receptacles in the jurisdiction and the number of trash collections or pickups.[26]

---

[22] Exhibit A, IRC, filed October 22, 2020, page 393 (Parameters and Guidelines).

[23] Exhibit A, IRC, filed October 22, 2020, page 393 (Parameters and Guidelines).

[24] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

[25] Exhibit A, IRC, filed October 22, 2020, page 396 (Parameters and Guidelines).

[26] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

Section VIII. provides the following regarding offsetting revenues and reimbursements:

> Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any federal, state or non-local source shall be identified and deducted from this claim.[27]

**B. Proposition A Local Return Funds**

At issue in this IRC is the claimant's use of Proposition A Local Return Funds to pay for the mandated program, the history of which is provided below.

In 1976, the Legislature created the Los Angeles County Transportation Commission (Transportation Commission) as a countywide transportation improvement agency[28] and authorized the Transportation Commission to levy a transactions and use tax throughout Los Angeles County.[29]

> A retail transactions and use tax ordinance applicable in the incorporated and unincorporated territory of the County of Los Angeles may be adopted by the Los Angeles County Transportation Commission in accordance with Part 1.6 (commencing with Section 7251) of Division 2 of the Revenue and Taxation Code, provided that a majority of the electors voting on the measure vote to authorize its enactment at a special election called for that purpose by the commission.[30]

Public Utilities Code section 130354 states that "revenues received by the Los Angeles County Transportation Commission from the imposition of the transactions and use taxes shall be used for public transit purposes."[31]

In 1980, Los Angeles County voters approved Proposition A, a one-half percent transactions and use tax to fund public transit projects throughout the county.[32] Proposition A was passed by a majority of voters as required by the original language of Public Utilities Code section 130350, but not the two-thirds vote required by article XIII A, section 4 (Proposition 13). Thereafter, the executive director of the Transportation Commission refused to levy the tax. The Transportation Commission filed a petition for writ of mandate to compel the executive director to implement the tax.

---

[27] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

[28] Public Utilities Code section 130050.

[29] Public Utilities Code sections 130231(a), 130350.

[30] Public Utilities Code section 130350 (Stats. 1976, ch. 1333). Section 130350 was amended in 2007 to reflect the two-thirds vote requirement for special taxes under article XIII A, section 4.

[31] Public Utilities Code section 130354.

[32] Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

In *Los Angeles County Transp. Commission v. Richmond* (1982) 31 Cal.3d 197, the California Supreme Court held that the Transportation Commission could, consistent with Proposition 13, impose the tax with the consent of only a majority of voters, instead of the two-thirds required under article XIII A, section 4.[33] The court reasoned that "special district" within the meaning of article XIII A, section 4 included only those districts with the authority to levy a tax on real property, and because the Transportation Commission had no such authority, it did not constitute a "special district."[34] While the court noted that the terms "special districts" and "special taxes" as used in section 4 were both ambiguous, it did not address whether Proposition A constituted a "special tax" within the meaning of section 4.[35] Nor did the court address whether the Transportation Commission or the Proposition A tax were subject to the government spending limitations imposed by article XIII B.

In *Rider v. County of San Diego* (1991) 1 Cal.4th 1, the California Supreme Court addressed "a question previously left open" in *Richmond*, regarding the validity of a supplemental sales tax "enacted for the apparent purpose of avoiding the supermajority voter approval requirement" under article XIII A, section 4.[36] The court ruled that a "special district" within the meaning of article XIII A, section 4 includes "any local taxing agency created to raise funds for city or county purposes to replace revenues lost by reason of the restrictions of Proposition 13," regardless of whether the district has the authority to levy real property taxes.[37] However, the court declined to overrule *Richmond* with respect to local agencies created prior to Proposition 13 and which lacked the authority to levy property taxes, such as the Transportation Commission.[38] The court further held that a "special tax" within the meaning of article XIII A, section 4, "is one levied to fund a specific government project or program," even when that project or program is the agency's sole reason for being.[39]

The Transportation Commission is statutorily authorized to levy Proposition A transaction and use taxes.[40]

---

[33] In 1978, California voters adopted Proposition 13, which added article XIII A to the California Constitution. Article XIII A, section 4 provides:

> Cities, Counties and special districts, by a two-thirds vote of the qualified electors of such district, may impose special taxes on such district, except ad valorem taxes on real property or a transaction tax or sales tax on the sale of real property within such City, County or special district.

[34] *Los Angeles County Transp. Commission v. Richmond* (1982) 31 Cal.3d 197, 208.

[35] *Los Angeles County Transp. Commission v. Richmond* (1982) 31 Cal.3d 197, 201-202.

[36] *Rider v. County of San Diego* (1991) 1 Cal.4th 1, 5.

[37] *Rider v. County of San Diego* (1991) 1 Cal.4th 1, 11.

[38] *Rider v. County of San Diego* (1991) 1 Cal.4th 1, 7-9.

[39] *Rider v. County of San Diego* (1991) 1 Cal.4th 1, 15.

[40] Public Utilities Code section 130231(a).

> The Los Angeles County Transportation Commission is authorized to impose a transactions and use tax within the County of Los Angeles pursuant to the approval by the voters of the commission's Ordinance No. 16 [Proposition A] in 1980 and its Ordinance No. 49 [Proposition C] in 1990, and has the authority and power vested in the Southern California Rapid Transit District to plan, design, and construct an exclusive public mass transit guideway system in the County of Los Angeles, including, but not limited to, Article 5 (commencing with Section 30630 of Chapter 5 of Part 3 of Division 11).[41]

The Proposition A Ordinance does not state whether Proposition A tax proceeds are subject to the Transportation Commission's appropriations limit.[42]

In 1993, the Transportation Commission was abolished and the Los Angeles County Metropolitan Transportation Authority (Metro) was created and succeeded to the Transportation Commission's and the Southern California Rapid Transit District's powers, duties, rights, obligations, liabilities, indebtedness, bonded and otherwise, immunities, and exemptions of the district and its board of directors and the commission and its governing body.[43] Since becoming the successor agency to the Transportation Commission, Metro has continued to levy the Proposition A tax.[44]

The purpose of the Proposition A tax is to "improve and expand existing public transit Countywide, including reduction of transit fare, to construct and operate a rail rapid transit system hereinafter described, and to more effectively use State and Federal funds, benefit assessments, and fares."[45] Under the Proposition A Ordinance, tax revenues can be used for capital or operating expenses[46] and are allocated as follows:

a. Twenty-five percent, calculated on an annual basis, to local jurisdictions for local transit, based on their relative percentage share of the population of the County of Los Angeles.

---

[41] Public Utilities Code section 130231(a).

[42] Exhibit A, IRC, filed October 22, 2020, page 25-33 (Proposition A Ordinance).

[43] Public Utilities Code sections 130050.2, 130051.13. Section 130051.13 states as follows:

> On April 1, 1993, the Southern California Rapid Transit District and the Los Angeles County Transportation Commission are abolished. Upon the abolishment of the district and the commission, the Los Angeles County Metropolitan Transportation Authority shall succeed to any or all of the powers, duties, rights, obligations, liabilities, indebtedness, bonded and otherwise, immunities, and exemptions of the district and its board of directors and the commission and its governing body.

[44] Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

[45] Exhibit A, IRC, filed October 22, 2020, page 27 (Proposition A Ordinance).

[46] Exhibit A, IRC, filed October 22, 2020, page 28 (Proposition A Ordinance).

b. Thirty-five percent, calculated on an annual basis, to the commission for construction and operation of the System.

c. The remainder shall be allocated to the Commission for public transit purposes.[47]

Local jurisdictions receive transportation funding from Metro through the Proposition A local return program. Twenty-five percent of Proposition A funds is allocated to the local return programs for local jurisdictions to use for "in developing and/or improving public transit, paratransit, and the related transportation infrastructure."[48] Metro allocates and distributes local return funds to cities and the county each month, on a "per capita" basis.[49]

Use of Proposition A tax revenues is restricted to "eligible transit, paratransit, and Transportation Systems Management improvements" and cities are encouraged to use the funds to improve transit services.[50]

> The Proposition A Ordinance requires that LR [Local Return] funds be used exclusively to benefit public transit. Expenditures related to fixed route and paratransit services, Transportation Demand Management, Transportation Systems Management and fare subsidy programs that exclusively benefit transit are all eligible uses of Proposition A LR funds.[51]

Amongst the eligible uses of Proposition A local return funds are bus stop improvements and maintenance projects.[52] The Local Return Guidelines provide as follows:

> Examples of eligible Bus Stop Improvement and Maintenance projects include installation/replacement and/or maintenance of:
>
> - Concrete landings – in street for buses and at sidewalk for passengers
> - Bus turn-outs
> - Benches
> - Shelters
> - *Trash receptacles*
> - Curb cut
> - Concrete or electrical work directly associated with the above items.[53]

Proposition A local return funds may also "be given, loaned or exchanged" between local jurisdictions, provided that certain conditions are met, including that the traded funds be used for

---

[47] Exhibit A, IRC, filed October 22, 2020, page 28 (Proposition A Ordinance).

[48] Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

[49] Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

[50] Exhibit A, IRC, filed October 22, 2020, page 27 (Proposition A Ordinance).

[51] Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

[52] Exhibit A, IRC, filed October 22, 2020, page 46 (Local Return Guidelines).

[53] Exhibit A, IRC, filed October 22, 2020, page 46 (Local Return Guidelines), emphasis added.

public transit purposes.[54] Jurisdictions are permitted to use local return funds to advance eligible projects that will be reimbursed by "federal, state, or local grant funding, or private funds."[55] Subsequent reimbursement funds must then be deposited into the Proposition A Local Return Fund.[56]

### C. The Controller's Audit and Summary of the Issues

The Controller determined that of the total claimed amount of $1,661,278 for fiscal years 2002-2003 through 2012-2013 (audit period), $740,995 was reimbursable and $920,283 was not.[57] The Final Audit report contains two findings, both pertaining to reductions of costs claimed: (1) the claimant overstated ongoing maintenance costs by overstating the number of trash receptacles, failing to provide sufficient documentation to support the annual number of trash collections performed, and claiming ineligible costs; and (2) the claimant failed to offset any revenues or reimbursements despite using Proposition A and federal grant funds to purchase trash receptacles.[58]

The claimant does not dispute the reduction of eligible trash receptacles from 237 units to 230 units for fiscal years 2009-2010 through 2012-2013 (Finding 1); the Controller's determination that the reimbursement claim period for fiscal year 2012-2013 ended on December 27, 2012, when the stormwater permit expired (Finding 1); nor the reduction of $4,114 based upon the claimant's use of federal grant funds to purchase trash receptacles in fiscal year 2008-2009 (Finding 2).

The claimant challenges only the following findings: the claimant overstated the number of trash collections (Finding 1); and the claimant should have offset Proposition A local return funds used to purchase trash receptacles from its fiscal years 2005-2006 and 2008-2000 reimbursement claims (Finding 2).[59] The Controller's findings pertaining to the issues in dispute are described below.

#### 1. Finding 1 – Overstated Ongoing Maintenance Costs (Number of Trash Collections)

The claimant's ongoing maintenance reimbursement claims totaled $1,584,852. The Controller found that $738,509 was allowable and $846,343 was unallowable.[60] At issue in Finding 1 is the Controller's determination that the claimant overstated the number of trash collections.

> For the period of July 1, 2002, through June 30, 2013, the city claimed two collections per trash receptacle per week, totaling 104 annual collections. We

[54] Exhibit A, IRC, filed October 22, 2020, page 52 (Local Return Guidelines).

[55] Exhibit A, IRC, filed October 22, 2020, page 69 (Local Return Guidelines).

[56] Exhibit A, IRC, filed October 22, 2020, page 69 (Local Return Guidelines).

[57] Exhibit A, IRC, filed October 22, 2020, page 427 (Final Audit Report).

[58] Exhibit A, IRC, filed October 22, 2020, pages 439, 445 (Final Audit Report).

[59] Exhibit A, IRC, filed October 22, 2020, page 3.

[60] Exhibit A, IRC, filed October 22, 2020, page 438 (Final Audit Report).

> found that one collection per trash receptacle per week, totaling 52 annual collections, is allowable.[61]

The claimant provided the Controller with the following documentation to support its claimed trash collection costs:

- Email excerpts from the Parks Superintendent, dated August 2011, stating that city staff collect the transit stop trash receptacles two times a week.
- A statement under penalty of perjury from the Director of Recreation and Community Services, dated May 2017, certifying that city employees maintained the transit stop trash receptacles twice weekly during the audit period.
- Names of the Park Maintenance Worker and Maintenance Training classifications who performed the trash collection activities during the audit period.
- Park Maintenance Worker and Maintenance Worker job flyers, dated Spring 2016.
- Simulated trash pickup route (July 4, 2016 and July 8, 2016) documentation.[62]

The Controller found that the documentation provided did not meet the criteria outlined in the Parameters and Guidelines, namely that the claimant failed to provide "contemporaneous source documents."

> We requested that the city provide us with source documents maintained during the audit period, such as policy and procedural manuals regarding trash collection activities, duty statements of the employees performing weekly trash collection activities, and/or trash collection route maps. The city stated that it does not keep these types of records. As the documentation provided was not contemporaneous and was not created during the audit period, we found that the city did not provide sufficient source documentation to support two weekly trash collection activities, totaling 104 annual collections.[63]

To support its position regarding the contemporaneous source document requirement, the Controller cited to the following portions of the Parameters and Guidelines:

> Section VII. (Records Retention) of the parameters and guidelines states, in part:
>
> > Local agencies must retain documentation which supports the reimbursement of the maintenance costs identified in Section IV.B. of these parameters and guidelines during the period subject to audit, including documentation showing the number of trash receptacles in the jurisdiction and the number of trash collections or pickups.

[61] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[62] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[63] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

Section IV. (Reimbursable Activities) of the parameters and guidelines states, in part:

> Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual costs were incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> ... Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.[64]

Because the Controller "physically observed a number of the transit trash receptacles located throughout the city" during audit fieldwork and "confirmed that the city is currently performing trash collection activities," the Controller found one weekly trash collection (52 annual collections) to be allowable.[65]

**2. Finding 2 – Unreported offsetting revenues and reimbursements**

The Controller determined that the claimant used Proposition A funds to purchase trash receptacles during the 2005-2006 and 2008-2009 fiscal years.[66] The Controller characterized Proposition A local return funds as "special supplementary sale tax" funds, which are "restricted solely for the development and or improvement of public transit services."[67] The Controller further reasoned that because the claimant used "restricted" Proposition A funds to pay for the mandated activities, it did not have to rely on the use of its general funds.[68] The Controller determined that under the Parameters and Guidelines, the Proposition A funds were required to

[64] Exhibit A, IRC, filed October 22, 2020, page 440 (Final Audit Report).

[65] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[66] Exhibit A, IRC, filed October 22, 2020, page 445 (Final Audit Report). The Controller also determined that the claimant used a federal grant to pay for trash receptacles during the 2008-2009 fiscal year and failed to offset those funds from its reimbursement claim, which the claimant does not dispute. See Exhibit A, IRC, filed October 22, 2020, pages 3, 446 (Final Audit Report).

[67] Exhibit A, IRC, filed October 22, 2020, page 448 (Final Audit Report).

[68] Exhibit A, IRC, filed October 22, 2020, page 448 (Final Audit Report).

be identified and deducted from the reimbursement claims because they constituted payment toward the mandated activities from a non-local source.[69]

> The city states that Proposition A funds are "'proceeds of taxes', subject to the taxing and spending limitations." The city has not provided documentation to support that the Proposition A Local Return funds have been included in the city's appropriations subject to the limit. Further, in regards to the "proceeds of taxes," Proposition A Local Return funds are a special supplementary sales tax approved by Los Angeles County voters in 1980 and are restricted solely for the development and or improvement of public transit services. A special supplementary sales tax is not the same as unrestricted general sales tax, which can be spent for any general governmental purposes, including public employee salaries and benefits.[70]

## III. Positions of the Parties

### A. City of Lakewood

#### 1. Finding 1: Ongoing maintenance costs – frequency of trash collection

The claimant challenges the Controller's reduction in Finding 1 of the Final Audit Report of the annual number of trash collections performed by the claimant during the audit period.[71] The claimant asserts that the documentation provided to prove twice weekly collection frequency satisfies the requirements of the Claiming Instructions, Parameters and Guidelines, and the federal Government Accountability Office audit guidelines.[72] The claimant provided the Controller with multiple forms of documentation to support twice weekly trash collections, including emails from 2011 between maintenance staff and management showing that the receptacles were emptied twice weekly, signed statements from claimant staff verifying the maintenance schedule, and a field study showing the frequency of trash pickup.[73]

The claimant argues that under section IV. B of the Parameters and Guidelines, ongoing activities related to maintaining trash receptacles are reimbursed under a reasonable reimbursement methodology, and that "actual costs" are costs which are actually incurred to implement the mandated activities and must be traceable and supported by source documents showing the validity of such costs, when they were incurred, and their relationship to the reimbursable activities.[74] The claimant also points to sections VI. and VII. of the Parameters and Guidelines, which state, respectively, that the "RRM [reasonable reimbursement methodology] is in lieu of filing detailed documentation of actual costs…each trash collection or 'pick up' is multiplied by the annual number of trash collections" and that local agencies much retain

[69] Exhibit A, IRC, filed October 22, 2020, page 448 (Final Audit Report).

[70] Exhibit A, IRC, filed October 22, 2020, page 448 (Final Audit Report).

[71] Exhibit A, IRC, filed October 22, 2020, page 3.

[72] Exhibit A, IRC, filed October 22, 2020, page 6.

[73] Exhibit A, IRC, filed October 22, 2020, page 3.

[74] Exhibit A, IRC, filed October 22, 2020, page 4.

documentation supporting reimbursement of ongoing maintenance costs, "including documentation showing the number of trash receptacles in the jurisdiction and the number of trash collections or pickups."[75]

The claimant alleges that the emails from 2011 constitute an eligible form of contemporaneous documentation.[76] The emails consist of communications between line and supervisory staff and specify that trash receptacles were emptied on the first and last day of the week.[77] The claimant challenges the Controller's determination in the Final Audit Report that the emails from 2011 were not created "at or near" the audit period and therefore not source documents.[78] The claimant points out that the mandate was still active in 2011, claiming instructions were not released until 2011, and claims for fiscal year 2010-2011 were due February 15, 2012. Therefore, the claimant provided documentation created "at or near the same time actual costs were incurred" showing that twice weekly pickups were being actively performed.[79]

In further support of its position that the emails from 2011 constitute "contemporaneous source documents," the claimant cites to the federal Government Auditing Standards Manual for the proposition that small organizations may satisfy source documentation requirements for policies and procedures through "more informal methods" of documentation, including "manual notes, checklists, and forms."[80]

The claimant asserts it provided some of the documentation requested by the Controller, such as job descriptions showing trash collection duties and time sheets for maintenance employees showing hours worked, but that the documents did not contain the level of detail required by the Controller (e.g., the exact location and frequency of each trash pickup).[81] The claimant argues, that the additional documents required by the Controller as a condition of receiving full reimbursement (e.g., policy and procedure manuals showing exact trash collection activities and schedules, duty statements for employees performing weekly trash collection activities and showing exactly when and how often each individual trash receptacle is serviced, and GPS trash collection route maps) are not specified in nor required by the Claiming Instructions, Parameters and Guidelines, or federal government auditing standards.[82] Furthermore, the claimant states, requiring such detailed and specific documentation for ongoing costs is arbitrary and capricious and directly contradicts the intent of utilizing a reasonable reimbursement methodology, which is supposed to serve "in lieu of detailed documentation of actual costs."[83]

---

[75] Exhibit A, IRC, filed October 22, 2020, page 5.

[76] Exhibit A, IRC, filed October 22, 2020, page 5.

[77] Exhibit A, IRC, filed October 22, 2020, pages 5, 106-113.

[78] Exhibit A, IRC, filed October 22, 2020, page 5.

[79] Exhibit A, IRC, filed October 22, 2020, page 5.

[80] Exhibit A, IRC, filed October 22, 2020, pages 6, 248.

[81] Exhibit A, IRC, filed October 22, 2020, pages 6-7.

[82] Exhibit A, IRC, filed October 22, 2020, page 6.

[83] Exhibit A, IRC, filed October 22, 2020, page 7.

The claimant further asserts, in contrast to the Controller's assertion that the documents requested to show trash collection frequency are commonly maintained by local agencies, the results of the claimant's own investigation show otherwise. The claimant states that it reviewed the audit outcomes of 32 other local agencies with reimbursement claims for the *Municipal Stormwater and Urban Runoff Discharges* program and determined that no other local agency performing its own trash receptacle maintenance had satisfied the Controller's documentation requirements to support trash collection exceeding once per week.[84] The claimant argues that it is unreasonable and unrealistic to expect local agencies to have the highly specific and uncommon types of documentation to show trash collection frequency for the approximately ten years the mandate program was operative prior to the Claiming Instructions being issued in 2011.[85]

Furthermore, the claimant argues, requiring such specific, non-standard types of documentation violates due process.[86] Neither the Parameters and Guidelines adopted in March 2011 nor the revised Claiming Instructions issued in July 2015 list the types of documentation requested by the Controller as part of the audit.[87] While the Parameters and Guidelines are regulatory in nature, due process requires reasonable notice to the claimant of any law affecting its substantive rights and liabilities.[88] A provision that imposes new, additional, or different liabilities based on past conduct is unlawfully retroactive.[89] As such, the claimant asserts, if a provision in the Parameters and Guidelines affects a claimant's substantive rights or liabilities and changes the legal consequences of past events, then such a provision may be deemed unlawfully retroactive under due process principles.[90]

In *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, the court found that the Controller's use of the Contemporaneous Source Documentation Rule (CSDR) in audits prior to the Rule being included in parameters and guidelines constituted an underground regulation and that it was "physically impossible to the comply with the CSDR's requirement of contemporaneousness."[91] Here, the Controller's request for specific forms of contemporaneous

---

[84] Exhibit A, IRC, filed October 22, 2020, page 7.

[85] Exhibit A, IRC, filed October 22, 2020, page 8.

[86] Exhibit A, IRC, filed October 22, 2020, pages 8-9.

[87] Exhibit A, IRC, filed October 22, 2020, page 9.

[88] Exhibit A, IRC, filed October 22, 2020, page 8 (citing *In re Cindy B*. (1987) 192 Cal.App.3d 771, 783-784; *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 804-805).

[89] Exhibit A, IRC, filed October 22, 2020, page 9 (citing *City of Modesto v. National Med, Inc.* (2005) 128 Cal.App.4th 518, 527).

[90] Exhibit A, IRC, filed October 22, 2020, page 9 (citing *Department of Health Services v. Fontes* (1985) 169 Cal.App.3d 301, 304-305; *Tapia v. Superior Court* (1991) 53 Cal.3d 282; 287-292; *Murphy v. City of Alameda* (1993) 11 Cal.App.4th 906, 911-912.

[91] Exhibit A, IRC, filed October 22, 2020, page 9 (citing *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 804-805).

documentation at a time when the claimant did not have notice of such a requirement or that the ongoing trash collection costs would be reimbursable, violates due process.

The claimant points out that under the Parameters and Guidelines reasonable reimbursement methodology, trash collection frequency is limited to three times per week; as such, the claimant's request of twice weekly was both reasonable and allowable.[92]

In comments on the Draft Proposed Decision, the claimant states its agreement with staff's recommendation regarding Finding 1, and reiterates its position that the claiming instructions for ongoing maintenance costs utilize a reasonable reimbursement methodology (RRM) as a simplified and uniform method for calculating trash receptacle maintenance costs, thus alleviating the need for contemporaneous source documentation.[93]

**2. Finding 2: Unreported offsetting revenues and reimbursements**

The claimant challenges the reduction, based on the Controller's determination that Proposition A local return funds used by the claimant to purchase trash receptacles during fiscal years 2005-2006 and 2008-2009 are offsetting revenues or reimbursements that should have been reported as such on the claims forms.[94]

The claimant does not challenge the Controller's finding that the claimant used Proposition A funds to perform mandated activities. Rather, the claimant argues that because Proposition A is a local sales tax, and the claimant was not required to use the Proposition A funds to pay for the mandated activities, the Controller's determination that the Proposition A funds are an unreported offset that must be deducted from the reimbursement claims violates article XIII B, section 6 of the California Constitution, is inconsistent with the Parameters and Guidelines, and constitutes an invalid retroactive application of the Parameters and Guidelines.[95]

The claimant asserts that "Article XIII B, section 6 does not distinguish between general and 'restricted' taxes."[96] Proposition A is a local sales tax, no different from any other sales tax.[97] If the claimant had expended other sales tax revenue to install and maintain the trash receptacles, the Controller would not have reduced the claim.[98]

The claimant argues that Proposition A is a "local tax, generated from sales tax imposed on local citizens," not a non-local source within the meaning of section VIII. of the Parameters and Guidelines.[99] Section VIII. states as follows:

---

[92] Exhibit A, IRC, filed October 22, 2020, page 10.

[93] Exhibit C, Claimant's Comments on the Draft Proposed Decision, filed June 14, 2022, page 1.

[94] Exhibit A, IRC, filed October 22, 2020, page 95 (Final Audit Report).

[95] Exhibit A, IRC, filed October 22, 2020, pages 10-17.

[96] Exhibit A, IRC, filed October 22, 2020, page 12.

[97] Exhibit A, IRC, filed October 22, 2020, page 16.

[98] Exhibit A, IRC, filed October 22, 2020, page 16.

[99] Exhibit A, IRC, filed October 22, 2020, page 14.

> Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any federal, state or non-local source shall be identified and deducted from this claim.[100]

The claimant reasons that it was not required to use Proposition A funds to pay for the mandated activities.[101] Proposition A is a general-use tax, the claimant argues, and not a restricted-use tax as determined by the Controller.[102] The claimant cites to Government Code sections 17556(e) and 17570.3(d)(1)(D) for the proposition that "funding sources" are defined as "additional revenues *specifically intended* to fund the costs of the state mandate" and "*dedicated*…for the program."[103] The claimant argues that the Proposition A local return funds are not "revenue in the same program as a result of the same statutes or executive orders found to contain the mandate," nor "reimbursement specifically intended for or dedicated for" the *Municipal Stormwater and Urban Runoff Discharges* program.[104] Under the Proposition A Local Return Guidelines, the claimant was permitted to expend the Proposition A funds on any number of transportation-related priorities and was not required to use the money for any specific purpose, including the mandated program.[105]

According to the claimant, the Local Return Guidelines permit the claimant to advance Proposition A funds on a project and then return the funds upon reimbursement from another source.[106] The claimant asserts that it was therefore proper to use the Proposition A funds as an advance, with the expectation of returning the funds after receiving reimbursement from the state.[107] Because the claimant used the Proposition A funds in way that was lawful at the time, the Controller's finding that those funds are non-local funds that must be offset against the claims is contrary to article XIII, section 6 of the California Constitution.[108]

The claimant argues that it would be arbitrary and capricious to retroactively apply the Parameters and Guidelines, which were not adopted until after the claimant advanced the Proposition A funds to pay for the mandated activities, to now find that the claimant was prohibited from advancing the funds when it was permitted to do so at the time.[109] Because regulations are not given retroactive effect except for the limited purpose of clarifying existing

---

[100] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

[101] Exhibit A, IRC, filed October 22, 2020, page 13.

[102] Exhibit A, IRC, filed October 22, 2020, page 13.

[103] Exhibit A, IRC, filed October 22, 2020, page 12, emphasis in IRC.

[104] Exhibit A, IRC, filed October 22, 2020, page 13.

[105] Exhibit A, IRC, filed October 22, 2020, pages 13-14.

[106] Exhibit A, IRC, filed October 22, 2020, page 15.

[107] Exhibit A, IRC, filed October 22, 2020, page 15.

[108] Exhibit A, IRC, filed October 22, 2020, page 16.

[109] Exhibit A, IRC, filed October 22, 2020, pages 16-17.

law, the claimant asserts that Controller's finding substantially changes the legal effect of past events and is therefore improper.[110]

In comments on the Draft Proposed Decision, the claimant states its disagreement with staff's conclusion that Proposition A funds should have been deducted from the reimbursement claims.[111] The claimant maintains that it should be reimbursed for costs to implement a state-mandated program, particularly because those costs were incurred in good faith and with the expectation that they would be reimbursed so that the claimant could direct them to "true city priorities."[112] The claimant notes that "[p]aying for expensive State Mandated programs from General Funds is often not possible and local agencies are forced to seek other funding sources to comply with State laws."[113]

**B. State Controller's Office**

The Controller did not file comments on the IRC and the Controller's comments on the Draft Proposed Decision state that the Controller agrees with staff's recommendations in regard to both findings 1 and 2.[114]

## IV. Discussion

Government Code section 17561(d) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state-mandated costs if the Controller determines that the claim is excessive or unreasonable.

Government Code section 17551(d) requires the Commission to hear and decide a claim that the Controller has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.9 of the Commission's regulations requires the Commission to send the decision to the Controller and request that the costs in the claim be reinstated.

The Commission must review questions of law, including interpretation of the parameters and guidelines, de novo, without consideration of legal conclusions made by the Controller in the context of an audit. The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6 of the California Constitution.[115] The Commission must also interpret the Government Code and implementing regulations in accordance with the broader constitutional and statutory scheme. In making its decisions, the Commission must strictly construe article XIII B, section 6 and not

---

[110] Exhibit A, IRC, filed October 22, 2020, pages 16-17.

[111] Exhibit C, Claimant's Comments on the Draft Proposed Decision, filed June 14, 2022, page 1.

[112] Exhibit C, Claimant's Comments on the Draft Proposed Decision, filed June 14, 2022, page 1.

[113] Exhibit C, Claimant's Comments on the Draft Proposed Decision, filed, June 14, 2022, page 1.

[114] Exhibit D, Controller's Comments on the Draft Proposed Decision, filed June 14, 2022, page 1.

[115] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[116]

With regard to the Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely lacking in evidentiary support. This standard is similar to the standard used by the courts when reviewing an alleged abuse of discretion of a state agency.[117] Under this standard, the courts have found that:

> When reviewing the exercise of discretion, "[t]he scope of review is limited, out of deference to the agency's authority and presumed expertise: 'The court may not reweigh the evidence or substitute its judgement for that of the agency. [Citation.]'" … "In general … the inquiry is limited to whether the decision was arbitrary, capricious, or entirely lacking in evidentiary support…." [Citations.] When making that inquiry, the " ' "court must ensure that an agency has adequately considered all relevant factors, and has demonstrated a rational connection between those factors, the choice made, and the purposes of the enabling statute." [Citation.]' "[118]

The Commission must review the Controller's audit in light of the fact that the initial burden of providing evidence for a claim of reimbursement lies with the claimant.[119] In addition, sections 1185.1(f)(3) and 1185.2(d) and (e) of the Commission's regulations require that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Commission's ultimate findings of fact must be supported by substantial evidence in the record.[120]

### A. The Claimant Timely Filed the IRC.

Section 1185.1(c) of the Commission's regulations requires an incorrect reduction claim to be filed with the Commission no later than three years after the date the claimant first receives from the Controller a final state audit report, letter, or other written notice of adjustment to a reimbursement claim, which complies with Government Code section 17558.5(c).[121] Under Government Code section 17558.5(c), the Controller must notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that

---

[116] *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1264, 1281, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

[117] *Johnson v. Sonoma County Agricultural Preservation and Open Space Dist.* (2002) 100 Cal.App.4th 973, 983-984. See also *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547.

[118] *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547-548.

[119] *Gilbert v. City of Sunnyvale* (2005) 130 Cal.App.4th 1264, 1274-1275.

[120] Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of Code of Civil Procedure section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

[121] California Code of Regulations, title 2, section 1185.1.

results from an audit or review.[122] The notice must specify which claim components were adjusted and in what amount, as well as interest charges on claims adjusted, and the reason for the adjustment.[123]

The Controller issued its Final Audit Report on November 27, 2017.[124] The Final Audit Report specifies the claim components and amounts adjusted, as well as the reasons for the adjustments.[125] The Final Audit Report complies with the notice requirements of section 17558.5(c). The claimant filed the IRC on October 22, 2020.[126] The IRC was filed less than three years from the date of the Final Audit Report and therefore the Commission finds that the IRC was timely filed.

**B. The Controller's Reduction of Costs Claimed, Based on its Determination in Finding 1 That the Claimant Failed to Provide Contemporaneous Source Documentation to Support the Number of Trash Collections Performed During the Audit Period, Is Incorrect as a Matter of Law.**

At issue in Finding 1 is the Controller's reduction of costs claimed, based on its determination that the claimant overstated the annual number of trash collections performed during the audit period.

> For the period of July 1, 2002, through June 30, 2013, the city claimed two collections per trash receptacle per week, totaling 104 annual collections. We found that one collection per trash receptacle per week, totaling 52 annual collections, is allowable.[127]

In finding that the claimant provided insufficient documentation in support of its claim of twice weekly trash collection for the duration of the audit period, the Controller explained that the claimant failed to provide contemporaneous source documentation.

> We requested that the city provide us with source documents maintained during the audit period, such as policy and procedural manuals regarding trash collection activities, duty statements of the employees performing weekly trash collection activities, and/or trash collection route maps. The city stated that it does not keep these types of records. As the documentation provided was not contemporaneous and was not created during the audit period, we found that the city did not provide sufficient source documentation to support two weekly trash collection activities, totaling 104 annual collections.[128]

---

[122] Government Code section 17558.5(c).

[123] Government Code section 17558.5(c).

[124] Exhibit A, IRC, filed October 22, 2020, page 428 (Final Audit Report).

[125] Exhibit A, IRC, filed October 22, 2020, pages 428-456 (Final Audit Report).

[126] Exhibit A, IRC, filed October 22, 2020, page 1.

[127] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[128] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

The Controller allowed once weekly collections (52 annual collections) because the Controller "physically observed a number of the transit trash receptacles located throughout the city" during audit fieldwork and "confirmed that the city is currently performing trash collection activities."[129]

The claimant challenges the Controller's request for highly specific and detailed contemporaneous source documentation as beyond the scope of the Parameters and Guidelines and asserts that the documentation provided was sufficient. Furthermore, the claimant argues, the emails from 2011, containing communications between claimant's employees and supervisory and which specify that trash collection was performed twice each week, constitute an ineligible form of contemporaneous source documentation.[130]

At the crux of these arguments is the claimant's assertion that the Controller's finding of insufficient evidence and reduction of the claimed trash collection activities on that basis was arbitrary and capricious.[131] Whether the Controller correctly interpreted the documentation requirements of Parameters and Guidelines applicable to trash collection activities is purely a legal question, and does not require the Commission to examine whether the Controller acted in an arbitrary and capricious manner.[132]

**1. The Parameters and Guidelines do not require the claimant to provide contemporaneous source documentation to support a claim based on the reasonable reimbursement methodology for ongoing maintenance activities, including trash collection.**

The Controller asserts in the Final Audit Report that the documentation provided by the claimant to support twice weekly trash collection activities was insufficient because it did not include "source documents maintained during the audit period" and "was not contemporaneous and was not created during the audit period."[133] The Parameters and Guidelines impose no such requirement. The contemporaneous source document requirement is not applicable to the ongoing costs reimbursed under the reasonable reimbursement methodology (RRM).

The Parameters and Guidelines for the *Municipal Stormwater and Urban Runoff Discharges* program allow for two categories of reimbursable activities: installing and maintaining transit stop trash receptacles.[134] Installation activities are categorized as "one-time" activities and are

[129] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[130] Exhibit A, IRC, filed October 22, 2020, page 5.

[131] Exhibit A, IRC, filed October 22, 2020, page 7.

[132] The Parameters and Guidelines are regulatory in nature, and are binding on the parties. (*California School Boards Association v. State of California* (2009) 171 Cal.App.4th 1183, 1201; *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 799.)

[133] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[134] Exhibit A, IRC, filed October 22, 2020, page 391 (Parameters and Guidelines).

reimbursed using the actual cost method.[135] Maintenance activities are categorized as "ongoing" activities, and are reimbursed using a RRM.[136] Section IV. states as follows:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed for the one-time activities in section IV. A below. The ongoing activities in section IV. B below are reimbursed under a reasonable reimbursement methodology.[137]

Section IV. B lists trash collection as an ongoing maintenance activity and states that the activity "is limited to no more than three times per week."[138]

Section VI., which addresses claim preparation for the reimbursable ongoing activities identified in section IV. B, reiterates the limited and exclusive use of a RRM for ongoing activities "in lieu of filing detailed documentation of actual costs."[139]

> The Commission is adopting a reasonable reimbursement methodology to reimburse eligible local agencies for all direct and indirect costs for the on-going activities identified in section IV.B of these parameters and guidelines to maintain trash receptacles. (Gov. Code, §§ l7557, subd. (b) & 17518.) *The RRM is in lieu of filing detailed documentation of actual costs*.[140]

The records retention requirements set forth in section VII. of the Parameters and Guidelines separately address which records must be retained for a claim for actual costs, versus using the RRM.[141] Section VII. B, which pertains solely to the ongoing costs using the RRM, states that local agencies are required to retain "documentation which supports the reimbursement of maintenance costs" including documentation showing the number of trash collections, as follows:

> Local agencies must retain documentation which supports the reimbursement of the maintenance costs identified in Section IV.B of these parameters and guidelines during the period subject to audit, including documentation showing the number of trash receptacles in the jurisdiction and the number of trash collections or pickups.[142]

Section VII. B. does not require that the documentation supporting the number of trash collections under the RRM be contemporaneous. Nor does section VII. B. refer back to the

---

[135] Exhibit A, IRC, filed October 22, 2020, page 394 (Parameters and Guidelines).

[136] Exhibit A, IRC, filed October 22, 2020, page 394 (Parameters and Guidelines).

[137] Exhibit A, IRC, filed October 22, 2020, page 393 (Parameters and Guidelines).

[138] Exhibit A, IRC, filed October 22, 2020, page 394 (Parameters and Guidelines).

[139] Exhibit A, IRC, filed October 22, 2020, page 396 (Parameters and Guidelines).

[140] Exhibit A, IRC, filed October 22, 2020, page 396 (Parameters and Guidelines), emphasis added.

[141] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

[142] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

contemporaneous source document requirement in section IV. of the Parameters and Guidelines for "actual costs" claimed. The Parameters and Guidelines instead state that reimbursement for trash collection using the "RRM is in lieu of filing detailed documentation of actual costs."[143] This language is consistent with Government Code sections 17518.5 and 17557(f), which provide that a RRM "shall be based on general allocation formulas, uniform cost allowances, and other approximations of local costs mandated by the state, rather than detailed documentation of actual local costs," and that the reimbursement methodology balances "accuracy with simplicity."

In contrast, section VII. A., which describes the record retention requirements for the reimbursement of one-time activities using the actual cost method, expressly refers to the documentation requirements in section IV. of the Parameters and Guidelines, which in turn requires that the supporting documentation be contemporaneous. Section VII. A. states in relevant part: "All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit."[144]

And section IV. summarizes the contemporaneous source documents required for "actual costs;" namely, documents created at or near the same time the actual costs were incurred, as follows:

> Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual costs were incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> Evidence corroborating the source documents may include, but is not limited to, timesheets, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.[145]

Therefore, based on the plain language of the Parameters and Guidelines, the contemporaneous source document requirements applicable to claims using the actual cost method do not apply to costs claimed under the RRM.

---

[143] Exhibit A, IRC, filed October 22, 2020, page 396 (Parameters and Guidelines), emphasis added.

[144] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines).

[145] Exhibit A, IRC, filed October 22, 2020, page 393 (Parameters and Guidelines).

This conclusion is further supported by the analysis adopted by the Commission on the Parameters and Guidelines. On March 24, 2011, the Commission adopted the Parameters and Guidelines and the Final Staff Analysis as its decision on the Parameters and Guidelines for the *Municipal Stormwater and Urban Runoff Discharges* program.[146] As part of the parameters and guidelines drafting process, the claimants initially requested the adoption of a RRM for the ongoing trash receptacle maintenance activities listed in section IV. B of the Parameters and Guidelines.[147] The Controller opposed adoption of a RRM and instead sought "actual costs incurred, supported by documentation of the costs."[148]

> Finance and the State Controller's Office oppose the adoption of an RRM and, instead, request that the parameters and guidelines require eligible claimants to claim actual costs incurred, supported by documentation of the costs. [149]

In discussing how to calculate trash collection frequency under the Parameters and Guidelines, the analysis adopted by the Commission states as follows:

> Claimants did not propose how frequently the trash receptacles would be emptied. Survey data submitted with the revised parameters and guidelines indicates that frequency of collection varies from weekly for some local agencies (e.g., Bellflower, Covina, Signal Hill), to 2.57 times per week for Carson. (The pickup frequency data is unclear for Los Angeles County, as the survey appears to state 156 pickups per year, or three times per week, but an August 2010 declaration from William Yan states that pickup frequency is 48-52 times per year). Trash will accumulate at different rates at different transit stops. However, based on the survey data and accompanying declaration, staff finds that the most reasonable method of complying with the mandate is to reimburse collection frequency no more than three times per week."[150]

---

[146] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, page 1.

[147] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, page 31.

[148] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, page 11.

[149] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, page 11.

[150] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, page 27.

In comments on the Draft Staff Analysis, the claimants proposed adding language to section IV. B that would allow reimbursement for repetitive trash collection activities under either the actual cost method or the RRM.

> In its February 25, 2011 comments on the draft staff analysis, city claimants propose adding the following: "Claimants may elect to use either actual costs, including costs based on time studies (as set forth below) or RRM [reasonable reimbursement methodology] rates for repetitive trash collection tasks." Claimants further include the option to use time studies for repetitive tasks.[151]

In rejecting the language proposed by the claimants, the Commission determined that allowing the claimants to choose how to claim costs would frustrate the purpose of using a RRM, which is to balance "accuracy with simplicity."[152]

> The RRM is intended to balance "accuracy with simplicity." (Gov. Code, § 17557, subd. (f).) Allowing claimants to elect to claim costs by using either an RRM, a time study, or actual costs does not conform to this standard. Instead, it would allow claimants to maximize their reimbursement depending on whether or not their costs are higher than the RRM. This is not the purpose of an RRM. For this reason, staff finds that the language allowing claimants to claim costs by electing either the RRM, time studies, or actual costs should not be included under section IV.B."[153]

The Commission instead added the following record retention language "for any audits conducted by the State Controller's Office of the costs claimed using the RRM" to section VII. B of the Parameters and Guidelines.

> Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. Pursuant to Government Code section 17561,

---

[151] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, page 28.

[152] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, pages 28-29.

[153] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, pages 28-29.

> subdivision (d)(2), the Controller has the authority to audit the application of a reasonable reimbursement methodology.
>
> *Local agencies must retain documentation which supports the reimbursement of the maintenance costs identified in Section IV.B of these parameters and guidelines during the period subject to audit, including documentation showing the number of trash receptacles in the jurisdiction and the number of trash collections or pickups.* If an audit has been initiated by the Controller during the period subject to audit, the record retention period is extended until the ultimate resolution of any audit findings.[154]

There is no discussion in the Draft Staff Analysis for the Parameters and Guidelines, the comments filed by the parties thereon, or the Final Staff Analysis adopted by the Commission regarding any objection to or request to change the record retention requirements for costs claimed using the RRM, as stated in section VII. B of the Parameters and Guidelines.

Accordingly, the Parameters and Guidelines do not require the claimant to provide contemporaneous source documentation to support a claim based on the RRM for ongoing maintenance activities, including trash collection. Therefore, the Controller's reduction of costs claimed, based on its determination in Finding 1 that the claimant failed to provide contemporaneous source documentation to support the number of trash collections performed during the audit period, is incorrect as a matter of law.

**2. Even assuming the Parameters and Guidelines could be interpreted to require contemporaneous source documentation to support the ongoing trash collection activities, applying such a requirement to the claiming period before the Parameters and Guidelines were adopted (fiscal years 2002-2003 through 2010-2011) would violate due process and be incorrect as a matter of law.**

The claimant argues that requiring it to maintain the highly specific and uncommon types of documentation requested by the Controller as part of the audit, when such documentation is included in neither the Parameters and Guidelines adopted in March 2011 nor the revised Claiming Instructions issued in July 2015, violates due process.[155] The claimant asserts that any provision in the Parameters and Guidelines that affects the claimant's substantive rights or liabilities and changes the legal consequences of past events is unlawfully retroactive and therefore in violation of the claimant's due process rights.[156]

---

[154] Exhibit E (1), Final Staff Analysis, Proposed Parameters and Guidelines and Statement of Decision, *Municipal Stormwater and Urban Runoff Discharges*, 03-TC-04, 03-TC-20, 03-TC-21, adopted March 24, 2011, page 7, emphasis added.

[155] Exhibit A, IRC, filed October 22, 2020, pages 8-9.

[156] Exhibit A, IRC, filed October 22, 2020, page 9 (citing *Department of Health Services v. Fontes* (1985) 169 Cal.App.3d 301, 304-305; *Tapia v. Superior Court* (1991) 53 Cal.3d 282; 287-292; *Murphy v. City of Alameda* (1993) 11 Cal.App.4th 906, 911-912).

Parameters and guidelines are regulatory in nature and are interpreted the same as regulations and statutes.[157] As such, they cannot be applied retroactively where due process considerations prevent it.[158] Due process requires reasonable notice of any substantive change affecting the substantive rights and liabilities of the parties.[159] A change is substantive if it imposes new, additional, or different liabilities on past conduct.[160] "The retroactive application of a statute is one that affects rights, obligations or conditions that existed before the time of the statute's enactment, giving them an effect different from that which they had under the previously existing law."[161] Therefore, if a provision in the parameters and guidelines affects the substantive rights or liabilities of the parties such that it changes the legal effects of past events, it may be considered unlawfully retroactive under principles of due process.[162]

In *Clovis Unified School Dist. v. Chiang*, the Controller used the contemporaneous source document rule (CSDR) to reduce reimbursement claims for state-mandated school district programs.[163] The Controller had revised its claiming instructions to include the CSDR, whereas the operative parameters and guidelines did not include such a requirement.[164] The CSDR read as follows:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, 'I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge.' Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local,

---

[157] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 799.

[158] *City of Modesto v. National Med, Inc.* (2005) 128 Cal.App.4th 518, 527.

[159] *In. re Cindy B.* (1987) 192 Cal.App.3d 771, 783-784

[160] *City of Modesto v. National Med, Inc.* (2005) 128 Cal.App.4th 518, 527.

[161] *In re Cindy B.* (1987) 192 Cal.App.3d 771, 779.

[162] *Department of Health Services v. Fontes* (1985) 169 Cal.App.3d 301, 304-305; *Tapia v. Superior Court* (1991) 53 Cal.3d 282; 287-292; *Murphy v. City of Alameda* (1993) 11 Cal.App.4th 906, 911-912.

[163] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 797.

[164] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 801–802.

> state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.[165]

The court held that the rule was an invalid underground regulation under the Administrative Procedure Act for the audit period at issue and overturned the Controller's audits. Notably, and of relevance here, the court found substantial evidence showing that prior to the Controller's use of the CSDR in performing audits, the Controller had approved reimbursement based on (1) declarations and certifications from employees that set forth, after the fact, the time they spent on mandated tasks; or (2) an annual accounting of time based upon the number of mandated activities and the average duration of each activity.[166] The court recognized that "it is now physically impossible to comply with the CSDR's requirement of contemporaneousness . . . ."[167]

The Controller, however, requested that the court take judicial notice that the Commission adopted the contemporaneous source document rule by later amending the parameters and guidelines. The court denied the request and did not apply the CSDR, since the issue concerned the use of the rule in earlier years, when no notice was provided to the claimant. The court stated:

> We deny this request for judicial notice. This is because the central issue in the present appeal concerns the Controller's policy of using the CSDR during the 1998 to 2003 fiscal years, when the CSDR was an underground regulation. This issue is not resolved by the Commission's subsequent incorporation of the CSDR into its Intradistrict Attendance and Collective Bargaining Programs' P & G's. (Emphasis in original.)[168]

The court determined that the parameters and guidelines in effect at the time the mandated costs were incurred were the parameters and guidelines that governed the audit.[169]

Here, the claimant was not on notice of a contemporaneous source document requirement when the costs were incurred in fiscal years 2002-2003 through 2010-2011 because the Parameters and Guidelines were not adopted until March 2011. Thus, requiring the claimant to provide contemporaneous source documentation for costs incurred during the fiscal years preceding adoption of the Parameters and Guidelines (fiscal years 2002-2003 through 2010-2011) would violate due process and be incorrect as a matter of law.

---

[165] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 802.

[166] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 802.

[167] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 804-805.

[168] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 809, fn. 5.

[169] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 812-813.

**3. Because the Controller did not apply the correct standard in determining whether the documentation provided was sufficient to show twice weekly trash collection, this matter must be remanded to the Controller for further review.**

The Controller is authorized by Government Code section 17561(d) to conduct an audit in order to verify the application of a reasonable reimbursement methodology and to reduce any claims that are excessive or unreasonable. Government Code section 12410 also provides that

> The Controller shall superintend the fiscal concerns of the state. The Controller shall audit all claims against the state, and may audit the disbursement of any state money, for correctness, legality, and for sufficient provisions of law for payment.

The courts have also held that the Controller's duty to audit includes the duty to ensure that expenditures are authorized by law.[170] Thus, even without the Parameters and Guidelines, the Controller is authorized by law to audit a claim for reimbursement and require the claimant to provide documentation supporting the claim for twice weekly trash collection per receptacle in order to verify the costs claimed under the reasonably reimbursement methodology. As indicated above, prior to the Controller's use of the contemporaneous source document rule, the Controller approved reimbursement based on (1) declarations and certifications from employees that set forth, after the fact, the time they spent on mandated tasks; or (2) annual accountings of time.[171]

According to the Final Audit Report, the claimant provided the Controller with the following documentation to support costs incurred for two trash collections per receptacle per week (104 annual collections) for the period of July 1, 2002 through June 30, 2013:

- Email excerpts from the Parks Superintendent, dated August 2011, stating that city staff collect the transit stop trash receptacles two times a week.[172]
- The names of the Park Maintenance Worker and Maintenance Trainee classifications who performed the trash collection activities during the audit period.[173]
- Job flyers for the Park Maintenance Worker and Maintenance Trainee classifications, dated Spring 2016.[174]
- Simulated trash pickup route (July 4, 2016 and July 8, 2016) documentation with a statement under penalty of perjury from the Parks Superintendent certifying the information contained therein.[175] The simulation took place over a two day period and

[170] *Tirapelle v. Davis* (1993) 20 Cal.App.4th 1317, 1335.

[171] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 802.

[172] Exhibit A, IRC, filed October 22, 2020, pages 106-113, 439 (Final Audit Report).

[173] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[174] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[175] Exhibit A, IRC, filed October 22, 2020, pages 117-127, 439 (Final Audit Report).

was intended to demonstrate that the claimant was able to perform trash receptacle inspection and collection at all transit stops in a single day.[176]

- A statement under penalty of perjury from the Director of Recreation and Community Services, dated May 2017, certifying that city employees maintained the transit stop trash receptacles twice weekly during the audit period.[177]

Of these documents, the claimant provided the Commission with only the August 2011 emails, 2016 trash simulation document, and 2017 statement as part of the Incorrect Reduction Claim.[178] These documents, alone, do not verify that trash collection was performed twice per week during the audit period, however.

The emails from 2011 were written during the audit period, but contain contradictory statements. An email sent by Kerry Musgrove on August 9, 2011 states that trash collection was not uniformly performed twice per week on each trash receptacle, as the claimant alleges.

> We send staff out on the first day of the week and the last day of the week to empty half to full cans. *Some areas the cans in busy locations are emptied twice a week others only once a week*. Depends on the location. This summer staff is spending more time to empty half to full cans after the weekend. It's now taking a day and half at the first of the week.[179]

The 2017 statement by Lisa Litzinger, Director of Recreation and Community Services, is dated May 24, 2017 and states as follows:

> I certify and declare under penalty of perjury under the laws of the State of California, to the best of my knowledge, that the waste pick up schedule at transit locations in the City of Lakewood was twice weekly for the entire period between FY 02-03 through present.[180]

The statement, however, contains no facts establishing Ms. Litzinger's personal knowledge of the trash collection schedule for the duration of the audit period (several years before the statement was signed). The document simply states that the statement is made to the best of her knowledge, but does not describe what that knowledge is based on or how she knows that information.

The 2016 data in the trash pickup route simulation was collected in response to the audit, and not as part of the claimant's official or business duties, and does not provide any information about

---

[176] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[177] Exhibit A, IRC, filed October 22, 2020, page 439 (Final Audit Report).

[178] Exhibit A, IRC, filed October 22, 2020, pages 106-127. The Commission cannot evaluate the other documentation referenced in Final Audit Report as those documents were not included with the Incorrect Reduction Claim.

[179] Exhibit A, IRC filed October 22, 2020, pages 108-109, emphasis added.

[180] Exhibit A, IRC, filed October 22, 2020, page 116.

the number of weekly trash collections during the earlier audit period, or show how the simulation adequately represents the trash collections during the earlier audit period.

The claimant also filed a statement under penalty of perjury by Philip Lopez, Parks Superintendent, dated October 15, 2020 (after the final audit report was issued in November 2017). Thus, the Controller did not review this statement as part of the audit, but it states the following:

> I, Phillip Lopez, do hereby declare as follows:
>
> 1) I am the Parks Superintendent for the City of Lakewood and I have been employed by the City in this capacity since October 4, 2010.
> 2) I have personal knowledge of the matters set forth herein, and if called as a witness to testify, could and would testify competently thereto.
> 3) As the Parks Superintendent, I am the direct supervisor of staff who clean and maintain city trash receptacles, including bus stop receptacles. Transit trash receptacles were maintained by city staff at a minimum of twice weekly since FY 2002-03.
>
> I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed October 15, 2020, in Lakewood, California.[181]

Since Mr. Lopez first became employed as the Superintendent in 2010, it is not clear from his statement how he knows that transit trash receptacles were maintained by city staff at a minimum of twice weekly since fiscal year 2002-2003.

Accordingly, the Commission remands the reimbursement claims back to the State Controller's Office to further review and verify the costs claimed under the reasonable reimbursement methodology based on the number of weekly trash collections during the audit period and reinstate those costs that are deemed eligible for reimbursement in accordance with this Decision. In comments filed on the Draft Proposed Decision, the Controller stated that it agrees with the reimbursement claims being remanded and will work with the claimant to reinstate the costs deemed eligible.[182]

### C. The Controller's Reduction, Based on Its Determination in Finding 2 That the Proposition A Local Return Funds Are Offsetting Revenue that Should Have Been Identified and Deducted from the Reimbursement Claims, Is Correct as a Matter of Law.

The Controller found that the claimant failed to report offsetting reimbursements for the audit period in the amount of $73,940.[183] The Controller determined that the claimant had received tax revenues from the Los Angeles County Metropolitan Transportation Authority's Proposition

---

[181] Exhibit A, IRC, filed October 22, 2020, page 22.

[182] Exhibit D, Controller's Comments on the Draft Proposed Decision, filed June 14, 2022, page 1.

[183] Exhibit A, IRC, filed October 22, 2020, page 445 (Final Audit Report).

A Local Return Program and used those funds to perform the mandated activities of purchasing trash receptacles in fiscal years 2005-2006 and 2008-2009.[184] The claimant does not contest receiving and using Proposition A local return funds in the manner alleged by the Controller. Rather, the claimant argues that the Controller's determination that the Proposition A funds are an unreported offset that must be deducted from the reimbursement claims violates article XIII B, section 6 of the California Constitution, is inconsistent with the Parameters and Guidelines, and constitutes an invalid retroactive application of the Parameters and Guidelines.[185]

**1. Proposition A local return funds constitute reimbursement from a non-local source within the meaning of the Parameters and Guidelines.**

Section VIII. of the Parameters and Guidelines addresses offsetting revenues as follows:

> Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any federal, state or non-local source shall be identified and deducted from this claim.[186]

The claimant asserts that the Proposition A local return funds at issue do not constitute "revenue…in the same program as a result of the same statutes of [sic] executive orders found to contain the mandate".[187] Citing to Government Code sections 17556(e) and 17570.3(d)(1)(D), the claimant argues that "funding sources" are defined as "additional revenues *specifically intended* to fund the costs of the state mandate" and "*dedicated*…for the program."[188] The claimant reasons that because the Proposition A funds are general funds and could be used by the claimant for any transportation-related purpose, they do not constitute revenues "specifically intended" to fund the mandated activities or "dedicated" to the *Municipal Stormwater and Urban Runoff Discharges* program. [189]

As an initial matter, the Government Code does not contain a section 17570.3. Based on the content referenced, it appears the claimant intended to cite to section 17570(d)(1)(D). Regardless, neither Government Code section 17570(d)(1)(D) or section 17556(e) applies here.

Section 17570(d)(1)(D) addresses requests to adopt a new test claim decision, and requires the requester to identify dedicated state and federal funds appropriated for the program.[190] However, the phrase "dedicated...funds appropriated for the program" as used in section 17570 has no

---

[184] Exhibit A, IRC, filed October 22, 2020, page 445 (Final Audit Report).

[185] Exhibit A, IRC, filed October 22, 2020, pages 10-17.

[186] Exhibit A, IRC, filed October 22, 2020, page 416 (Parameters and Guidelines).

[187] Exhibit A, IRC, filed October 22, 2020, page 13.

[188] Exhibit A, IRC, filed October 22, 2020, page 12, emphasis in IRC.

[189] Exhibit A, IRC, filed October 22, 2020, page 13.

[190] Government Code section 17570(d)(1)(D), emphasis added.

bearing on the meaning of offsetting revenues and reimbursements within the Parameters and Guidelines.

The claimant also cites to Government Code section 17556(e) for its use of the language "specifically intended" to support the claimant's position that because Proposition A local return funds are general funds and the claimant was not required to use them for the specific purpose of funding the mandated activities, they do not constitute offsetting revenue or reimbursement under the Parameters and Guidelines.[191] Section 17556 states that the Commission shall not find costs mandated by the state when the statute, executive order, or an appropriation includes additional revenue that was specifically intended to fund the costs of the state mandate in an amount sufficient to fund the costs of the mandate.[192] However, Government Code section 17556 applies only to the test claim phase for a legal determination whether there are costs mandated by the state. The *Municipal Stormwater and Urban Runoff Discharges* program was approved and, therefore, section 17556 has no relevance to this incorrect reduction claim.

The claimant next argues that because Proposition A is a local tax, it does not constitute a federal, state, or non-local source within the meaning of section VIII. of the Parameters and Guidelines.[193] While the Parameters and Guidelines do not expressly require that funds from a countywide tax, such as Proposition A, be identified as offsetting revenue, they do state that "reimbursement for this mandate received from any federal, state or *non-local source* shall be identified and deducted from this claim.[194]

The Parameters and Guidelines must be interpreted in a manner that is consistent with the California Constitution[195] and principles of mandates law.[196] Proposition A is not the claimant's "local tax" because it is neither levied by the claimant nor subject to the claimant's appropriations limit. Furthermore, because Proposition A is a non-local source of revenue, whether Proposition A funds were "specifically intended to fund the costs of the state mandate" or whether the claimant was free to apply the funds to other transportation projects is immaterial. Any costs incurred by the claimant in performing the mandated activities that are funded by non-local tax revenue, such as Proposition A, are excluded from mandate reimbursement under article XIII B, section 6 of the California Constitution.

---

[191] Exhibit A, IRC, filed October 22, 2020, pages 12-13.

[192] Government Code section 17556(e), emphasis added.

[193] Exhibit A, IRC, filed October 22, 2020, pages 13-14.

[194] Exhibit A, IRC, filed October 22, 2020, page 397 (Parameters and Guidelines), emphasis added.

[195] See *State Board of Equalization v. Board of Supervisors* (1980) 105 Cal.App.3d 813, 823, holding that a Board tax rule was null and void, as applied, because it violated the Constitution.

[196] *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 811-812.

**2. Proposition A Local Return tax revenues are not the claimant's "proceeds of taxes" within the meaning of article XIII B of the California Constitution because the tax is not levied by the claimant nor subject to the claimant's appropriations limit.**

Interpreting the reimbursement requirement in article XIII B, section 6 of the California Constitution requires an understanding of articles XIII A and XIII B, which "work in tandem, together restricting California governments' power both to levy and to spend taxes for public purposes."[197]

In 1978, the voters adopted Proposition 13, which added article XIII A to the California Constitution. Article XIII A drastically reduced property tax revenue previously enjoyed by local governments by providing that "the maximum amount of any ad valorem tax on real property shall not exceed one percent (1%) of the full cash value" and that the one percent (1%) tax was to be collected by counties and "apportioned according to law to the districts within the counties…"[198] In addition to limiting property tax revenue, section 4 also restricts a local government's ability to impose special taxes by requiring a two-thirds approval by voters.[199]

Article XIII B was adopted by the voters less than 18 months after the addition of article XIII A, and was billed as "the next logical step to Proposition 13."[200] While article XIII A is aimed at controlling ad valorem property taxes and the imposition of new special taxes, "the thrust of article XIII B is toward placing certain limitations on the growth of appropriations at both the state and local government level; in particular, Article XIII B places limits on the authorization to expend the 'proceeds of taxes.'"[201]

Article XIII B established "an appropriations limit," or spending limit for each "local government" beginning in fiscal year 1980-1981.[202] Section 1 of article XIII B defines the appropriations limit as follows:

> The total annual appropriations subject to limitation of the State and of each local government shall not exceed the appropriations limit of the entity of government for the prior year adjusted for the change in the cost of living and the change in population, except as otherwise provided by this article.[203]

---

[197] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 486.

[198] California Constitution, article XIII A, section 1.

[199] California Constitution, article XIII A, section 1.

[200] *County of Placer v. Corin* (1980) 113 Cal.App.3d 443, 446.

[201] *County of Placer v. Corin* (1980) 113 Cal.App.3d 443, 446.

[202] California Constitution, article XIII B, section 8(h).

[203] California Constitution, article XIII B, section 1.

No "appropriations subject to limitation" may be made in excess of the appropriations limit, and revenues received in excess of authorized appropriations must be returned to the taxpayers within the following two fiscal years.[204]

Article XIII B does not limit the ability to expend government funds collected from all sources; the appropriations limit is based on "appropriations subject to limitation," meaning "any authorization to expend during a fiscal year the proceeds of taxes levied by or for that entity."[205] For local agencies, "proceeds of taxes" subject to the appropriations limit include all tax revenues; proceeds from regulatory charges and fees to the extent such proceeds exceed the costs reasonably borne by government in providing the product or service; the investment of tax revenue; and subventions received from the state (other than pursuant to section 6).[206]

No limitation is placed on the expenditure of those revenues that do not constitute "proceeds of taxes."[207] For example, appropriations subject to limitation do not include "local agency loan funds or indebtedness funds, investment (or authorizations to invest) funds of the state, or of an entity of local government in accounts at banks or savings and loan associations or in liquid securities."[208]

Article XIII B, section 6 was specifically designed to protect the tax revenues of local governments from state mandates that would require expenditure of tax revenues which are subject to limitation. The California Supreme Court, in *County of Fresno v. State of California*,[209] explained:

> Section 6 was included in article XIII B in recognition that article XIII A of the Constitution severely restricted the taxing powers of local governments. (See *County of Los Angeles I, supra*, 43 Cal.3d at p. 61.) The provision was intended to preclude the state from shifting financial responsibility for carrying out governmental functions onto local entities that were ill equipped to handle the task. (*Ibid.; see Lucia Mar Unified School Dist. v. Honig* (1988) 44 Cal.3d 830, 836, fn. 6.) Specifically, it was designed to protect the tax revenues of local governments from state mandates that would require expenditure of such revenues. Thus, although its language broadly declares that the "state shall provide a subvention of funds to reimburse ... local government for the costs [of a state-mandated new] program or higher level of service," read in its textual and

---

[204] California Constitution, article XIII B, section 2.

[205] California Constitution, article XIII B, section 8.

[206] California Constitution, article XIII B, section 8; *County of Placer v. Corin* (1980) 113 Cal.App.3d 443, 448.

[207] *County of Placer v. Corin* (1980) 113 Cal.App.3d 443, 447.

[208] California Constitution, article XIII B, section 8(i).

[209] *County of Fresno v. State of California* (1991) 53 Cal.3d 482.

> historical context section 6 of article XIII B requires subvention only when the costs in question can be recovered *solely from tax revenues*.[210]

The purpose of section 6 is to preclude "the state from shifting financial responsibility for carrying out governmental functions to local governmental entities, which are 'ill equipped' to assume increased financial responsibilities because of the taxing and spending limitations that articles XIII A and XIII B impose."[211] Article XIII B, section 6 must therefore be read in light of the tax and spend limitations imposed by articles XIII A and XIII B; it requires the state to provide reimbursement only when a local government is mandated to expend its own proceeds of taxes subject to the appropriations limit of article XIII B.[212]

a. The Proposition A sales tax is not levied by or for the claimant.

The claimant argues that Proposition A is a local tax because it is a "sales tax imposed on local citizens" and therefore does not fall into any of the offsetting revenue categories enumerated in section VIII. the Parameters and Guidelines, which include "federal, state, or non-local source" revenue.[213] The claimant disagrees with the Controller's characterization of Proposition A as a restricted use tax, as opposed to a general tax, and argues that the claimant was not required to use the Proposition A local return funds for any specific purpose, including paying for the mandate program.[214] In support of this position, the claimant cites to the fact that under the Local Return Guidelines, the claimant was permitted to use the Proposition A funds on any number of transportation projects, not only the mandate program.[215]

The power of a local government to tax is derived from the Constitution, upon the Legislature's authorization.[216] "The Legislature may not impose taxes for local purposes but may authorize local governments to impose them."[217] In other words, a local government's taxing authority is derived from statute.

---

[210] *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487, emphasis in original.

[211] *Dept. of Finance v. Commission on State Mandates* (2016) 1 Cal.5th 749, 763 (quoting *County of San Diego v. State of California* (1997) 15 Cal.4th 68, 81).

[212] *Dept. of Finance v. Commission on State Mandates* (2016) 1 Cal.5th 749, 762-763; *County of Fresno v. State of California* (1991) 53 Cal.3d 482, 486–487.

[213] Exhibit A, IRC, filed October 22, 2020, page 14.

[214] Exhibit A, IRC, filed October 22, 2020, pages 12-13.

[215] Exhibit A, IRC, filed October 22, 2020, pages 13-14.

[216] California Constitution, article XIII, section 24(a).

[217] *County of Placer v. Corin* (1980) 113 Cal.App.3d 443, 450 ("Taxes are levied by the Legislature, or by counties and municipalities under their delegated power, for the support of the state, county, or municipal government.").

Metro, as the successor to the Los Angeles County Transportation Commission, is authorized by statute to levy the Proposition A transactions and use tax throughout Los Angeles County.[218] Public Utilities Code section 130350, as originally enacted, states as follows:

> A retail transactions and use tax ordinance applicable in the incorporated and unincorporated territory of the County of Los Angeles may be adopted by the Los Angeles County Transportation Commission in accordance with Part 1.6 (commencing with Section 7251) of Division 2 of the Revenue and Taxation Code, provided that a majority of the electors voting on the measure vote to authorize its enactment at a special election called for that purpose by the commission.[219]

Under the Proposition A ordinance, twenty-five percent of the annual Proposition A tax revenues are allocated to local jurisdictions for local transit purposes on a per capita basis.[220] As discussed above, local jurisdictions are then permitted to use those funds on public transit projects as prescribed by the Local Return Guidelines.[221] Permissible uses include Bus Stop Improvements and Maintenance projects, which include the installation, replacement and maintenance of trash receptacles.[222]

The parties do not dispute that the claimant received Proposition A tax revenue through the Local Return Program during the audit period, at least a portion of which was used for the eligible purpose of purchasing trash receptacles.[223] Nonetheless, the claimant misunderstands what constitutes claimant's "local sales tax revenues" for purposes of determining eligibility for reimbursement under article XIII B, section 6. Contrary to the claimant's assertions, the Proposition A transactions and use tax is *not* the claimant's "local tax" because it is neither levied by nor for the claimant.

> The phrase "to levy taxes by or for an entity" has a special meaning of long-standing. The concept of one entity levying taxes for another dates back to at least 1895 (stats. 1895, p. 219) and the adoption of an act providing for the levy of taxes "by or for" municipal corporations. This act allowed general law and charter cities to continue to exercise their taxing power directly or, if they so desired, to have the county levy and collect their taxes for them. (*Griggs v. Hartzoke* (1910) 13 Cal.App. 429, 430–432, 109 P. 1104; *County of Los Angeles v. Superior Court* (1941) 17 Cal.2d 707, 710–711, 112 P.2d 10.) The legal effect of this arrangement, as explained by case law, was that the taxing power exercised was that of the city, and it remained in the city. The county officers in levying taxes for the city became ex-officio officers of the city and exercised the city's

[218] Public Utilities Code section 130350 (Stats. 1976, ch. 1333).

[219] Public Utilities Code section 130350 (Stats. 1976, ch. 1333).

[220] Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

[221] See Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

[222] Exhibit A, IRC, filed October 22, 2020, page 46 (Local Return Guidelines).

[223] Exhibit A, IRC, filed October 22, 2020, pages 15, 445 (Final Audit Report).

> taxing power. (*Madary v. City of Fresno* (1912) 20 Cal.App. 91, 93–94, 128 P. 340.) In levying taxes for the city the county was levying "municipal taxes" through the ordinary county machinery. (*Griggs*, *supra*, 13 Cal.App. at p. 432, 109 P. 1104.)
>
> Thus, the salient characteristics of one entity levying taxes "for" another entity are: (1) the entity for whom the taxes are levied has the taxing power; (2) the levying officers of the county exercise the taxing power of the entity for whom they are levying; (3) they exercise such power as ex-officio officers of that entity, and (4) the taxes collected are those of the "levied for" entity.[224]

Similar to the redevelopment agency in *Bell Community Redevelopment Agency v. Woosley*, the claimant here does not have the power to levy the Proposition A tax.[225] Therefore, Metro is not levying the Proposition A tax "for" the claimant. The claimant's receipt and use of Proposition A tax revenue through the Local Return Program does not change the nature of the local return funds as Metro's "proceeds of taxes" and subject to Metro's appropriations limit.

b. Proposition A local return funds allocated to the claimant are not subject to the claimant's appropriations limit.

Article XIII B does not limit a local government's ability to expend tax revenues that are not the claimant's "proceeds of taxes."[226] Where a tax is not levied by or for the local government claiming reimbursement, the revenue of such a tax is not the local government's "proceeds of taxes" and is therefore not the local government's "appropriations subject to limitation."[227] Reimbursement under article XIII B, section 6 is only required to the extent that a local government must incur "increased actual expenditures of limited tax proceeds that are counted against the local government's spending limit."[228] Because the Proposition A local return funds are not the claimant's "proceeds of taxes levied by or for that entity," they are not the claimant's "appropriations subject to limitation."[229]

While the Proposition A ordinance does not state whether Proposition A tax proceeds are subject to Metro's appropriations limit,[230] Metro receives the revenues of any transactions and use tax it

---

[224] *Bell Community Redevelopment Agency v. Woosley* (1985) 169 Cal.App.3d 24, 32.

[225] See *Bell Community Redevelopment Agency v. Woosley* (1985) 169 Cal.App.3d 24, 27 (Because redevelopment agency did not have the authority to levy a tax to fund its efforts, allocation and payment of tax increment funds to redevelopment agency by county, a government taxing agency, were not "proceeds of taxes levied by or for" the redevelopment agency and therefore were not subject to the appropriations limit of Article XIII B.).

[226] *County of Placer v. Corin* (1980) 113 Cal.App.3d 443, 447.

[227] California Constitution, article XIII B, section 8.

[228] *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1264, 1283; *County of Los Angeles v. Commission on State Mandates* (2003) 110 Cal.App.4th 1176, 1185.

[229] California Constitution, article XIII B, section 8.

[230] Exhibit A, IRC, filed October 22, 2020, pages 25-33 (Proposition A Ordinance).

levies and then allocates and distributes them to local jurisdictions in accordance with the applicable tax ordinances.[231] Los Angeles County has passed four separate half-cent transportation sales taxes over the past 40 years: Proposition A (1980), Proposition C (1990), Measure R (2008) and Measure M (2016).[232] With the exception of Proposition A, the remaining three tax ordinances expressly state that their respective transportation sales tax revenues are subject to either Transportation Commission (as predecessor to Metro) or Metro's appropriations limit. The claimant has submitted no evidence, and the Commission is aware of none, to show that the Proposition A local return funds it received during the audit period were subject to the claimant's appropriations limit.

The claimant is incorrect in asserting that using Proposition A funds to pay for the mandated activities is no different than if the claimant had used "other local tax funds."[233] While, as claimant asserts, Proposition A is indeed imposed on the "local citizens" of claimant's jurisdiction, the tax is levied throughout Los Angeles County by Metro, who then distributes a portion of the revenues to cities and the County of Los Angeles. Because the Proposition A tax is neither levied by nor for the claimant, nor subject to the claimant's appropriations limit, the Proposition A Local Return revenues do not constitute the claimant's "local proceeds of taxes" for which claimant is entitled to reimbursement under article XIII B, section 6. Local government cannot accept the benefits of non-local tax revenue that is exempt from the appropriations limit, while asserting an entitlement to reimbursement under article XIII B, section 6.[234] To the extent that the claimant funded the mandated activities using Proposition A tax revenues, reimbursement is not required under article XIII B, section 6 of the California Constitution.

**3. The advancement of Proposition A funds to purchase trash receptacles does not alter the nature of those funds as not the claimant's proceeds of taxes and therefore required under the Parameters and Guidelines to be deducted from the reimbursement claims, nor does the reduction of those funds from the costs claimed constitute a retroactive application of the law.**

The claimant argues that because the Local Return Guidelines permit the claimant to advance Proposition A funds to pay for mandated activities and then, upon reimbursement from the state, use those funds on other transportation-related priorities, the Controller cannot retroactively apply the Parameters and Guidelines "to preclude a subvention."[235] The claimant argues that retroactively applying the Parameters and Guidelines to prohibit an advancement of Proposition

---

[231] Public Utilities Code section 130354, which states: "The revenues received by the Los Angeles County Transportation Commission from the imposition of the transactions and use taxes shall be used for public transit purposes;" Exhibit A, IRC, filed October 22, 2020, page 40 (Local Return Guidelines).

[232] Exhibit E (2), Metro, Local Return Program, https://www.metro.net/projects/local_return_pgm/ (accessed on February 25, 2021), page 1.

[233] Exhibit A, IRC, filed on October 22, 2020, page 15.

[234] See *City of El Monte v. Commission on State Mandates* (2000) 83 Cal.App.4th 266, 281-282.

[235] Exhibit A, IRC, filed October 22, 2020, pages 16-17.

A funds in a way that was legal at the time the funds were advanced is arbitrary and capricious.[236] Whether the Controller correctly interpreted the Parameters and Guidelines and the law in finding that Proposition A is a non-local source of funds that must be deducted from the reimbursement claims is purely a question of law subject to the de novo standard of review and to which the arbitrary and capricious standard does not apply.

Because the claimant used "non-local source" funds to install and maintain trash receptacles, it was required to identify and deduct those funds from its claim for reimbursement. As discussed above, the Proposition A funds received by the claimant are not the claimant's "proceeds of taxes" within the meaning of article XIII B, section 8. The requirement in section VIII. of the Parameters and Guidelines that reimbursement received from any "non-local source" must be identified and deducted from the claim simply restates the requirement under article XIII B, section 6 that mandate reimbursement is only required to the extent that the local government expends its own proceeds of taxes. A rule that merely restates or clarifies existing law "does not operate retrospectively even if applied to transactions predating its enactment because the true meaning of the [rule] remains the same."[237]

Where, as here, a local government funds mandated activities with *other than* its own proceeds of taxes (e.g., revenue from a tax levied by a separate local government entity), it is required to deduct those revenues from its reimbursement claim. The fact that the Commission's adoption of the Parameters and Guidelines for the *Municipal Stormwater and Urban Runoff Discharges* program postdates the audit period does not alter the analysis,[238] nor does the claimant's ability under the Local Return Guidelines to expend Proposition A funds on the installation and maintenance of transit stop trash receptacles prior to mandate reimbursement.

Accordingly, the Controller's reduction of costs claimed, based on its determination in Finding 2, that the Proposition A local return funds are offsetting revenue that should have been identified and deducted from the reimbursement claims, is correct as a matter of law.

## V. Conclusion

For the foregoing reasons, the Commission partially approves this IRC and concludes as follows:

1. The incorrect reduction claim was timely filed;
2. The Controller incorrectly reduced the costs claimed under the reasonable reimbursement methodology pertaining to the weekly number of trash collections during fiscal years 2002-2003 through 2012-2013;
3. The Controller correctly reduced the costs claimed by the claimant pertaining to the claimant's purchase of trash receptacles in fiscal years 2005-2006 and 2008-2009 using Proposition A local return funds and failure to offset its reimbursement claims to account for those funds.

[236] Exhibit A, IRC, filed October 22, 2020, page 16.

[237] *Western Security Bank v. Superior Court* (1997) 15 Cal.4th 232, 243.

[238] Exhibit A, IRC, filed October 22, 2020, pages 6, 95.

The reimbursement claims are hereby remanded back to the Controller to further review and verify the costs claimed under the reasonable reimbursement methodology based on the number of weekly trash collections during the audit period and reinstate those costs that are deemed eligible for reimbursement in accordance with this Decision.

**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On July 26, 2022, I served the:

- **Decision adopted July 22, 2022**

  *Municipal Stormwater and Urban Runoff Discharges*, 20-0304-I-07
  Los Angeles Regional Quality Control Board Order No. 01-182,
  Permit CAS004001, Part 4F5c3
  Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009, 2009-2010, 2010-2011, 2011-2012, 2012-2013
  City of Lakewood, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on July 26, 2022 at Sacramento, California.

Jill L. Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 7/19/22

**Claim Number:** 20-0304-I-07

**Matter:** Municipal Storm Water and Urban Runoff Discharges

**Claimant:** City of Lakewood

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Annette Chinn**, *Cost Recovery Systems, Inc.*
**Claimant Representative**
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Kris Cook**, Assistant Program Budget Manager, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Kris.Cook@dof.ca.gov

**Donna Ferebee**, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-8918
donna.ferebee@dof.ca.gov

**Jose Gomez**, Director of Finance and Administrative Services, *City of Lakewood*
**Claimant Contact**
5050 Clark Avenue, Lakewood, CA 90712
Phone: (562) 866-9771
jgomez@lakewoodcity.org

**Heather Halsey**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
heather.halsey@csm.ca.gov

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Darryl Mar**, Manager, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Elizabeth McGinnis**, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Elizabeth.McGinnis@csm.ca.gov

**Jane McPherson**, Financial Services Director, *City of Oceanside*
300 North Coast Highway, Oceanside, CA 92054
Phone: (760) 435-3055
JmcPherson@oceansideca.org

**Lourdes Morales**, Senior Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8320
Lourdes.Morales@LAO.CA.GOV

**Marilyn Munoz**, Senior Staff Counsel, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-8918
Marilyn.Munoz@dof.ca.gov

**Michelle Nguyen**, *Department of Finance*
Education Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Michelle.Nguyen@dof.ca.gov

**Andy Nichols**, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Arthur Palkowitz**, *Artiano Shinoff*
2488 Historic Decatur Road, Suite 200, San Diego, CA 92106
Phone: (619) 232-3122
apalkowitz@as7law.com

**Johnnie Pina**, Legislative Policy Analyst, *League of Cities*
1400 K Street, Suite 400, Sacramento, CA 95814
Phone: (916) 658-8214
jpina@cacities.org

**Jai Prasad**, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, 4th Floor, San Bernardino, CA 92415-0018
Phone: (909) 386-8854
jai.prasad@sbcountyatc.gov

**Carla Shelton**, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Natalie Sidarous**, Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: 916-445-8717
NSidarous@sco.ca.gov

**Michelle Skaggs Lawrence**, City Manager, *City of Oceanside*
300 North Coast Highway, Oceanside, CA 92054
Phone: (760) 435-3055
citymanager@oceansideca.org

**Brittany Thompson**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Brittany.Thompson@dof.ca.gov

**Jacqueline Wong-Hernandez**, Deputy Executive Director for Legislative Affairs, *California State Association of Counties (CSAC)*
1100 K Street, Sacramento, CA 95814
Phone: (916) 650-8104
jwong-hernandez@counties.org

# Tab 7

STATE of CALIFORNIA
COMMISSION ON STATE MANDATES

July 30, 2018

Mr. Christian Keiner
Dannis Woliver Kelly
555 Capitol Mall, Suite 645
Sacramento, CA 95814

Ms. Jill Kanemasu
Division of Accounting and Reporting
State Controller's Office
3301 C Street, Suite 700
Sacramento, CA 95816

*And Parties, Interested Parties, and Interested Persons (See Mailing List)*

Re: **Decision**
*The Stull Act,* 14-9825-I-02
Education Code Sections 44660-44665;
Statutes 1983, Chapter 498; Statutes 1999, Chapter 4
Fiscal Years: 2005-2006, 2006-2007, 2007-2008, and 2008-2009
Carlsbad Unified School District, Claimant

Dear Mr. Keiner and Ms. Kanemasu:

On July 27, 2018, the Commission on State Mandates adopted the Decision on the above-entitled matter.

Sincerely,

Heather Halsey
Executive Director

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

| | |
|---|---|
| IN RE INCORRECT REDUCTION CLAIM ON:<br>Education Code Sections 44662 and 44664[1]<br>Statutes 1983, Chapter 498 and Statutes 1999, Chapter 4<br>Fiscal Years 2005-2006, 2006-2007, 2007-2008, and 2008-2009<br>Filed on June 9, 2015<br>Carlsbad Unified School District, Claimant | Case No.: 14-9825-I-02<br>*The Stull Act*<br>DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5. ARTICLE 7<br>(*Adopted July 27, 2018*)<br>(*Served July 30, 2018*) |

**DECISION**

The Commission on State Mandates (Commission) heard and decided this Incorrect Reduction Claim (IRC) during a regularly scheduled hearing on July 27, 2018. Sean Mick appeared on behalf of the claimant, and Masha Vorobyova appeared on behalf of the State Controller's Office (Controller).

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code section 17500 et seq., and related case law.

The Commission adopted the Proposed Decision to deny the IRC by a vote of 5-0 as follows:

| **Member** | **Vote** |
|---|---|
| Lee Adams, County Supervisor | Yes |
| Ken Alex, Director of the Office of Planning and Research | Absent |
| Richard Chivaro, Representative of the State Controller | Absent |
| Sarah Olsen, Public Member | Yes |
| Carmen Ramirez, City Council Member | Yes |
| Andre Rivera, Representative of the State Treasurer, Vice Chairperson | Yes |
| Jacqueline Wong-Hernandez, Representative of the Director of the Department of Finance, Chairperson | Yes |

[1] Note that this caption differs from the Test Claim and Parameters and Guidelines captions because it only includes those code sections approved for reimbursement by the Commission and not those pled in the Test Claim but denied.

**Summary of the Findings**

This analysis addresses reductions made by the Controller to reimbursement claims filed by the Carlsbad Unified School District (claimant) for costs incurred during fiscal years 2005-2006 through 2008-2009 (audit period) for the *Stull Act* program. The claimant disputes reductions totaling $274,101 for the audit period.

The Commission denies this IRC, finding that reductions related to the claimant's time study, and disallowances of completed employee evaluations in all four fiscal years were correct as a matter of law and not arbitrary, capricious, or entirely lacking in evidentiary support.

Specifically, the Controller reduced costs based on denial of 19 of 22 discrete activities identified in the claimant's time study, relating to training, meetings, observation, report writing, conferences between evaluators and teachers, and other activities relating to planning, preparation, and organizing notes, and STAR testing. These activities are beyond the very narrow scope of the approved higher level of service, and the claimant has presented no argument or evidence establishing the relationship to the mandated activities included in the Parameters and Guidelines. The reduction based on the 19 denied activities is therefore correct as a matter of law, and not arbitrary, capricious, or entirely lacking in evidentiary support.

In addition, the Controller reduced reimbursement based on disallowed completed evaluations for non-instructional certificated employees, such as administrators, counselors, and librarians, among others; and preschool teachers. Preschool teachers do not perform the requirements of educational programs mandated by state or federal law, and therefore evaluations of preschool teachers are not reimbursable. Similarly, evaluations of non-instructional certificated personnel are reimbursable under Part IV.B. of the Parameters and Guidelines only if such employees' last regularly-scheduled evaluation resulted in an unsatisfactory evaluation; those facts are not supported in the record. The reduction based on disallowed completed evaluations is therefore correct as a matter of law.

## COMMISSION FINDINGS

### I. Chronology

12/28/2006 The claimant filed its 2005-2006 reimbursement claim.[2]

01/25/2008 The claimant filed its 2006-2007 reimbursement claim.[3]

02/13/2009 The claimant filed its 2007-2008 reimbursement claim.[4]

01/29/2010 The claimant filed its 2008-2009 reimbursement claim.[5]

[2] Exhibit A, IRC, page 338 [Claim Documentation for Fiscal Year 2005-2006].

[3] Exhibit A, IRC, page 270 [Claim Documentation for Fiscal Year 2006-2007].

[4] Exhibit A, IRC, page 184 [Claim Documentation for Fiscal Year 2007-2008].

[5] Exhibit A, IRC, page 85 [Claim Documentation for Fiscal Year 2008-2009].

06/24/2010 The Controller issued a letter informing the claimant of the initiation of the audit.[6]

05/02/2012 The Controller issued the Draft Audit Report.[7]

05/09/2012 The claimant responded to the Draft Audit Report

06/15/2012 The Controller issued its Final Audit Report.[8]

07/13/2012 The Controller issued "results of review" letters.[9]

06/09/2015 The claimant filed the IRC.[10]

10/02/2015 The Controller filed late comments on the IRC.[11]

05/22/2018 Commission staff issued the Draft Proposed Decision.[12]

05/29/2018 The Controller filed comments on the Draft Proposed Decision.[13]

## II. Background

The Stull Act was originally enacted in 1971 to establish a uniform system of evaluation and assessment of the performance of "certificated personnel" within each school district. (Former Ed. Code, §§ 13485-13490.) As originally enacted, the Stull Act required the governing board of each school district to develop and adopt specific guidelines to evaluate and assess certificated personnel, and to avail itself of the advice of certificated instructional personnel before developing and adopting the guidelines.[14] The evaluation and assessment of the certificated personnel was required to be reduced to writing and a copy transmitted to the employee no later than sixty days before the end of the school year.[15] The employee then had the right to initiate a written response to the evaluation, which became a permanent part of the employee's personnel file.[16] The school district was also required to hold a meeting with the employee to discuss the evaluation.[17]

---

[6] Exhibit B, Controller's Late Comments on the IRC, page 62 [Audit Entrance Conference Letter].

[7] Exhibit A, IRC, page 62 [Final Audit Report, p. 3].

[8] Exhibit A, IRC, page 57 [Final Audit Report Cover Letter].

[9] Exhibit A, IRC, page 4.

[10] Exhibit A, IRC, page 1.

[11] Exhibit B, Controller's Late Comments on the IRC.

[12] Exhibit C, Draft Proposed Decision.

[13] Exhibit D, Controller's Comments on the Draft Proposed Decision.

[14] Former Education Code sections 13486-13487.

[15] Former Education Code section 13488.

[16] Former Education Code section 13488.

[17] Former Education Code section 13488.

Prior law also required that the evaluation and assessment be continuous.[18] For probationary employees, the evaluation had to occur once each school year. For permanent employees, the evaluation was required every other year. Former section 13489 also required that the evaluation include recommendations, if necessary, for areas of improvement in the performance of the employee. If the employee was not performing his or her duties in a satisfactory manner according to the standards, the "employing authority" was required to notify the employee in writing, describe the unsatisfactory performance, and confer with the employee making specific recommendations as to areas of improvement and endeavor to assist in the improvement. Reimbursement for these prior requirements was denied by the Commission.[19]

The test claim statutes amended the Stull Act in 1983 and 1999 to expand the scope of evaluation and assessment of certificated personnel. The test claim statutes added additional criteria that must be included in those evaluations: the employee's instructional techniques and strategies, and adherence to curricular objectives; and the performance of instructional employees that teach reading, writing, mathematics, history/social science, and science in grades 2 to 11 (i.e., the STAR test subjects) as it reasonably relates to the progress of pupils towards the state adopted academic content standards as measured by state adopted assessment tests.[20] And, in the case the employee receives an unsatisfactory result, the test claim statutes require an additional evaluation "in the years in which the permanent certificated employee would not have otherwise been evaluated."[21]

Since prior law already required evaluation and assessment of certificated personnel, the Commission partially approved the Test Claim on May 27, 2004, for those activities that represent the *limited* new program or higher level of service mandated by the state by the test claim statutes. The Test Claim Decision also found that the mandate was limited to certificated personnel performing the requirements of educational programs mandated by state or federal law; in other words, if the personnel being evaluated are performing the duties of voluntary school programs, the evaluation of those personnel would not be mandated by the state.[22]

The Parameters and Guidelines were adopted September 27, 2005. As relevant to this IRC, the Parameters and Guidelines identify the following reimbursable activities and limitations:

A. Certificated Instructional Employees

1. Evaluate and assess the performance of certificated instructional employees that perform the requirements of educational programs mandated by state or federal law as it reasonably relates to the instructional techniques and strategies used by the employee and the employee's adherence to curricular objectives (Ed. Code, § 44662, subd. (b), as amended by Stats. 1983, ch. 498.).

---

[18] Former Education Code section 13489.

[19] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, pages 2; 17-18.

[20] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, pages 29-33.

[21] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, pages 33-34.

[22] See Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, pages 5-12.

Reimbursement for this activity is limited to:

a. reviewing the employee's instructional techniques and strategies and adherence to curricular objectives, and

b. including in the written evaluation of the certificated instructional employees the assessment of these factors during the following evaluation periods:

- once each year for probationary certificated employees;
- every other year for permanent certificated employees; and
- beginning January 1, 2004, every five years for certificated employees with permanent status who have been employed at least ten years with the school district, are highly qualified (as defined in 20 U.S.C. § 7801), and whose previous evaluation rated the employee as meeting or exceeding standards, if the evaluator and certificated employee being evaluated agree.

*Note: For purposes of claiming reimbursement, eligible claimants must identify the state or federal law mandating the educational program being performed by the certificated instructional employees.*

2. Evaluate and assess the performance of certificated instructional employees that teach reading, writing, mathematics, history/social science, and science in grades 2 to 11 as it reasonably relates to the progress of pupils towards the state adopted academic content standards as measured by state adopted assessment tests (Ed. Code, § 44662, subd. (b), as amended by Stats. 1999, ch. 4.).

   Reimbursement for this activity is limited to:

   a. reviewing the results of the Standardized Testing and Reporting test as it reasonably relates to the performance of those certificated employees that teach reading, writing, mathematics, history/social science, and science in grades 2 to 11, and

   b. including in the written evaluation of those certificated employees the assessment of the employee's performance based on the Standardized Testing and Reporting results for the pupils they teach during the evaluation periods specified in Education Code section 44664, and described below:

   - once each year for probationary certificated employees;
   - every other year for permanent certificated employees; and
   - beginning January 1, 2004, every five years for certificated employees with permanent status who have been employed at least ten years with the school district, are highly qualified (as defined in 20 U.S.C. § 7801), and whose previous evaluation rated the employee as meeting or exceeding standards, if the evaluator and certificated employee being evaluated agree.

B. Certificated (Instructional and Non-Instructional) Employees

1. Evaluate and assess permanent certificated, instructional and non-instructional, employees that perform the requirements of educational programs mandated by state or federal law and receive an *unsatisfactory evaluation* in the years in which the permanent certificated employee would not have otherwise been evaluated pursuant to Education Code section 44664 (i.e., every other year). The additional evaluations shall last until the employee achieves a positive evaluation, or is separated from the school district (Ed. Code, § 44664, as amended by Stats. 1983, ch. 498).

   This additional evaluation and assessment of the permanent certificated employee requires the school district to perform the following activities:

   a. evaluating and assessing the certificated employee performance as it reasonably relates to the following criteria: (1) the progress of pupils toward the standards established by the school district of expected pupil achievement at each grade level in each area of study, and, if applicable, the state adopted content standards as measured by state adopted criterion referenced assessments; (2) the instructional techniques and strategies used by the employee; (3) the employee's adherence to curricular objectives; (4) the establishment and maintenance of a suitable learning environment, within the scope of the employee's responsibilities; and, if applicable, (5) the fulfillment of other job responsibilities established by the school district for certificated non-instructional personnel (Ed. Code, § 44662, subds. (b) and (c));

   b. reducing the evaluation and assessment to writing (Ed. Code, § 44663, subd. (a)). The evaluation shall include recommendations, if necessary, as to areas of improvement in the performance of the employee. If the employee is not performing his or her duties in a satisfactory manner according to the standards prescribed by the governing board, the school district shall notify the employee in writing of that fact and describe the unsatisfactory performance (Ed. Code, § 44664, subd. (b));

   c. transmitting a copy of the written evaluation to the certificated employee (Ed. Code, § 44663, subd. (a));

   d. attaching any written reaction or response to the evaluation by the certificated employee to the employee's personnel file (Ed. Code, § 44663, subd. (a)); and

   e. conducting a meeting with the certificated employee to discuss the evaluation (Ed. Code, § 44553, subd. (a)).

*Note: For purposes of claiming reimbursement, eligible claimants must identify the state or federal law mandating the educational program being performed by the certificated, instructional and non-instructional, employees.*[23]

[23] Exhibit A, IRC, pages 31-33 [Parameters and Guidelines, pp. 3-5].

Additionally, the Parameters and Guidelines require that actual costs claimed "must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities."[24]

**Controller's Audit and Summary of the Issues**

The Controller's Final Audit Report states that "[i]nitially, all costs claimed [for employee salaries and benefits] by the district were unallowable because they were based on average time increments supported with time records that were not completed contemporaneously."[25] In other words, the claimant did not provide adequate source documentation, and utilized average times to calculate the reimbursement requested. The Controller initially disallowed the entire claim. The claimant's representatives then conduced a time study in fiscal year 2010-2011, as a substitute for records of actual time spent on evaluations, to determine the costs for the audit period (fiscal years 2005-2006 through 2008-2009).[26] The Controller accepted and applied that time study to the audit period, but as explained below determined that the scope of the time study included unallowable activities and costs.

There is no indication in the record that claimant disputes the Controller's initial rejection of the claimant's source documentation; the dispute in this IRC is focused on the development and application of the claimant's time study.[27]

The claimant's time study documented the time to perform 22 "activities of the teacher evaluation process," and determined that it takes evaluators approximately 10 hours and 38 minutes, on average, to complete each required evaluation.[28] Of those 22 "activities" included in the time study, the Controller disallowed 19, as follows:

1. Preparing before training or planning meetings/conferences;
2. Training or planning meetings/conferences;
3. Preparing/organizing notes from training or planning meetings/conferences;
4. Preparing before meeting with teachers;
5. Conducting actual conference with teachers;
6. Preparing or organizing notes from meetings with teachers;
7. Preparing before "Pre-Observation" conferences with teachers;

---

[24] Exhibit A, IRC, page 30 [Parameters and Guidelines, p. 3].

[25] Exhibit A, IRC, page 65 [Controller's Final Audit Report, p. 6].

[26] Exhibit A, IRC, page 65 [Controller's Final Audit Report, p. 6].

[27] Exhibit A, IRC, page 11 ["In response to the Controller's exclusion at the beginning of the audit of all of the original claim documentation, the District with the agreement of the auditor prepared a time study based on the FY 2010-2011 certificated staff evaluation cycle."].

[28] Exhibit A, IRC, page 65 [Controller's Final Audit Report, p. 6]. See also, Exhibit A, IRC, page 11 ["The time study identified 22 discrete activities established as a result of staff interviews."].

8. Conducting "Pre-Observation" conferences with teachers;
9. Preparing/organizing notes form "Pre-Observation" conferences with teachers;
10. Preparing before classroom observations of teachers;
11. Preparing/organizing notes from classroom observations, finalizing Collect Data forms;
12. Reporting observations, preparing the Standards for Excellence in Teaching observation checklists;
13. Preparing before "Post-Observation" conferences with teachers;
14. Conducting "Post-Observation" conferences with teachers;
15. Preparing notes from "Post-Observation" conferences and preparing Reflecting Conference worksheets;
16. Preparing before Final Evaluation conferences with teachers;
17. Conducting Final Evaluation conferences with teachers;
18. Preparing/organizing notes from Final Evaluation conferences with teachers; and
19. Discussing the STAR results with teachers and assessing how to improve instructional abilities.[29]

The Controller determined that activities related to planning, preparation, and organizing notes are not reimbursable because they are not required activities under the Parameters and Guidelines; that the claimant duplicated costs by including training in the time study, which was identified as a separate reimbursable activity in the Parameters and Guidelines on a one-time basis for each employee performing the mandate; and that conferences between teachers and evaluators are not reimbursable because they were required under prior law.[30]

Accordingly, the Controller allowed three elements, or "activities" of the time study:

- Conducting "informal" classroom observations;
- Conducting "formal" classroom observations; and
- Writing Final Evaluation Reports and/or preparing Teacher Evaluation Report.[31]

[29] Exhibit A, IRC, pages 65-66 [Controller's Final Audit Report, pp. 6-7].

[30] Exhibit A, IRC, page 66 [Controller's Final Audit Report, p. 7].

[31] Exhibit A, IRC, page 67 [Controller's Final Audit Report, p. 8].

Based on these three activities, the Controller found that it takes approximately 5 hours and 8 minutes to complete each required teacher evaluation under the mandated program.[32]

In addition to limiting the elements of the time study, the Controller disallowed costs for 46 of 660 completed evaluations, which the Controller determined were claimed in excess of the scope of the mandate. The evaluations that the Controller found to be non-reimbursable were for:

- Principals, vice principals, directors, coordinators, counselors, psychologists, librarians, and library media specialists who are not certificated *instructional* employees;
- Preschool teachers who do not perform the requirements of the program that is mandated by state or federal law;
- Duplicate teacher evaluations claimed multiple times in one school year;
- Permanent biannual teacher evaluations claimed every year rather than every other year; and
- Permanent five-year teacher evaluations claimed multiple times in a five-year period rather than once every five years.[33]

The claimant responded to these findings in the Draft Audit Report, concurring with the findings on duplicate evaluations and evaluations conducted in years that they were not mandated, but asserting that the remaining reductions for administrative or library personnel, who were also certificated employees, and for preschool teachers, were not supported in the audit report or by any law or rule cited by the Controller.[34] In addition, the claimant conceded that training activities and costs were duplicated in the time study, and agreed that because the Parameters and Guidelines permitted training only once for each employee, the Controller's adjustment is reasonable.[35]

Accordingly, based on the claimant's response to the audit report and its IRC filing, the following issues are in dispute:

- Reductions based on the 19 disallowed activities in the claimant's time study; and
- Disallowed completed evaluations based on the type of certificated employee (i.e., Principals, vice principals, directors, coordinators, counselors, psychologists, librarians, and library media specialists, which are not certificated *instructional* employees; and preschool teachers, which the Controller found were not

[32] Exhibit A, IRC, page 67 [Controller's Final Audit Report, p. 8].

[33] Exhibit A, IRC, page 67 [Controller's Final Audit Report, p. 8].

[34] Exhibit A, IRC, pages 70-71 [Controller's Final Audit Report, pp. 11-12].

[35] Exhibit A, IRC, page 70 [Controller's Final Audit Report, p. 11].

performing the requirements of state- or federally-mandated educational programs).[36]

## III. Positions of the Parties

### A. Carlsbad Unified School District

1. Time Study

The claimant groups the 19 disallowed activities from the time study into four categories: evaluation conferences; preparation activities; training activities; and STAR testing results.[37] The claimant acknowledges that the audit report allows reimbursement for training costs elsewhere in the findings, and therefore the claimant "does not dispute removal of the training time from the time study."[38] With respect to evaluation conferences, the claimant cites the Controller's finding that evaluation conferences are not new to the test claim statute, and argues that "[t]he Controller has confused the subject matter of the old and new mandates with the method of implementation."[39] The claimant notes that the Commission's Test Claim Decision found that the test claim statute added two new factors or criteria for evaluation of certificated instructional employees: "the instructional techniques and strategies used by the employee, and the employee's adherence to curricular objectives."[40] The claimant argues that "the fact that districts used evaluation conferences to implement the previous mandated activities does not exclude reimbursement to use the same method to implement the new activities."[41]

With respect to "preparation activities," the claimant argues that preparation time was stated as a separate element in the time study only to promote accuracy: "preparation time could have been logically merged with the activity relevant to the preparation."[42] The claimant notes that the Parameters and Guidelines "enumerates the subject matter of the evaluation process and not the entire process to implement the mandate."[43] The claimant further notes, "[e]ven the Controller characterizes the parameters and guidelines as an 'outline.'"[44] The claimant therefore concludes that preparation relating to evaluation conferences "is a rational, relevant, reasonable and

---

[36] The total disputed reduction over four fiscal years is $258,812 in salaries and benefits, and $15,289 in related indirect costs. (Exhibit A, IRC, page 65 [Controller's Final Audit Report, p. 6].)

[37] Exhibit A, IRC, pages 13-16.

[38] Exhibit A, IRC, page 16.

[39] Exhibit A, IRC, page 13.

[40] Exhibit A, IRC, page 14.

[41] Exhibit A, IRC, page 14.

[42] Exhibit A, IRC, page 15.

[43] Exhibit A, IRC, page 15.

[44] Exhibit A, IRC, page 15.

necessary part of implementing the mandated activities in the usual course of business and the Controller has stated no basis to exclude it from the scope of the evaluation process."[45]

And with respect to STAR testing results, the claimant argues that the audit disallows time to review STAR test results "as it reasonably relates to the performance of those certificated employees that teach reading, writing, mathematics, history/social science, and science in grades 2 to 11…" despite such review being found reimbursable in the Commission's Test Claim Decision.[46]

Accordingly, the claimant alleges that the Controller incorrectly denied costs for activities properly included within the time study, and, incorrectly reduced the average time resulting from the study.

2. Excluded Evaluations

The claimant's time study assigned a value (in staff time) to each evaluation, for purposes of tracking costs and claiming reimbursement. The Controller, however, disallowed costs for 46 of 660 completed evaluations claimed, based on findings that those evaluations were beyond the scope of the mandate. Evaluations claimed beyond the scope of the mandate include those that were conducted at a time they were not required, including duplicate evaluations within a single school year and evaluations conducted more than once every five years for permanent five-year-tenured teachers, or more than every other year for permanent non-tenured teachers.[47] The remaining disallowances were for certificated employees who were not required to be evaluated under the mandate (specifically, administrative and other non-instructional personnel, and preschool instructors).[48] While the claimant concurs with the Controller's findings relating to evaluations conducted in a year they were not required, the claimant also notes in its IRC that the Controller has not identified the number of evaluations excluded based on each of these grounds.[49] With respect to excluded employees, such as "principals, vice principals, directors, coordinators, counselors, psychologists, librarians, and library media specialists,"[50] the claimant argues that the Test Claim Decision and Parameters and Guidelines do not limit reimbursement to employees providing classroom instruction. Rather, the claimant argues that the Test Claim Decision includes all certificated personnel "involved in the education process…"[51]

---

[45] Exhibit A, IRC, page 15.

[46] Exhibit A, IRC, page 16 [citing the Test Claim Decision, *The Stull Act*, 98-TC-25].

[47] Exhibit A, IRC, page 67 [Controller's Final Audit Report, p. 8].

[48] Exhibit A, IRC, page 67 [Controller's Final Audit Report, p. 8].

[49] Exhibit A, IRC, pages 19-20.

[50] Exhibit A, IRC, page 67 [Controller's Final Audit Report, p. 8].

[51] Exhibit A, IRC, page 17 [citing the Test Claim Decision, *The Stull Act*, 98-TC-25, pages 18-20 ("Certificated employees are those employees directly involved in the educational process and include both instructional and non-instructional employees such as teachers, administrators, supervisors, and principals.")].

With respect to the exclusion of completed evaluations for preschool teachers, the claimant argues that the Commission identified a number of voluntary educational programs for which reimbursement for this mandate was not required, and preschool instruction was not among them.[52] Accordingly, the claimant asserts that "[t]here is no stated basis to exclude certificated preschool instructors."[53]

The claimant did not file comments on the Draft Proposed Decision.

**B. State Controller's Office**

The Controller explains that "[i]nitially, all costs claimed by the district were unallowable because they were based on average time increments supported with time records that were not completed contemporaneously."[54] The claimant conducted a time study in fiscal year 2010-2011, "as a substitute for records of actual time spent on teacher evaluations."[55] The Controller accepted and applied that time study to the audit period, but determined that the scope of the time study included unallowable activities and costs:

> The time study documented the time it took district evaluators to perform 22 separate activities of the teacher evaluation process. The time study results reported time for training, planning, preparation, meetings, observation, report writing and other activities within the evaluation process. We determined that 19 activities reported in the time study were unallowable.[56]

The claimant disputed those 19 disallowed activities, and grouped them into four categories: evaluation conferences; preparation activities; training activities; and STAR testing results.[57] Responding to the claimant's categories, the Controller asserts that "evaluation conferences" as described by the claimant are not reimbursable for two reasons: first, section IV.B.1. of the Parameters and Guidelines only provides reimbursement for evaluation conferences every other year, unless a previous evaluation results in an unsatisfactory evaluation. The Controller states that no unsatisfactory evaluations were reported.[58] And second, the Controller maintains that section IV.A.1. and IV.A.2. do not provide reimbursement for evaluation conferences, and the Commission's Statement of Decision expressly found that conferences were not reimbursable "because they were required before the enactment of the test claim legislation."[59] The Controller

---

[52] Exhibit A, IRC, pages 18-19 [citing Parameters and Guidelines, p. 3; Test Claim Decision, p. 11, Fn 42].

[53] Exhibit A, IRC, page 19.

[54] Exhibit B, Controller's Late Comments on the IRC, page 10.

[55] Exhibit B, Controller's Late Comments on the IRC, page 10.

[56] Exhibit B, Controller's Late Comments on the IRC, page 10.

[57] Exhibit A, IRC, pages 13-16.

[58] Exhibit B, Controller's Late Comments on the IRC, page 14.

[59] Exhibit B, Controller's Late Comments on the IRC, page 14.

notes that the test claim statutes added "two new evaluation factors," but the evaluation itself was required under prior law.[60]

With respect to "preparation activities," the Controller argues that reimbursement is limited to those activities outlined in the Parameters and Guidelines, which do not list any preparation activities as reimbursable.[61] To the extent the claimant asserts that preparation activities are "reasonable and necessary," the Controller suggests that "[t]he district may filed an amendment with the Commission on State Mandates to amend the existing parameters and guidelines."[62]

And with respect to "STAR testing results," the Controller asserts that the claimant "did not claim any activity that is reimbursable."[63] The Controller notes that "[r]eimbursement for the activity IV.A.2 is limited to 'review of the results of the STAR test…and to include in the written evaluation…the assessment of the employee's performance based on STAR results…"[64] The claimant instead claimed reimbursement for "discussing the STAR results with teachers and how to improve instructional abilities."[65] The Controller asserts that "these two activities are not interchangeable," and "[w]e believe conference activities are not reimbursable, as they are not listed as allowable activities in the respective section of the program's parameters and guidelines."[66]

Finally, with respect to the number of completed evaluations claimed, and the number disallowed, the Controller notes that the claimant disagrees with the disallowed evaluations for "non-instructional certificated personnel," including administrators, counselors, librarians, and others; and disallowed evaluations for preschool teachers.[67] The Controller maintains that the claimant is reading the Commission's Test Claim Decision out of context, and therefore misinterpreting the Parameters and Guidelines with respect to employees for whom evaluations are reimbursable.[68] Addressing preschool teachers specifically, the Controller argues that the claimant failed to identify any specific state or federal law making preschool instruction mandatory, and therefore evaluations of preschool teachers are beyond the scope of this mandate.[69]

---

[60] Exhibit B, Controller's Late Comments on the IRC, page 14.

[61] Exhibit B, Controller's Late Comments on the IRC, page 15.

[62] Exhibit B, Controller's Late Comments on the IRC, page 15.

[63] Exhibit B, Controller's Late Comments on the IRC, page 15.

[64] Exhibit B, Controller's Late Comments on the IRC, page 15.

[65] Exhibit B, Controller's Late Comments on the IRC, page 15.

[66] Exhibit B, Controller's Late Comments on the IRC, page 15.

[67] Exhibit B, Controller's Late Comments on the IRC, pages 18-19.

[68] Exhibit B, Controller's Late Comments on the IRC, page 18.

[69] Exhibit B, Controller's Late Comments on the IRC, page 19.

The Controller's Comments on the Draft Proposed Decision state that the Controller agrees with the findings and recommendations in the Draft Proposed Decision.[70]

## IV. Discussion

Government Code section 17561(d) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state mandated costs that the Controller determines is excessive or unreasonable.

Government Code Section 17551(d) requires the Commission to hear and decide a claim that the Controller has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.9 of the Commission's regulations requires the Commission to send the decision to the Controller and request that the costs in the claim be reinstated.

The Commission must review questions of law, including interpretation of the parameters and guidelines, de novo, without consideration of legal conclusions made by the Controller in the context of an audit. The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6 of the California Constitution.[71] The Commission must also interpret the Government Code and implementing regulations in accordance with the broader constitutional and statutory scheme. In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[72]

With regard to the Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely lacking in evidentiary support. This standard is similar to the standard used by the courts when reviewing an alleged abuse of discretion of a state agency.[73] Under this standard, the courts have found that:

> When reviewing the exercise of discretion, "[t]he scope of review is limited, out of deference to the agency's authority and presumed expertise: 'The court may not reweigh the evidence or substitute its judgment for that of the agency. [Citation.]'" ... "In general ... the inquiry is limited to whether the decision was arbitrary, capricious, or entirely lacking in evidentiary support. . . ." [Citations.] When making that inquiry, the " ' "court must ensure that an agency has adequately considered all relevant factors, and has demonstrated a rational

---

[70] Exhibit D, Controller's Comments on the Draft Proposed Decision.

[71] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

[72] *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1264, 1281, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

[73] *Johnston v. Sonoma County Agricultural Preservation and Open Space Dist.* (2002) 100 Cal.App.4th 973, 983-984. See also *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547.

connection between those factors, the choice made, and the purposes of the enabling statute." [Citation.]' "[74]

The Commission must review the Controller's audit in light of the fact that the initial burden of providing evidence for a claim of reimbursement lies with the claimant. [75] In addition, section 1185.1(f)(3) and 1185.2(d) and (e) of the Commission's regulations require that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Commission's ultimate findings of fact must be supported by substantial evidence in the record.[76]

**A. The Claimant Timely Filed this IRC Within Three Years From the Date It First Received From the Controller Written Notice of the Adjustment as Required by Former Section 1185.1 of the Commission's Regulations.**

Government Code section 17561 authorizes the Controller to audit the reimbursement claims and records of local government to verify the actual amount of the mandated costs, and to reduce any claim that the Controller determines is excessive or unreasonable. If the Controller reduces a claim on a state-mandated program, the Controller is required to notify the claimant in writing, specifying the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the claimant, and the reason for the adjustment.[77] The claimant may then file an IRC with the Commission "pursuant to regulations adopted by the Commission" contending that the Controller's reduction was incorrect and to request that the Controller reinstate the amounts reduced to the claimant.[78]

To be complete, an IRC filing must be timely filed "no later than three years following the date of the Office of State Controller's final audit report, letter, remittance advice, or other written notice of adjustment to a reimbursement claim."[79]

Here, the Final Audit Report is dated June 15, 2012.[80] The IRC was filed with the Commission on June 9, 2015.[81] Less than three years having elapsed between the issuance of the final audit

---

[74] *American Bd. of Cosmetic Surgery, Inc,v. Medical Bd. of California* (2008) 162 Cal.App.4th, 534, 547-548.

[75] *Gilbert v. City of Sunnyvale* (2005) 130 Cal.App.4th 1264, 1274-1275.

[76] Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

[77] Government Code section 17558.5(c).

[78] Government Code sections 17551(d), 17558.7; California Code of Regulations, title 2, sections 1185.1, 1185.9.

[79] Former California Code of Regulations, title 2, sections 1185.1(c), 1185.2(a) (Register 2014, No. 21).

[80] Exhibit A, IRC, pages 4; 57.

[81] Exhibit A, IRC, page 1.

report and the filing of the IRC, this IRC was filed within the period prescribed in former Code of Regulations, title 2, section 1185.1.

Based on the foregoing, the Commission finds the IRC was timely filed.

**B. The Controller's Reductions Based on the Denial of Activities Included in the Claimant's Time Study that the Controller Found Were Beyond the Scope of the Mandate Are Correct as Matter of Law, and Not Arbitrary, Capricious, or Entirely Lacking in Evidentiary Support.**

The Parameters and Guidelines for this program, adopted September 27, 2005, require that reimbursement be based on *actual costs* supported by contemporaneous source documents created at or near the same time the actual cost was incurred, as follows:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.[82]

The claimant's original reimbursement claim documentation is comprised of forms and schedules containing administrators' assertions of estimated staff time spent on the mandate, which were then compiled to produce average times to perform the mandated activities, and translated into costs.[83] The Controller rejected the claimant's initial claimed costs for fiscal years 2005-2006 through 2008-2009 "because they were based on average time increments supported with time records that were not completed contemporaneously."[84] This amounts to a finding that the claimant did not comply with the contemporaneous source document rule, and did not claim actual costs, as required by the Parameters and Guidelines.[85] There is no assertion or evidence in the record rebutting that finding. Pursuant to Government Code section 17564, reimbursement claims filed with the Controller shall be filed in the manner prescribed in the Parameters and Guidelines, and the Parameters and Guidelines, as a quasi-judicial decision of the Commission, are final and binding.[86] The claimant failed to comply with the Parameters and

---

[82] Exhibit A, IRC, page 30 [Parameters and Guidelines, p. 3].

[83] Exhibit A, IRC, pages 85-366. See, e.g., Exhibit A, IRC, pages 101; 104-122; 124-125; 141.

[84] Exhibit A, IRC, page 65 [Final Audit Report, p. 6].

[85] See Exhibit A, IRC, page 30 [Parameters and Guidelines, p. 3]; *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 802-803 [Discussing non-enforceability of the Controller's Contemporaneous Source Document Rule when imposed only by Controller's Claiming Instructions, prior to valid incorporation within Parameters and Guidelines, a regulatory document].

[86] *California School Boards Association v. State of California* (2009) 171 Cal.App.4th 1183, 1201.

Guidelines, and therefore the Controller could have reduced the entire claim to zero. Any such reduction would have been correct as a matter of law.

Instead, the Controller permitted the claimant to conduct a time study based on fiscal year 2010-2011 activities, "as a substitute for records of actual time spent on teacher evaluations."[87] The results of that time study were then applied to the earlier audit period, and the issue before the Commission in this IRC is whether the Controller's adjustments to and application of the time study is arbitrary, capricious, or entirely lacking in evidentiary support.

The claimant's time study identified 22 discrete activities involved in the teacher evaluation process, and identified the time spent on each item, in order to determine average times to perform the reimbursable activities.[88] Those items included time for training, planning, preparation, meetings, observation, report writing, and other activities, for a total (average) of 10 hours, 38 minutes per evaluation.[89]

The Controller disallowed 19 of the 22 discrete activities of the time study, based on the following findings:

(1) The activities related to planning, preparation, and organizing notes are not reimbursable under the mandate.

(2) Training-related activities were included in the time study, but were also claimed as a direct cost item in each fiscal year. "We determined allowable time spend on training from the district's original claims."

(3) Conferences between the evaluators and teachers are not reimbursable because they were required before the enactment of the test claim legislation.[90]

And, according to the claimant's narrative, the Controller also denied one activity related to evaluation and assessment of teachers with respect to their pupils' STAR testing results, and progress toward state standards.[91]

The Controller found that each completed evaluation takes an average of 5 hours and 8 minutes, based on the three allowed activities from the claimant's time study.[92]

The claimant disputes the disallowance of activities related to evaluation conferences, preparation and planning activities, and reviewing STAR test results.[93] Specifically, the claimant argues that evaluation conferences are "a method of implementing this mandate, and

---

[87] Exhibit A, IRC, page 65 [Final Audit Report, p. 6].

[88] See Exhibit A, IRC, page 11.

[89] Exhibit A, IRC, page 65 [Final Audit Report, p. 6].

[90] Exhibit A, IRC, page 66 [Final Audit Report, p. 7].

[91] Exhibit A, IRC, page 16.

[92] Exhibit A, IRC, page 67 [Final Audit Report, p. 8].

[93] Exhibit A, IRC, pages 13-16.

not just a subject matter activity."[94] The claimant further asserts that preparation activities were not explicitly considered or denied by the Test Claim Decision, and "[p]reparation is a rational, relevant, reasonable and necessary part of implementing the mandated activities in the usual course of business and the Controller has stated no basis to exclude it from the scope of the evaluation process."[95] In addition, the claimant argues that the Test Claim Decision approved "the review of the results of the STAR test as it reasonably relates to the performance of those certificated employees [that teach STAR test subjects], and to include in the written evaluation of those certificated employees the assessment of the employee's performance based on the STAR results for the pupils they teach."[96]

The Commission finds that the Controller's denial of the 19 activities included in the claimant's time study is correct as a matter of law, and not arbitrary, capricious, or without evidentiary support.

The Parameters and Guidelines limit reimbursement for evaluation and assessment of certificated employees as follows:

- Evaluate and assess the performance of certificated instructional employees *that perform the requirements of educational programs mandated by state or federal law* as it reasonably relates to the instructional techniques and strategies used by the employee; and the employee's adherence to curricular objectives.

  *Reimbursement for this activity is limited* to:

  - *review* of the employee's instructional techniques and strategies and adherence to curricular objectives, and
  - *include in the written evaluation* of the certificated instructional employees the assessment of these factors during the specified evaluation periods.

- Evaluate and assess the performance of certificated instructional employees that teach [STAR test subjects, reading, writing, mathematics, etc.] in grades 2 to 11 as it reasonably relates to the progress of pupils toward [STAR test statewide standards].

  *Reimbursement for this activity is limited* to:

  - *review* of the results of the STAR test as it reasonably relates to the performance of those certificated employees that teach reading, writing, mathematics, history/social science, and science in grades 2 to 11, and
  - *include in the written evaluation* of those certificated employees the assessment of the employee's performance based on the STAR results for the pupils they teach during the specified evaluation periods.

---

[94] Exhibit A, IRC, page 13.

[95] Exhibit A, IRC, pages 13-15.

[96] Exhibit A, IRC, page 16.

- Evaluate and assess permanent *certificated, instructional and non-instructional employees that perform the requirements of educational programs mandated by state or federal law and receive an unsatisfactory evaluation* in the years in which the permanent certificated employee would not have otherwise been evaluated. The additional evaluations shall last until the employee achieves a positive evaluation, or is separated from the school district. The following activities are reimbursable:
    - evaluate and assess the certificated employee performance as it reasonably relates to the following criteria: (1) the progress of pupils toward the standards established by the school district of expected pupil achievement at each grade level in each area of study, and, if applicable, the state adopted content standards as measured by state adopted criterion referenced assessments; (2) the instructional techniques and strategies used by the employee; (3) the employee's adherence to curricular objectives; (4) the establishment and maintenance of a suitable learning environment, within the scope of the employee's responsibilities; and, if applicable, (5) the fulfillment of other job responsibilities established by the school district for certificated non-instructional personnel;
    - the evaluation and assessment shall be reduced to writing. The evaluation shall include recommendations, if necessary, as to areas of improvement in the performance of the employee. If the employee is not performing his or her duties in a satisfactory manner according to the standards prescribed by the governing board, the school district shall notify the employee in writing of that fact and describe the unsatisfactory performance;
    - transmit a copy of the written evaluation to the certificated employee;
    - attach any written reaction or response to the evaluation by the certificated employee to the employee's personnel file; and
    - conduct a meeting with the certificated employee to discuss the evaluation.[97]

This is a very narrow higher level of service, and reimbursement is not required for the full evaluation and assessment of those certificated employees who have received satisfactory evaluations. For those employees, reimbursement is limited to the review and the inclusion of the new criteria mandated by the test claim statutes in the written evaluation. Further, the Parameters and Guidelines require the claimant to identify the state or federal law that mandates the educational program being performed by the employee being evaluated.[98]

Nowhere in the time study documentation, the response to the Draft Audit Report, or the IRC narrative itself, does the claimant attempt to isolate the narrow higher level of service approved by the Commission in the Test Claim Decision, or to tie the 19 disallowed time study items to the approved activities. As explained in the Test Claim Decision, prior law already required

[97] Exhibit A, IRC, pages 31-33 [Parameters and Guidelines, pp. 4-6].

[98] Exhibit A, IRC, pages 31-33 [Parameters and Guidelines, pp. 4-6].

evaluation of certificated employees.[99] The test claim statutes merely added additional criteria to be considered within those evaluations, and required a follow-up evaluation when a certificated employee receives an unsatisfactory evaluation and annual evaluations thereafter until the employee receives a satisfactory evaluation or, is separated from the school district.[100] The time study activities proposed by the claimant make are not restricted to the time and costs of evaluations pertaining to only the new evaluation and assessment criteria,[101] nor are they limited to only those evaluations required for employees whose last regularly-scheduled evaluation resulted in an unsatisfactory rating.[102] The Parameters and Guidelines require documentation to establish the relationship between the activities and costs claimed and the reimbursable activities stated in the Parameters and Guidelines.[103] The claimant's time study activities (which generally include evaluation conferences, preparation and planning activities) are described too generally to establish that connection.[104]

Furthermore, the activity proposed for claimant's time study related to STAR testing goes beyond the scope of the reimbursable activity. The claimant argues that the Commission approved "the review of the results of the STAR test as it reasonably relates to the performance of those certificated employees [teaching STAR test subjects] and to include in the written evaluation of those certificated employees the assessment of the employee's performance based on the STAR results for the pupils they teach…"[105] That description is substantially similar to and consistent with the Parameters and Guidelines, which indeed provide reimbursement to evaluate and assess the performance of teachers of STAR test subjects[106] "as it reasonably relates to the progress of pupils towards the state adopted academic content standards…" The Parameters and Guidelines also clarify that reimbursement for this activity is limited to "reviewing the results" of the STAR test and "including in the written evaluation…the assessment of the employee's performance based on the [STAR test] results for the pupils they teach."[107] However, the activity stated in the claimant's proposed time study pertaining to STAR testing is "*Discussing* the STAR results with teachers and assessing how to improve instructional abilities."[108] The activity as described in the claimant's time study implies interaction between

---

[99] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, pages 18-25.

[100] Exhibit A, IRC, pages 31-32 [Parameters and Guidelines, pp. 4-5].

[101] Exhibit A, IRC, pages 31-32 [Parameters and Guidelines, pp. 4-5, Parts IV.A.1. & 2.].

[102] Exhibit A, IRC, page 32 [Parameters and Guidelines, p. 5, Part IV.B.1.].

[103] Exhibit A, IRC, page 30 [Parameters and Guidelines, p. 3]. Actual costs claimed "must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities."

[104] Exhibit A, IRC, pages 31-32 [Parameters and Guidelines, pp. 4-5].

[105] Exhibit A, IRC, page 16 [citing Test Claim Decision, *The Stull Act*, 98-TC-25, p. 31].

[106] Grades 2 through 11, teaching Reading, Writing, Mathematics, History/Social Science, and Science.

[107] Exhibit A, IRC, page 31 [Parameters and Guidelines, p. 4].

[108] Exhibit A, IRC, page 13.

the teacher and the evaluator that is not required by the plain language of the approved activity as stated in the Parameters and Guidelines. Both reviewing the results of the STAR test, and including an assessment in the written evaluation can be done unilaterally by the evaluator, and do not require a discussion.

And, to the extent certain elements of the claimant's time study related to evaluation conferences, preparation, and planning activities seem "rational, relevant, reasonable and necessary part[s] of implementing the mandated activities,"[109] they are not identified as reimbursable activities in the Parameters and Guidelines. The claimant had an opportunity to include those activities within the Parameters and Guidelines as "reasonably necessary activities" pursuant to Government Code section 17557(a) and Code of Regulations, title 2, section 1183.7(d). Section 1183.7 describes the "Content of Parameters and Guidelines," and subdivision (d) defines "reasonably necessary activities" as those activities "necessary to comply with the statutes, regulations and other executive orders found to impose a state-mandated program." The section further states that "[w]hether an activity is reasonably necessary is a mixed question of law and fact," the assertion of which must be supported by documentary evidence submitted in accordance with section 1187.5.[110] In other words, if the claimant seeks reimbursement for the various elements of its time study as "reasonably necessary" elements of the reimbursable mandate, those activities have to be approved by the Commission based on substantial evidence in the record and included within the Parameters and Guidelines, either when the Parameters and Guidelines were first adopted, or as an amendment request.[111] To the extent the activities claimed exceed the scope of the mandate as stated in the Parameters and Guidelines, they are not eligible for reimbursement. The Parameters and Guidelines, as adopted, are binding on the parties.[112] The argument that such items are "reasonably necessary" cannot now be employed as an end-run around the Parameters and Guidelines.

Finally, it is the claimant's burden to establish actual costs, using "source documents that show the validity of such costs, when they were incurred, and *their relationship to the reimbursable activities*."[113] The claimant argues that the Controller's reduction of costs is incorrect or arbitrary or capricious, and frames these issues in terms of the Controller's failure to state a reason for the reduction.[114] The claimant, however, ignores its duty to establish the relationship to the reimbursable activities. The Controller's concession permitting the use of a time study does not alter the scope of the mandate, which is a question of law, or otherwise relieve the claimant of the burden to show that its claimed costs are eligible for reimbursement pursuant to the Test Claim Decision and Parameters and Guidelines. Moreover, there is no evidence in the

---

[109] Exhibit A, IRC, page 15.

[110] California Code of Regulations, title 2, section 1183.7.

[111] See California Code of Regulations, title 2, section 1183.17.

[112] *California School Boards Association v. State of California* (2009) 171 Cal.App.4th 1183, 1201.

[113] Exhibit A, IRC, page 30 [Parameters and Guidelines, p. 3].

[114] See, e.g., Exhibit A, IRC, page 15 [Discussing "Preparation Activities," the claimant states that the Controller "has stated no basis to exclude it from the scope of the evaluation process."].

record that the Controller's reduction of costs based on the denial of these 19 activities is arbitrary, capricious, or entirely lacking in evidentiary support.

Accordingly, the Commission finds that the Controller's reduction of costs based on the Controller's denial of 19 of the activities included in claimant's time study is correct as a matter of law, and is not arbitrary, capricious, or entirely lacking in evidentiary support.

**C. The Controller's Disallowance of Completed Evaluations that Are Beyond the Scope of the Mandate Is Correct as a Matter of Law.**

As noted above, the Parameters and Guidelines for *The Stull Act* program require reimbursement for the following:

- Evaluate and assess the performance of certificated instructional employees that perform the requirements of educational programs mandated by state or federal law as it reasonably relates to
  - the instructional techniques and strategies used by the employee; and
  - the employee's adherence to curricular objectives;
- Evaluate and assess the performance of certificated instructional employees that teach [STAR test subjects, reading, writing, mathematics, etc.] in grades 2 to 11 as it reasonably relates to the progress of pupils toward [STAR test statewide standards]; and
- Evaluate and assess permanent certificated, instructional, and non-instructional employees that perform the requirements of educational programs mandated by state or federal law and receive an unsatisfactory evaluation in the years in which the permanent certificated employee would not have otherwise been evaluated. The additional evaluations shall last until the employee achieves a positive evaluation, or is separated from the school district.[115]

The Parameters and Guidelines further require the claimant to identify the state or federal law mandating the educational program being performed by the employee being evaluated and assessed.[116]

The Controller disallowed reimbursement for evaluations completed for employees that are not within the scope of the mandate. Specifically, as disputed here, the Controller disallowed reimbursement for evaluations of the following employees:

---

[115] Exhibit A, IRC, pages 31-33 [Parameters and Guidelines, pp. 4-6].

[116] Exhibit A, IRC, pages 31-33 [Parameters and Guidelines, pp. 4-6]. Note that this caveat is not stated under section IV.A.2. of the Parameters and Guidelines, with respect to certificated instructional employees that teach STAR test subjects in grades 2 to 11 (presumably because simply claiming costs under this very specific activity makes clear which state and federal laws are implicated).

- Principals, vice principals, directors, coordinators, counselors, psychologists, librarians, and library media specialists who are not certificated instructional employees; and
- Preschool teachers [because they] do not perform the requirements of the program that is mandated by state or federal law.[117]

The claimant argues that all certificated employees are "instructional personnel even if they are not 'classroom teachers'" and that preschool teachers are not excluded by the Parameters and Guidelines.[118] Addressing preschool instructors specifically, claimant argues that "[t]he audit report excludes preschool teachers in general based on the Controller's opinion that preschool teachers do not perform the requirements of an educational program mandated by state or federal law."[119] The claimant further argues that the Commission identified voluntary programs for which reimbursement is not required in a footnote in the Test Claim Decision, "and preschool is not included in that enumeration."[120] Accordingly, claimant asserts that "[t]here is no stated basis to exclude certificated preschool instructors."[121]

With respect to other personnel, such as administrators, librarians, and others for whom evaluations and assessments were excluded from reimbursement, the claimant states that the audit report misstates the standard for judging which employees' evaluations are reimbursable and which are not:

> The intent of this component is to evaluate the elements of classroom instruction. Principals, vice principals, directors, coordinators, counselors, psychologists, librarians, and library media specialists do not provide classroom instruction and are considered "non-instructional" certificated personnel.[122]

The claimant concedes that "the portion of the mandate relating to the evaluation of compliance with the testing assessment standards (the STAR component) is limited to classroom teachers because the parameters and guidelines specifically state 'employees that teach' specified curriculum."[123] However, the claimant maintains that all certificated employees are instructional personnel and that "[i]t has not been established as a matter of law that involvement in the educational process requires a 'classroom.'"[124]

---

[117] Exhibit A, IRC, pages 73-74 [Final Audit Report, pp. 14-15].

[118] Exhibit A, IRC, pages 18-19 and 71.

[119] Exhibit A, IRC, page 18.

[120] Exhibit A, IRC, page 19.

[121] Exhibit A, IRC, page 19.

[122] Exhibit A, IRC, page 17 [quoting Controller's Final Audit Report, p. 15 (Exhibit A, IRC, p. 74)].

[123] Exhibit A, IRC, page 71 [Controller's Final Audit Report, p. 12].

[124] Exhibit A, IRC, page 18 and 71.

The claimant is wrong on both counts. The Test Claim Decision analyzed at length the distinction between instructional and non-instructional personnel, in an attempt to isolate the higher level of service imposed by the test claim statutes. The Commission found that prior law "required school districts to develop evaluation and assessment guidelines and to evaluate both instructional and non-instructional certificated employees based on the guidelines on a continuing basis."[125] The Commission also found case law to support the conclusion that the Stull Act, prior to the test claim statutes, applied to both instructional and non-instructional certificated personnel.[126] In analyzing the test claim statutes the Commission found, and the Department of Finance and the test claimant agreed, that the new categories of "instructional techniques and strategies," and "the employee's adherence to curricular objectives," represented new criteria for the evaluation and assessment of certificated *instructional* personnel equating the term "instructional" with "teachers."[127]

Accordingly, Part IV.A.1. of the Parameters and Guidelines limits reimbursement for the higher level of service imposed by the test claim statutes to "certificated *instructional* employees," and to the *two new components* of the evaluation, both of which relate to the provision of *instruction*: "instructional techniques and strategies used by the employee and the employee's adherence to curricular objectives."[128] In addition, as noted, Part IV.A.1. *requires the claimant* to identify the state or federal law mandating the educational program being performed by the certificated instructional personnel.[129] Therefore, this section provides reimbursement for evaluation and assessment of *instructional* employees only, and only those performing the requirements of educational programs mandated by state or federal law. Although administrators, librarians, counselors, and psychologists are positions requiring certification, they generally do not provide instruction to students.[130] The claimant argues that these employees are *not excluded* by the

---

[125] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, page 22.

[126] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, pages 22-23.

[127] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, pages 28-30; 21 [The plain language of these statutes does not distinguish between instructional employees (teachers) and non-instructional employees (principals, administrators), or specifically exclude certificated non-instructional employees.].

[128] Exhibit A, IRC, page 31 [Parameters and Guidelines, p. 4].

[129] Exhibit A, IRC, page 31 [Parameters and Guidelines, p. 4].

[130] Education Code section 44065, which governs teaching and services credential requirements. See also, California Code of Regulations, title 5, section 80049.1, which authorizes a school psychologist with a services credential to "provide services that enhance academic performance; design strategies and programs to address problems of adjustment; consult with other educators and parents on issues of social development, behavioral and academic difficulties; conduct psycho-educational assessments for purposes of identifying special needs; provide psychological counseling for individuals, groups and families; and coordinate intervention strategies for management of individual and school-wide crises."

California Code of Regulations, title 5, section 80049.1 also authorizes a school counselor with a services credential to "develop, plan, implement and evaluate a school counseling and guidance

Parameters and Guidelines, but neither do they necessarily fall within the higher level of service that the Commission determined to be reimbursable, absent some evidence that they are indeed performing the requirements of educational programs mandated by state or federal law; a requirement that the Parameters and Guidelines expressly requires the claimant to establish and for which the claimant has submitted no evidence. Thus, the Controller correctly concludes that "instructional" employees excludes administrators, librarians, counselors, and psychologists, and others, absent additional evidence.[131]

With regard to preschool instruction, the claimant mistakenly relies on a footnote in the Test Claim Decision, which listed examples of voluntary educational programs funded by the Budget Act, to suggest that preschool instruction, which was not among the programs listed, must therefore be mandatory.[132] The list in the Test Claim Decision was not intended to represent an exhaustive cataloging of voluntary (or non-mandatory) educational programs, as the claimant suggests.[133] Rather, the Parameters and Guidelines expressly require the claimant to specifically identify the educational programs mandated by state or federal law being performed by the certificated instructional employee in order to get reimbursed for the evaluation, which the claimant has not done. In addition, Education Code section 48200 et seq., provides for compulsory education for pupils aged 6 to 18, but does not as a matter of law apply to preschool-

---

program that includes academic, career, personal and social development; advocate for the higher academic achievement and social development of all students; provide school-wide prevention and intervention strategies and counseling services; provide consultation, training and staff development to teachers and parents regarding students' needs; and supervise a district-approved advisory program as described in Education Code Section 49600."

California Code of Regulations, title 5, section 80053, authorizes the librarian with a services credential to "instruct students in accessing, evaluating, using and integrating information and resources in the library program; to plan and coordinate school library programs with the instructional programs of a school district through collaboration with teachers; to select materials for school and district libraries; to develop programs for and deliver staff development for school library services; to coordinate or supervise library programs at the school, district or county level; to plan and conduct a course of instruction for those pupils who assist in the operation of school libraries; to supervise classified personnel assigned school library duties; and to develop procedures for and management of the school and district libraries."

California Code of Regulations, title 5, section 80054.5, authorizes the school administrator with a services credential to develop, coordinate, and assess instructional programs; supervise and evaluate certificated and classified personnel; discipline students; manage fiscal services; develop, coordinate, and supervise student support services.

And, Code of Regulations, title 5, section 16043 states that persons employed by a school district as librarians may supplement classroom instruction, or conduct "a planned course of instruction for those pupils who assist in the operation of school libraries."

[131] Exhibit A, IRC, pages 73-74 [Final Audit Report, pp. 14-15].

[132] Exhibit A, IRC, pages 18-19.

[133] Exhibit E, Test Claim Decision, *The Stull Act*, 98-TC-25, page 12, Fn 42.

aged children. The claimant argues that federal special education law requires preschool instruction for pupils when part of a pupil's Individualized Education Plan.[134] However, the claimant has not provided any evidence that preschool teachers evaluated and claimed provided instruction in educational programs mandated by federal law, as required by the Parameters and Guidelines.

In addition, Part IV.A.2. requires reimbursement only for evaluations of "certificated instructional employees that teach…" STAR test subjects in grades 2 to 11.[135] This provision also excludes non-instructional administrative and support personnel, and excludes preschool teachers, based on nothing more than its plain language.

Part IV.B.1. does provide for reimbursement for evaluation and assessment of certificated instructional *and* non-instructional employees, but only those whose last regularly-scheduled evaluation resulted in an unsatisfactory evaluation (i.e., off-year evaluations for permanent certificated employees, and more often than once every five years for permanent "tenured" certificated employees). Part IV.B.1. also includes the same caveat as above, that the claimant must identify the state or federal law mandating the educational program being performed. There has been no specific argument or evidence in the record to support a finding that any of the non-instructional personnel whose evaluations were disallowed were evaluated on the basis of having a previously unsatisfactory evaluation.

The claimant, with all of its arguments, attempts to shift the burden to the Controller to support its reductions, but it is the claimant's burden to make out its claim.[136] In addition, sections 1185.1(f)(3), 1185.2(d) and (e)of the Commission's regulations require that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Parameters and Guidelines specifically and expressly require the *claimant* to identify the state or federal law mandating the educational program being performed by the employee(s) evaluated, except in the case of STAR subject instructors in grades 2 to 11 (for whom the mandatory nature of the educational program is presumed).[137] The claimant has not complied with the Parameters and Guidelines.

Based on the foregoing, the Commission finds that the Controller's disallowance of 46 completed evaluations that were beyond the scope of the mandate is correct as a matter of law and not arbitrary, capricious, or entirely lacking in evidentiary support.

## V. Conclusion

Based on the foregoing, the Commission finds that the IRC was timely filed and denies this IRC. The Commission finds that the Controller's reduction of costs based the denial of 19 activities included in the claimant's time study and the disallowance of 46 completed evaluations that were beyond the scope of the mandate, are correct as a matter of law and not arbitrary, capricious, or entirely lacking in evidentiary support.

---

[134] Exhibit A, IRC, pages 71-74 [Controller's Final Audit Report, pp. 12-15].

[135] Exhibit A, IRC, pages 31-32 [Parameters and Guidelines, pp. 4-5].

[136] *Gilbert v. City of Sunnyvale* (2005) 130 Cal.App.4th 1264, 1274-1275.

[137] Exhibit A, IRC, pages 31-33 [Parameters and Guidelines, pp. 4-6].

RE: **Decision**

*The Stull Act,* 14-9825-I-02
Education Code Sections 44660-44665;
Statutes 1983, Chapter 498; Statutes 1999, Chapter 4
Fiscal Years: 2005-2006, 2006-2007, 2007-2008, and 2008-2009
Carlsbad Unified School District, Claimant

On July 27, 2018, the foregoing Decision of the Commission on State Mandates was adopted on the above-entitled matter.

Dated: July 30, 2018

Heather Halsey, Executive Director

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On July 30, 2018, I served the:

- **Decision adopted July 27, 2018**

  *The Stull Act,* 14-9825-I-02
  Education Code Sections 44662 and 44664;
  Statutes 1983, Chapter 498; Statutes 1999, Chapter 4
  Fiscal Years: 2005-2006, 2006-2007, 2007-2008, and 2008-2009
  Carlsbad Unified School District, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on July 30, 2018 at Sacramento, California.

Jill L. Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 7/2/18

**Claim Number:** 14-9825-I-02

**Matter:** The Stull Act

**Claimant:** Carlsbad Unified School District

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Lacey Baysinger**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0254
lbaysinger@sco.ca.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Anita Dagan**, Manager, Local Reimbursement Section, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-4112
Adagan@sco.ca.gov

**Marieta Delfin**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-4320
mdelfin@sco.ca.gov

**Donna Ferebee**, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
donna.ferebee@dof.ca.gov

**Chris Ferguson**, *Department of Finance*
Education Systems Unit, 915 L Street, 7th Floor, 915 L Street, 7th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Ferguson@dof.ca.gov

**Susan Geanacou**, *Department of Finance*
915 L Street, Suite 1280, Sacramento, CA 95814
Phone: (916) 445-3274
susan.geanacou@dof.ca.gov

**Heather Halsey**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
heather.halsey@csm.ca.gov

**Ed Hanson**, *Department of Finance*
Education Systems Unit, 915 L Street, 7th Floor, Sacramento, CA 95814
Phone: (916) 445-0328
ed.hanson@dof.ca.gov

**Matt Jones**, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
matt.jones@csm.ca.gov

**Jill Kanemasu**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-9891
jkanemasu@sco.ca.gov

**Christian Keiner**, *Dannis Woliver Kelly*
**Claimant Representative**
555 Capitol Mall, Suite 645, Sacramento, CA 95814
Phone: (916) 978-4040
ckeiner@dwkesq.com

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Yazmin Meza**, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Yazmin.meza@dof.ca.gov

**Robert Miyashiro**, *Education Mandated Cost Network*
1121 L Street, Suite 1060, Sacramento, CA 95814
Phone: (916) 446-7517
robertm@sscal.com

**Lourdes Morales**, Senior Fiscal and Policy Analyst, *Legal Analyst's Office*
925 L Street, Sacramento, CA 95814

Phone: (916) 319-8320
Lourdes.Morales@LAO.CA.GOV

**Keith Nezaam**, *Department of Finance*
915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-8913
Keith.Nezaam@dof.ca.gov

**Michelle Nguyen**, *Department of Finance*
Education Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Michelle.Nguyen@dof.ca.gov

**Andy Nichols**, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Suzanne O'Connell**, Deputy Superintendent Administrative Services, *Carlsbad Unified School District*
6225 El Camino Real, Carlsbad, CA 92009-1604
Phone: (760) 331-5036
soconnell@carlsbadusd.net

**Arthur Palkowitz**, *Artiano Shinoff*
2488 Historic Decatur Road, Suite 200, San Diego, CA 92106
Phone: (619) 232-3122
apalkowitz@as7law.com

**Keith Petersen**, *SixTen & Associates*
P.O. Box 340430, Sacramento, CA 95834-0430
Phone: (916) 419-7093
kbpsixten@aol.com

**Sandra Reynolds**, *Reynolds Consulting Group,Inc.*
P.O. Box 894059, Temecula, CA 92589
Phone: (951) 303-3034
sandrareynolds_30@msn.com

**Carla Shelton**, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Jim Spano**, Chief, Mandated Cost Audits Bureau, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 323-5849
jspano@sco.ca.gov

**Dennis Speciale**, *State Controller's Office*
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-0254
DSpeciale@sco.ca.gov

**William Tunick**, Attorney , *Dannis Woliver Kelley*
275 Battery Street, Suite 1150, San Francisco, CA 94111
Phone: (415) 543-4111
wtunick@dwkesq.com

**Maritza Urquiza**, *Department of Finance*
Education Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Maritza.Urquiza@dof.ca.gov

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On December 10, 2025, I served the:

- **Current Mailing List dated December 3, 2025**
- **Controller's Comments on the IRC filed December 9, 2025**

  *Child Abduction and Recovery,* 25-4237-I-05
  Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421;
  Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
  Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
  County of Los Angeles, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on December 10, 2025 at Sacramento, California.

David Chavez
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 12/3/25

**Claim Number:** 25-4237-I-05

**Matter:** Child Abduction and Recovery

**Claimant:** County of Los Angeles

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Adaoha Agu**, *County of San Diego Auditor & Controller Department*
Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123
Phone: (858) 694-2129
Adaoha.Agu@sdcounty.ca.gov

**Rachelle Anema**, Assistant Auditor-Controller, *County of Los Angeles*
Accounting Division, 500 W. Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8321
RANEMA@auditor.lacounty.gov

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**David Bass**, Vice Mayor, *CIty of Rocklin*
3970 Rocklin Road, Rocklin, CA 95677
Phone: (916) 663-8504
David.Bass@rocklin.ca.us

**Ginni Bella Navarre**, Deputy Legislative Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8342
Ginni.Bella@lao.ca.gov

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Rica Mae Cabigas**, Chief Accountant, *Auditor-Controller*
Accounting Division, 500 West Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8309
rcabigas@auditor.lacounty.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Julissa Ceja Cardenas**, *California State Association of Counties*
1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jcejacardenas@counties.org

**Ali Chemkhi**, Senior Supervising Accountant/Auditor, *County of San Bernardino*
Office of Auditor-Controller, 268 West Hospitality Lane, Fourth Floor, San Bernardino, CA 92415-0018
Phone: (909) 382-7035
ali.chemkhi@sbcountyatc.gov

**Annette Chinn**, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Adam Cripps**, Interim Finance Manager, *Town of Apple Valley*
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: (760) 240-7000
acripps@applevalley.org

**Thomas Deak**, Senior Deputy, *County of San Diego*
Office of County Counsel, 1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-4810
Thomas.Deak@sdcounty.ca.gov

**Tim Flanagan**, Office Coordinator, *County of Solano*
Register of Voters, 678 Texas Street, Suite 2600, Fairfield, CA 94533
Phone: (707) 784-3359
Elections@solanocounty.com

**Justin Garrett**, Acting Chief Policy Officer, *California State Association of Counties (CSAC)*
1100 K Street, Ste 101, Sacramento, CA 95814
Phone: (916) 327-7500
jgarrett@counties.org

**Howard Gest**, *Burhenn & Gest,LLP*
**Claimant Representative**
12401 Wilshire Blvd, Suite 200, Los Angeles, CA 90025
Phone: (213) 629-8787
hgest@burhenngest.com

**Juliana Gmur**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
juliana.gmur@csm.ca.gov

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Ken Howell**, Senior Management Auditor, *State Controller's Office*
Audits, Compliance Audits Bureau, 3301 C Street, Suite 725A, Sacramento, CA 95816
Phone: (916) 323-2368
KHowell@sco.ca.gov

**Chuck Hughes**, Special Assistant District Attorney, *County of Ventura*
Office of the District Attorney, 800 South Victoria Avenue, Suite 300, Ventura, CA 93009
Phone: (805) 477-1635
Chuck.Hughes@venturacounty.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Anne Kato**, Acting Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-9891
akato@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Eric Lawyer**, Legislative Advocate, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814

Phone: (916) 650-8112
elawyer@counties.org

**Kim-Anh Le**, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

**Fernando Lemus**, Principal Accountant - Auditor, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
flemus@auditor.lacounty.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Kenneth Louie**, Chief Counsel , *Department of Finance*
1021 O. Street, Suite 3110, Sacramento, CA 95814
Phone: (916) 322-0971
Kenny.Louie@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Darryl Mar**, Manager, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Marilyn Munoz**, Senior Staff Counsel, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-8918
Marilyn.Munoz@dof.ca.gov

**Michelle Nguyen**, *Department of Finance*
Education Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Michelle.Nguyen@dof.ca.gov

**Andy Nichols**, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Patricia Pacot**, Accountant Auditor I, *County of Colusa*
Office of Auditor-Controller, 546 Jay Street, Suite #202 , Colusa, CA 95932
Phone: (530) 458-0424
ppacot@countyofcolusa.org

**Arthur Palkowitz**, *Law Offices of Arthur M. Palkowitz*
12807 Calle de la Siena, San Diego, CA 92130
Phone: (858) 259-1055
law@artpalk.onmicrosoft.com

**Kirsten Pangilinan**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-2446
KPangilinan@sco.ca.gov

**Trevor Power**, Accounting Manager, *City of Newport Beach*
100 Civic Center Drive, Newport Beach , CA 92660
Phone: (949) 644-3085
tpower@newportbeachca.gov

**Jonathan Quan**, Associate Accountant, *County of San Diego*
Projects, Revenue, and Grants Accounting, 5530 Overland Ave, Suite 410, San Diego, CA 92123
Phone: 6198768518
Jonathan.Quan@sdcounty.ca.gov

**Roberta Raper**, Director of Finance, *City of West Sacramento*
1110 West Capitol Ave, West Sacramento, CA 95691
Phone: (916) 617-4509
robertar@cityofwestsacramento.org

**Jessica Sankus**, Senior Legislative Analyst, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jsankus@counties.org

**Cindy Sconce**, Director, *Government Consulting Partners*
5016 Brower Court, Granite Bay, CA 95746
Phone: (916) 276-8807
cindysconcegcp@gmail.com

**Carla Shelton**, Senior Legal Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Paul Steenhausen**, Principal Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, , Sacramento, CA 95814
Phone: (916) 319-8303
Paul.Steenhausen@lao.ca.gov

**Oscar Valdez**, Auditor-Controller, *County of Los Angeles*
**Claimant Contact**
Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012
Phone: (213) 974-8302
ovaldez@auditor.lacounty.gov

**Alejandra Villalobos**, Management Services Manager, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, Forth Floor, San Bernardino, CA 92415

Phone: (909) 382-3191
alejandra.villalobos@sbcountyatc.gov

**Arthur Wylene**, General Counsel, *Rural County Representatives of California (RCRC)*
1215 K Street, Suite 1650, Sacramento, CA 95814
Phone: (916) 447-4806
awylene@rcrcnet.org

**Kaily Yap**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Kaily.Yap@dof.ca.gov

**Traci Young**, IS Project Director, *City and County of San Francisco*
San Francisco Public Utilities Commission (SFPUC), 525 Golden Gate Ave, San Francisco, CA 94102
Phone: (415) 653-2583
tmyoung@sfwater.org

**Helmholst Zinser-Watkins**, Associate Governmental Program Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-7876
HZinser-watkins@sco.ca.gov

**Exhibit C**

BURHENN & GEST LLP
12401 WILSHIRE BOULEVARD
SUITE 200
LOS ANGELES, CALIFORNIA 90025
(213) 688-7715
FACSIMILE (424) 272-0094
WWW.BURHENNGEST.COM

Commission on State Mandates
Filed Date
01/08/2026

WRITER'S DIRECT NUMBER
(213) 629-8787

WRITER'S E-MAIL ADDRESS
hgest@burhenngest.com

January 8, 2026

**VIA CSM DROPBOX**

Ms. Juliana F. Gmur
Executive Director
Commission on State Mandates
980 9th Street, Suite 300
Sacramento, CA 95814

Re: **Claimant's Rebuttal to State Controller Office's Comments**:
*Child Abduction and Recovery*, 25-4237-I-05
Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
County of Los Angeles, Claimant

Dear Ms. Gmur:

Attached please find Claimant County of Los Angeles' rebuttal to the California State Controller's Office's comments on this Incorrect Reduction Claim.

Please let me know if you have any questions. Thank you.

I declare under penalty of perjury that the forgoing, signed on January 8, 2026, is true and correct to the best of my personal knowledge, information or belief.

Very truly yours,

Howard Gest
Claimant Representative
Burhenn & Gest LLP
12401 Wilshire Boulevard, Suite 200
Los Angeles, CA 90025
(213) 629-8787
Email: hgest@burhenngest.com

HDG:lr

# CLAIMANT LOS ANGELES COUNTY'S REBUTTAL TO STATE CONTROLLER'S OFFICE'S RESPONSE

## TABLE OF CONTENTS


I. INTRODUCTION ..... 1

II. THE AUDIT FOR FISCAL YEAR 2017-2018 WAS UNTIMELY ..... 2

A. The Audit was Untimely ..... 2

B. The Gavilan Decision is Inapposite ..... 3

III. THE COUNTY'S CLAIMS WERE SUPPORTED BY SOURCE DOCUMENTS THAT SHOWED THE VALIDITY OF THE CLAIMED COSTS IN ACCORDANCE WITH THE PARAMETERS AND GUIDELINES ..... 4

A. The County Submitted Source Documents Consistent with the Parameters and Guidelines ..... 4

B. The 2009 Amendment to the Parameters and Guidelines Did Not Put the County on Notice of the Controller's Office's New Requirements ..... 7

IV. THE CONTROLLER'S OFFICE'S NEW REQUIREMENTS CONSTITUTE AN UNLAWFUL UNDERGROUND REGULATION AND ITS IMPOSITION WAS A VIOLATION OF DUE PROCESS ..... 10

V. WHEN THERE IS NO DISPUTE THAT MANDATED SERVICES WERE RENDERED, IT IS ARBITRARY AND CAPRICIOUS FOR THE CONTROLLER'S OFFICE TO FIND THAT THE COUNTY IS ENTITLED TO $0.00 REIMBURSEMENT ..... 11

VI. CONCLUSION ..... 13

## CLAIMANT LOS ANGELES COUNTY'S REBUTTAL TO

## STATE CONTROLLER'S OFFICE'S RESPONSE

Claimant County of Los Angeles ("County") hereby submits its rebuttal to the State Controller's Office's ("Controller's Office") response to the County's Incorrect Reduction Claim in this matter.

## I. INTRODUCTION

This is an Incorrect Reduction Claim seeking review of the Controller's Office's disallowance in its entirety of reimbursement to the County for services mandated by the Custody of Minors-Child Abduction and Recovery Program ("Child Abduction Program") for the fiscal years (FYs) July 1, 2017, through June 30, 2021.

The Controller's Office disallowed reimbursement on the purported ground that the County did not have contemporaneous source documentation to support its claim. See State Controller's Office's Analysis and Response to the Incorrect Reduction Claim by Los Angeles County ("Controller's Office's Response"), Tab 2, Section II, page 4-5.

The Controller's Office's response lacks merit for the following reasons:

1. The Audit for FY 2017-2018 was not timely commenced. The Controller's Office's interpretation of Government Code Section 17558.5(a) is contrary to the plain meaning of the statute. The Commission must apply Government Code Section 17558.5(a) as written. Neither the Commission nor the Controller's Office can add to or modify the language of the statute.

2. As set forth in the County's Narrative Statement and below, the County did provide contemporaneous source documentation showing the validity of the costs, when they were incurred, and their relationship to the reimbursable activities.

3. Contrary to the Controller's Office's assertion, its audit did impose a new requirement without prior notice. The time records at issue here had been used and accepted by the Controller's Office without objection since 1994 (See Alarcon Dec. ¶ 9, Exhibit 1). This included eight fiscal years subsequent to the 2009 Parameters and Guidelines Amendment ("2009 Parameters and Guidelines" or "Parameters and Guidelines"). (Anema Dec., ¶ 6.)

4. The Controller's Office's new requirement constitutes an unlawful underground regulation and a violation of due process. The 2009 Parameters and Guidelines did not provide the County or other claimants notice of the new requirements.

5. There is no dispute that mandated services were rendered. There is no dispute that the County provided services to assist in the location and reunification of children subject to custody orders, services that the State required. The Controller's Office's disallowance of reimbursement for those services in their entirety is an abuse of discretion.

## II. THE AUDIT FOR FISCAL YEAR 2017-2018 WAS UNTIMELY

### A. The Audit was Untimely

The County submitted its reimbursement claim for FY 2017-2018 on January 31, 2019, which was filed stamped by the Controller's Office on February 1, 2019. (*See* Anema Dec., ¶ 7; Controller's Office's Response, Tab 4, p. 45.). The Controller's Office initiated its audit of this fiscal year on August 5, 2022. *See* Anema Dec., ¶ 8 and Ex. 1 (Letter to Arlene Barrera, dated August 5, 2022; Controller's Office's Response, Tab 4, pp.1-2).

Government Code § 17558.5(a) provides that:

> "A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller's Office no later than *three years after the date that the actual reimbursement claim is filed or last amended*, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller's Office to initiate an audit shall commence to run from the date of initial payment of the claim."

(Emphasis added.)

Here, the claim for FY 2017-2018 was filed on February 1, 2019, and the initiation of the audit for FY 2017-2018 occurred on August 5, 2022, more than three years later (Controller's Office's Response, Tab 4, pp.1-2, 45; Anema Dec., ¶ 8). The claim was not amended. Therefore, the audit for FY 2017-2018 was untimely and should be withdrawn.

In the Controller's Office's Response, however, the Controller's Office contends that its audit was timely, relying on the second sentence of Section 17558.5(a) that provides "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller's Office to initiate an audit shall commence to run from the date of initial payment of the claim." (Controller's Office's Response, Tab 2, p. 5; see also Controller's Office's Response, Tab 4, pp. 21-22 (Audit Rpt., pp.14-15).

The Controller's Office's reliance on this portion of Section 17558.5(a) lacks merit. This exception applies only "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed . . . ." Govt. Code § 17558.5(a). Here, funds *were* appropriated and payment *was* made. See Gest Dec. ¶¶ 3 and 4 and Ex. 1; Anema Dec., ¶ 7.

The Controller's Office nevertheless argues that it can rely on Section 17558.5(a)'s second sentence. In doing so, however, the Controller's Office is asking the Commission to change the wording of Government Code Section 17558.5(a). The Controller's Office is requesting the Commission to substitute the word "in" for the word "for" so that Section 17558.5(a)'s second sentence would read "if no funds are appropriated or no payment is

made to a claimant for the program *in* the fiscal year for which the claim is filed, the time for the Controller's Office to initiate an audit shall commence to run from the date of initial payment of the claim." See Controller's Office's Response, Tab 2, p.5.

In applying Govt. Code § 17558.5(a), however, the Commission must apply the plain meaning of the statute. The Commission has no authority to change the wording of the statute. As the California Supreme Court held in *Romano v. Rockwell International, Inc.* (1996) 14 Cal.4th 479:

> We interpret statutory language according to its usual and ordinary import, keeping in mind the apparent purpose of the statute. (*Dyna-Med, Inc. v. Fair Employment & Housing Com.* (1987) 43 Cal. 3d 1379, 1386-1387. When no ambiguity appears, we give statutory terms their plain meaning. (*People v. Coronado* (1995) 12 Cal. 4th 145, 151.

14 Cal.4th at 493.

Here, the plain meaning of Govt. Code § 17558.5(a) provides that the exception upon which the Controller's Office relies applies only when no funds are appropriated or no payment is made *for* the fiscal year for which the claim is filed. As discussed above, funds were appropriated and payment was made to the County for FY 2017-2018. See Gest Dec. ¶¶ 3 and 4 and Ex. 1; Anema Dec., ¶ 7. Under the plain meaning of Section 17558.5(a), therefore, the exception on which the Controller's Office relies does not apply and the audit had to be commenced within three years of the filing of the claim, i.e., by February 1, 2022.

**B. The *Gavilan* Decision is Inapposite**

In its response, the Controller's Office also cites the Commission's decision in an Incorrect Reduction Claim brought by Gavilan Joint Community College District regarding its Integrated Waste Management Program, Case No. 14-007-I-04 (September 22, 2017). (Controller's Office's Response, Tab 2, p. 5.) *Gavilan* is inapposite.

In *Gavilan*, the Commission did not address the issue presented here, the interpretation of Government Code Section 17558.5(a). In *Gavilan*, there was no dispute that Section 17558.5(a)'s second sentence was applicable. Instead, the issue in *Gavilan* was the date payment was made and the date the audit was initiated, not whether the first sentence of Section 17558.5(a) applies where there is payment or appropriation for the fiscal year at issue. (*Gavilan,* pp. 23-26; Controller's Office's Response, Tab 5, pp 24-27.)

Indeed, in contrast to the facts here, in *Gavilan*, the Controller's Office could not have commenced its audit within three years of the claim filing, as no payment was made until six years after the claim was filed. In *Gavilan,* the claim was filed on October 6, 2005, payment was not made until January 18, 2011, and the audit initiated on January 17, 2014. *Gavilan,* pp. 23-26. Thus, given the date of payment, there was no way for the audit to commence within the normal three-year period, and therefore the second sentence of section 17558.5(a) applied.

In contrast, here, the claim was filed on February 1, 2019, and payment made on August 15, 2019 (Controller's Office's Response, Tab 4, p. 45; Anema Dec. ¶ 7). The Controller's Office easily could have commenced the audit within three years of the claim filing. Thus, not only is there no statutory predicate for the Controller's Office's argument, there is also no need to apply the second sentence in Section 17558.5(a). Here, the Controller's Office had ample time to commence the audit within three years of the filing of the County's claim.

The Controller's Office requests the Commission to ignore the word "for" in the second sentence of Section 17558.5(a) and substitute in the word "in." The Commission, however, must apply the plain meaning of the statute. Section 17558.5(a) provides that an audit by the Controller's Office must be initiated "no later than three years after the date the actual reimbursement claim is filed or last amended, whichever is later." The exception to this rule applies only "if no funds are appropriated or no payment is made to the claimant for the program *for* the fiscal year for which the claim is filed . . . ." Here, it is undisputed that funds were appropriated and payment was made to the County for the fiscal year for which the claim was filed.

The Controller's Office's audit of Fiscal Year 2017-18 was untimely and should be withdrawn.

## III. THE COUNTY'S CLAIMS WERE SUPPORTED BY SOURCE DOCUMENTS THAT SHOWED THE VALIDITY OF THE CLAIMED COSTS IN ACCORDANCE WITH THE PARAMETERS AND GUIDELINES

### A. The County Submitted Source Documents Consistent with the Parameters and Guidelines

As described in the County's Narrative Statement, the County submitted time studies (employee time sheets), salary and benefits information, and an indirect cost calculation in support of the costs incurred for each fiscal year. (See generally, Incorrect Reduction Claim Form, Section 6, Narrative Statement, pp. 11-15. See also Incorrect Reduction Form, Section 7, Alarcon Dec., ¶ 11, Ex. 3; Incorrect Reduction Claim Form, Section 10 (Reimbursement Claims).)

The Controller's Office does not dispute that mandated activities were performed and that it received these documents and this information. Instead, the Controller's Office's sole contention is that "[d]escriptions of the mandated activities . . . are not provided." See Controller's Office's Response, Tab 2, pp. 6, 7. This assertion lacks merit. The employee time sheets did provide descriptions of the mandated activities as set forth in the Parameters and Guidelines.

Section V.B of the Parameters and Guidelines sets forth the Reimbursable Activities.[1] As is pertinent here, Section V.B.1 provides as a reimbursable activity:

[1] The Controller's Office's Response references Section IV (Tab 2, page 6), but this appears to be a typographical error. Section V.B sets forth the reimbursable activities.

> "Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders . . . ."

Section V.B.2.b(4) provides as a reimbursable activity:

> "Return of an illegally obtained or concealed child(ren) to the legal custodian or agency."

The County's employee time sheets specifically articulate these activities. Each time sheet lists activities by reference to the Family or Penal Code. Each time sheet includes a specific instruction that:

(1) "[a]ctivity performed under [Family Code Sections 3130-3133] *involving enforcement of custody orders* should be indicated in this category," and

(2) "[a]ctivities performed under [Penal Code Sections 277, 278 and 278.5] *in the return of an illegally concealed child* should be indicated in this category."

Alarcon Dec., ¶ 8 and Ex.1, p.2 (emphasis added).

Thus, the employee time sheets did use descriptions of their activities, using language almost identical to the Parameters and Guidelines: "Obtaining compliance with court orders . . . and the enforcement of child custody or visitation orders (Parameters and Guidelines); "enforcement of custody orders" (employee time sheet);"return of an illegally obtained or concealed child(ren)" (Parameters and Guidelines); "return of an illegally concealed child" (employee time sheet).

The Controller's Office's Response describes this as merely referencing Family or Penal Codes (Controller's Office's Response, Tab 2, p. 6). The Controller's Office asserts that "Nowhere else on the form does it list what the 'activity' or 'activities' are . . ." (Controller's Office's Response, Tab 2, p. 7).

As set forth above, that is not accurate. Given the instructions to the employees, the references to the Family and Penal Codes were just shorthand for referring to "obtaining compliance with court orders," including "enforcement of child custody . . . orders," and "return of an illegally concealed child" as set forth in Sections V.B.1 and 2.b(4) of Parameters and Guidelines. See Alarcon Dec. ¶ 8 and Ex. 1. If the front of the time sheet had said "enforcement of custody orders" and "return of an illegally concealed child" instead of referring to these activities by their Family and Penal Code sections, it would still have been describing the same activity. The time sheets were not just a reference to Code sections but descriptions of these two reimbursable activities, using the same language as set forth in Parameters and Guidelines Sections V.B.1 and V.B.2.b(4).

The Controller's Office's objection in fact appears to be that the County did not further break down those activities into sub-activities or, as the County previously referred

to in its Narrative Statement, subcategories. The Controller's Office does not state what additional information it believes was necessary, but it apparently argues that costs incurred in other activities set forth in Section IV.B of the Parameters and Guidelines should have been referenced.

However, there is nothing in the Parameters and Guidelines that required the County to break down its timesheets into these additional sub-activities. Section V.B.1 describes reimbursable activities as "Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, *including*: . . . ." (Emphasis added.) The use of the word "including" indicates that the activities that follow are included as reimbursable, but does not imply that the source documents cannot use "enforcement of child custody orders." The same is true for Section V.B.2.b(4).

In short, there is nothing in the Parameters and Guidelines that indicates that the County was required to identify the mandated activities other than what is set forth in the Parameters and Guidelines themselves, i.e., "obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders" and "return of illegally obtained or concealed child(ren) to the legal custodian or agency," both of which are set forth on the County's time sheets in the instructions to each employee and reference to the appropriate Family or Penal code. There is nothing in the State Controller's Mandated Costs Manual For Local Agencies that states that the County was required to break down its time into further sub-activities. The County's time sheets were source documents created at or near the time the costs were incurred that showed the validity of the costs, when they were incurred, and the costs' relationship to the reimbursable activities.

Finally, the Controller's Response asserts that the County's claim forms sought reimbursement only for compliance with court orders and not for the return of illegally concealed children to their legal custodian (Controller's Offices' Response, Tab 2, p.6). This is incorrect.

Each claim submission contained both Form 1 and Form 2. The County submitted two separate Form 2s, one that referenced Family Code Sections 3130 through 3133, and one that referenced Penal Code Sections 277, 278 and 278.5. See Controller's Office's Response, Tab 4, pp. 48-49, 53-54, 58-59 and 63-64.

As discussed above, Family Code Sections 3130 through 3133 refer to compliance with and enforcement of court orders and Penal Code Sections 277, 278, and 278.5 refer to return of illegally concealed children. Thus, the County's claim forms did refer to both activities. These two were then combined on Form 1 under Compliance with Court Orders, but both activities were included in the County's claim. See Controller's Office's Response, Tab 4, pp. 48-49, 53-54, 58-59 and 63-64.

In sum, here:

1. Every hour claimed by the County is supported by a time sheet.

2. Each timesheet was completed by either the Deputy District Attorney, paralegal, investigator, or clerk him or herself or by an authorized proxy.

3. Each time sheet was prepared at or near the time of the activity.

4. Each time sheet was certified by the employee as true and accurate.

5. Each time sheet was certified by a supervisor as true and correct.

6. Each time sheet set forth the mandated activity by using the same or almost the same language as the Parameters and Guidelines, i.e. "Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders" and "Return of an illegally obtained or concealed child(ren)" (Parameters and Guidelines Section V.B.1 and V.B.2.b.(4), and instructing each attorney, paralegal or investigator to include the time for these activities under the appropriate Family or Penal Code reference. (Alarcon Dec. ¶¶ 8 and 9.) These time sheets were contemporaneous source documents consistent with the Parameters and Guidelines.

### B. The 2009 Amendment to the Parameters and Guidelines Did Not Put the County on Notice of the Controller's Office's New Requirements

The Controller's Office's Response asserts that, in its audit, it was not requiring the County's source documents to further break down the reimbursable activities of obtaining compliance with court orders and returning illegally obtained or concealed children into sub-activities or, as the County referred to them in its Narrative Statement, subcategories (Controller's Office's Response, Tab 2, p. 7).

The Controller's Office, however, never articulates what additional description of the mandated activities it believed necessary to meet its requirements. The Parameters and Guidelines list as reimbursable activities "[o]btaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders" and "[r]eturn of an illegally obtained or concealed child(ren) to the legal custodian or agency." Parameters and Guidelines Sections V.B.1 and V.B.2.b(4). The County's time sheets described those activities using that language.

Clearly, if the Controller's Office was not requiring a further breakdown of those activities into sub-activities or subcategories, it was nevertheless requiring information or descriptions that it did not previously require. The County had been using the same time sheets and submitting the same claim information since 1994 (Alarcon Dec., ¶ 9 and Ex. 1). The County received reimbursement based on those time sheets and claim information for at least 16 previous years, including eight fiscal years after the 2009 Parameters and Guidelines Amendment (Anema Dec., ¶ 6). No claim was rejected, in whole or part, until the August, 2022 audit.

Although the Controller's Office's Response does not indicate what additional information was required, the Controller's Response appears to argue that additional

description was required by the 2009 Amendment to the Parameters and Guidelines. (Controller's Office's Response, Tab 2, p. 8.) This argument lacks merit.

The 2009 Amendment to the Parameters and Guidelines was adopted to include boilerplate language regarding the need for source documentation and retention of records. See Final Staff Analysis, Proposed Amendment to Parameters and Guidelines, Custody of Minors-Child Abduction and Recovery (October 30, 2009 Hearing). As set forth in the County's Narrative Statement (IRC Claim Form, Section 6, pp. 18-20), nowhere in the 2009 Amended Parameters and Guidelines does it specify that time sheets must reflect the subcategories or other information required by the Controller's Office in the audit.

Instead, the amendment provided that claimed costs must be "supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities." Parameters and Guidelines, Section V. The County's time sheets did that at the time of the amendment and did that here: As discussed above, they show the validity of the costs, when they were incurred, and their relationship to reimbursable activities by breaking down each employee's daily activities by citation to the appropriate mandate, i.e., obtaining compliance with court orders and returning illegally concealed children, as well as non-claimable costs. Nowhere in the 2009 Amendment does it state that citation to the mandated activities in this manner is insufficient.

Second, neither the Final Staff Analysis on the proposed 2009 amendment, nor the Commission's Hearing Minutes themselves, gave notice of any such additional requirement. Instead, the matter was presented to the regulated community and the Commission as simply adding "boilerplate language." The Staff Analysis said the purpose of the amendment was to include the same "boilerplate language" in the Parameters and Guidelines that had otherwise been included in other Parameters and Guidelines since 2003. The Staff Analysis did not say that it was adding any requirement specific to Child Custody support documentation or that other information such as subcategories of activities had to be referenced in that documentation. Final Staff Analysis, Proposed Amendment to Parameters and Guidelines, pp. 1-2, October 30, 2009 Hearing.

Indeed, this same "boilerplate language" was also being added to 48 other programs. And, significantly, no change was being made to the description of Reimbursable Activities. The matter was put on the consent calendar for the October 30, 2009, hearing along with another set of Parameters and Guidelines and was simply referenced as "update boilerplate language: Child Abduction and Recovery." Minutes, Commission on State Mandates, October 30, 2009. The language of Sections V.B.1 and V.B.2.b(4) was identical before and after the amendment.

Thus, the regulated community received no notice that any substantive change was being made to the Reimbursable Activities section of the Parameters and Guidelines or the manner in which they could be described, including the description of those activities as enforcement of custody orders or the return of an illegally concealed child. The amendment language itself referenced only that actual costs may be claimed, and

those costs must be supported by "source documents that show the validity of such costs, when they were incurred, and the relationship to the reimbursable activities." 2009 Amended Parameters and Guidelines, Section V. Nothing indicated that source documentation could not use language similar to the Parameters and Guidelines to describe the mandated activities. Instead, the regulated community was advised only that "boilerplate language" was being inserted.

The Controller's Office's Response contends that the County and other claimants were given notice by the State Controller's Office's Mandated Cost Manual (Controller's Response, Tab 2, p. 9). To the contrary, that manual evidences the fact that the 2009 Amendment did not prevent claimants from using language similar to that of the Parameters and Guidelines to describe the mandated activities.

Section 9(a) of that manual addresses actual time reporting. It provides in pertinent part that:

"Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:

(1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee.

(2) Account for the total activity for which each employee is compensated.

(3) Be prepared at least monthly and must coincide with one or more pay periods.

(4) Be signed by the employee."

Mandated Cost Manual for Local Agencies, p.15.

That is the case here. Each employee time sheet reflects an after-the-fact (contemporaneous) distribution of the employee's actual activity, accounts for each employee's total activity, is prepared monthly and coincides with one or more pay periods, and is signed by the employee, as well as his or her supervisor. See Alarcon Dec., Exs. 1 and 3.

The Mandated Cost Manual does not state that the claimant's time records cannot use language similar to the Parameters and Guidelines to describe the mandated activities. Nor does the manual state that a claimant must break down reimbursable activities into subcategories or provide whatever additional information the Controller's Office sought in the audit. The fact that it does not is evidence that the 2009 Amendment to the Parameters and Guidelines, the boilerplate language that was added, did not specify this requirement. If it did, the Mandated Cost Manual would have so specified.

## IV. THE CONTROLLER'S OFFICE'S NEW REQUIREMENTS CONSTITUTE AN UNLAWFUL UNDERGROUND REGULATION AND ITS IMPOSITION WAS A VIOLATION OF DUE PROCESS

As set forth in the County's Narrative Statement (IRC Form Section 6, pp. 16-18), the Controller's Office's imposition of new requirements with respect to the required content of the County's time records without notice or warning constitutes an underground regulation. As such, the imposition is unlawful.

As noted, the time records at issue here have been used and accepted by the Controller's Office without objection since 1994, the date of their last revision (See Alarcon Dec., ¶ 9 and Ex. 1; *see also* Anema Dec., ¶ 6). Prior to the audit, the Controller's Office never advised the County that its time records were insufficient. Instead, each year the County submitted claims and each year the claims were paid. See Anema Dec., ¶ 6. It was not until 2022, after the audit was initiated, that the Controller's Office advised the County that it now required the County's time sheets to include subcategories of activities or other additional information. This was more than one year after the last fiscal year at issue, at a time when it was impossible for the County to go back and revise the time sheets for the fiscal years at issue. No public notice of the adoption of this policy had ever been given; no text of a regulation to this effect had ever been issued.

The Controller, having accepted these time sheets for years prior to the audit periods at issue here, cannot without notice or warning choose to reverse its decision and find that the records are insufficient. To do so is an unlawful "underground regulation." *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 805; *Modesto City Schools v. Education Audits Appeal Panel* (2004) 123 Cal.App.4th 1365, 1381; *California Advocates for Nursing Home Reform v. Bontá* (2003) 106 Cal.App.4th 498, 506-507.

The Controller's Office's Response is that it "has no 'policy' of requiring time sheets to include subcategories . . . ." (Controller's Office's Response, Tab 2, p.8.) The Controller's Office clearly, however, is requiring additional information than previously required and, whatever those requirements, they are a policy that is being applied generally. Since November 2022, the Controller's Office has conducted 11 audits of county district attorney child custody claims throughout the state. In each, the Controller's Office has disallowed claims purporting to apply the contemporaneous source documentation rule at issue here. *See* Gest Dec., ¶ 7 and Ex. 2 (attaching five of these audits). This is evidence that the Controller's Office has a new policy that it is applying generally, statewide.

The Controller's Office's Response also contends that the 2009 Amendment to the Parameters and Guidelines and its Mandated Cost Manual gave sufficient notice of the Controller's Office's new policy. As set forth above, however, neither the 2009 Amendment nor the Mandated Cost Manual gave such notice.

The Controller's Office's imposition of these new requirements without notice is also a violation of due process. As the Commission said in *In re Incorrect Reduction Claim* Los Angeles Regional Water Quality Board Order No. 01-82 Case No. 20-0304-I-

07, *Municipal Stormwater and Urban Runoff Discharges,* (City of Lakewood, Claimant) (July 22, 2022), "due process requires reasonable notice of any substantive change affecting the substantive rights and liabilities of the parties." *Id* at 28 (emphasis added), citing *In re Cindy B.* (1987) 192 Cal.Ap.3d 771, 783-784.

The State Controller's Response contends that the decision in *City of Lakewood* is not applicable because the fiscal years at issue were prior to the time applicable Parameters and Guidelines were adopted (State Controller's Office's Response, Tab 2 at 8.) The principle that due process requires reasonable notice of any substantive change affecting the substantive rights and liabilities of a party, however, is applicable. *City of Lakewood* is cited for that principle, not the particular facts of the case.

As set forth above, no notice of the State Controller's Office's new requirements was ever given to the County prior to the audit. Neither the 2009 Amendment to the Parameters and Guidelines nor the State Controller's Office's Mandated Cost Manual gave such notice. This was not only an underground regulation, but also a violation of due process.

## V. WHEN THERE IS NO DISPUTE THAT MANDATED SERVICES WERE RENDERED, IT IS ARBITRARY AND CAPRICIOUS FOR THE CONTROLLER'S OFFICE TO FIND THAT THE COUNTY IS ENTITLED TO $0.00 REIMBURSEMENT

There is no dispute that mandated services were rendered. During the audit periods, the Los Angeles County District Attorney's Office filed 141 cases and declined 244 more. The Office also handled 112 Hague cases submitted to it from the California Attorney General's Office. Its investigators in its Child Abduction Unit opened an additional approximately 535 civil recovery order cases. The District Attorney's Office and its investigators expended approximately 67,328 hours. These efforts resulted in the recovery or reunification of over 300 minors from throughout the country. *See* Alarcon Declaration, ¶ 7. [2]

The Controller's office does not dispute these facts. The Controller Office's audit adjustment was based on a purported lack of contemporaneous source documents, not on a finding that mandated activities had not been rendered (Controller's Response, Tab 2, pp. 4-5). As set forth above, the County disagrees with that conclusion. Its time sheets were formatted in accordance with Parameters and Guidelines Sections V.B.1 and V.B.2.b(4).

Nevertheless, even if the County's time sheets were not in compliance with the Parameters and Guidelines, it was arbitrary and capricious for the Controller's Office to find that the County was entitled to zero reimbursement, as there was no dispute that mandated services had been rendered. If the County's time sheets were not adequate

[2] These statistics are collected on a calendar, as opposed to fiscal, year basis.

source documents, then reimbursement should have been provided based on a reasonable estimate of the costs of services rendered.

In *In Re Incorrect Reduction Claim on Education Code §§ 44660-44665, etc.*, Case No. 14-9825-I-01 ("The Stull Act"), the Oceanside School District filed a claim seeking reimbursement of $1,270,420 in direct and indirect costs incurred in performing school personnel evaluations pursuant to Education Code §§ 44660-44665, as amended. The Controller's Office reduced the claim to $0 on the grounds that Oceanside's documentation did not identify employees evaluated during the audit period. *Id.* at 1-2, 18. Specifically, the Controller's Office found that Oceanside had not supported its claim with contemporaneous source documents identifying the number of evaluated employees. *Id.* at 9, 18.

After the audit, Oceanside provided documentation showing that 1,698 employees had been evaluated. The Controller's Office found that of the 1,698 employees, 1,149 evaluations fell under the mandate and offered to approve reimbursement in the amount of $35,967. *Id.* at 2.

The Commission found that Oceanside should be reimbursed the $35,967. *Id.* at 2. The Commission held that, where there is no dispute that mandated activities occurred, it was arbitrary and capricious to reduce reimbursement to $0. *Id.* at 19-20. The Commission held, "the Controller's reduction of costs to $0 is arbitrary, capricious or entirely lacking in evidentiary support." *Id.* at 24.[3]

In its response, the State Controller's Office cites the Commission's decision in the Incorrect Reduction Claim relating to the *Stull Act* for the Carlsbad Unified School District, Case No. 14-9825-I-02. (Controller's Office's Response, Tab 2, pp. 9-10.) In that decision, Carlsbad also had failed to submit contemporaneous source documents. (The applicable Parameters and Guidelines required contemporaneous source documents using the same language at issue here. See Adoption of Parameters and Guidelines, the Stull Act, Case No. 98-TC-25, Denair Unified School District (September 27, 2005), Section IV.)

The Controller's Office's Response cites *Carlsbad* for the proposition that it could reduce the entire claim to zero. However, in *Carlsbad*, the Controller's Office in fact did not reduce the claim to zero, but awarded reimbursement in reliance on a post-audit time study performed on a fiscal year subsequent to the audit period, although the Controller's Office disallowed certain aspects of the study. *Id*. at 7 ("The Controller accepted and applied that time study to the audit period, but as explained below, determined that the scope of the time study included unallowable activities and costs.") This Commission affirmed the Controller's action. *Id.* at 26. Thus, in *Carlsbad*, where there was no dispute that mandated activities had occurred, both the Controller's Office and this Commission did not reduce the reimbursement to zero, but provided reimbursement based on a

[3] The Commission then went on to find that the Controller's Office's offer to allow reimbursement at 30 minutes per employee evaluated was supported by the record and was not arbitrary, capricious or entirely lacking in evidentiary support. *Id.* at 24.

reasonable estimate of the cost of the services rendered, even though the Parameters and Guidelines required contemporaneous source documents and no such documents had been provided.

The Controller's Office's Response next contends that the Oceanside decision arose at a time when the Parameters and Guidelines did not explicitly require contemporaneous source documents. (Controller's Office Response, Tab 2, p.10). This distinction, however, is not relevant. As noted above, in *Carlsbad*, the Parameters and Guidelines did require contemporaneous source documentation, but the Controller's Office nevertheless approved reimbursement based on post-audit, non-contemporaneous source documentation. (Controller's Office's Response, Tab 7, p. 8. (page 7 of the decision).) The Commission in *Carlsbad* approved the Controller's Office actions in that case. (Controller's Office's Response, Tab 7, pp. 8, 18, 27 (pages 7, 17 and 26 of the decision).)

Finally, the Controller's Office contends that attempting to use post-audit period data to support costs would be contradictory to the documentation requirements in the Parameters and Guidelines (Controller's Office's Response, Tab 2, p.11). However, that is exactly what the Controller's Office did in *Carlsbad.* In that case, the Controller's Office used post-audit time studies to provide reimbursement for audit periods, even though the Parameters and Guidelines required contemporaneous source documents. (Controller's Office's Response, Tab 7, pp.8 and 18 (pages 7 and 17 of the decision.))

It is abuse of discretion for the Controller's Office to approve reimbursement in some cases, but not others, when there is no dispute that mandated services had been rendered. As discussed in the County's Narrative Statement (IRC Form, Section 6, p. 24) and above, there have been at least three decisions where reimbursement was granted, but no contemporaneous source documents were present. In two of those cases, *Carlsbad* and *In Re Incorrect Reduction Claim on Family Code Sections 3060-3064, etc.* (Santa Clara), the Controller's Office used post-audit period studies and documentation to award reimbursement, and the Commission affirmed those awards. It would be arbitrary and capricious, and an abuse of discretion, to provide reimbursement for some claims where there is no dispute that services were rendered but deny it for others.

Although the County does not agree that its time sheets and other audit period documentation are inadequate, if the Commission finds that they are, the County has provided an alternative means to determine the reasonable costs incurred. See County's Narrative Statement (IRC Form, Section 6, pp. 23-25). The Commission should order the Controller's Office to award those costs for the audit periods.

## VI. CONCLUSION

For the foregoing reasons and the reasons set forth in the County's Narrative Statement, this Incorrect Reduction Claim should be granted. The Commission should find that the audit for FY 2017-2018 should be withdrawn as untimely and that the County is entitled to its claimed costs as submitted with respect to each of the Fiscal Years at issue.

In the alternative, should the Commission find that the County's documentation was inadequate (which the County disputes), then the Commission should find that the audit for FY 2017-2018 should be withdrawn and that the County is entitled to at least $1,567,429.62 for each of the subsequent Fiscal Years at issue.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my personal knowledge, information, or belief.

Howard Gest
Claimant's Representative
Burhenn & Gest LLP
12401 Wilshire Boulevard, Suite 200
Los Angeles, CA 90025
(213) 629-8787
Email: hgest@burhenngest.com

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

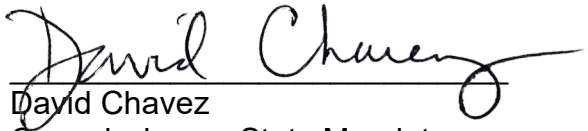
On January 9, 2026, I served the:

- **Current Mailing List dated December 19, 2026**
- **Claimant's Rebuttal Comments filed January 8, 2026**

  *Child Abduction and Recovery,* 25-4237-I-05
  Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421;
  Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
  Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
  County of Los Angeles, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on January 9, 2026 at Sacramento, California.



David Chavez
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 12/19/25

**Claim Number:** 25-4237-I-05

**Matter:** Child Abduction and Recovery

**Claimant:** County of Los Angeles

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Adaoha Agu**, *County of San Diego Auditor & Controller Department*
Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123
Phone: (858) 694-2129
Adaoha.Agu@sdcounty.ca.gov

**Rachelle Anema**, Assistant Auditor-Controller, *County of Los Angeles*
Accounting Division, 500 W. Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8321
RANEMA@auditor.lacounty.gov

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**David Bass**, Vice Mayor, *CIty of Rocklin*
3970 Rocklin Road, Rocklin, CA 95677
Phone: (916) 663-8504
David.Bass@rocklin.ca.us

**Ginni Bella Navarre**, Deputy Legislative Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8342
Ginni.Bella@lao.ca.gov

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Rica Mae Cabigas**, Chief Accountant, *Auditor-Controller*
Accounting Division, 500 West Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8309
rcabigas@auditor.lacounty.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Julissa Ceja Cardenas**, *California State Association of Counties*
1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jcejacardenas@counties.org

**Ali Chemkhi**, Senior Supervising Accountant/Auditor, *County of San Bernardino*
Office of Auditor-Controller, 268 West Hospitality Lane, Fourth Floor, San Bernardino, CA 92415-0018
Phone: (909) 382-7035
ali.chemkhi@sbcountyatc.gov

**Annette Chinn**, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Adam Cripps**, Interim Finance Manager, *Town of Apple Valley*
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: (760) 240-7000
acripps@applevalley.org

**Thomas Deak**, Senior Deputy, *County of San Diego*
Office of County Counsel, 1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-4810
Thomas.Deak@sdcounty.ca.gov

**Tim Flanagan**, Office Coordinator, *County of Solano*
Register of Voters, 678 Texas Street, Suite 2600, Fairfield, CA 94533
Phone: (707) 784-3359
Elections@solanocounty.com

**Howard Gest**, *Burhenn & Gest,LLP*
**Claimant Representative**
12401 Wilshire Blvd, Suite 200, Los Angeles, CA 90025
Phone: (213) 629-8787
hgest@burhenngest.com

**Juliana Gmur**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
juliana.gmur@csm.ca.gov

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Ken Howell**, Senior Management Auditor, *State Controller's Office*
Audits, Compliance Audits Bureau, 3301 C Street, Suite 725A, Sacramento, CA 95816
Phone: (916) 323-2368
KHowell@sco.ca.gov

**Chuck Hughes**, Special Assistant District Attorney, *County of Ventura*
Office of the District Attorney, 800 South Victoria Avenue, Suite 300, Ventura, CA 93009
Phone: (805) 477-1635
Chuck.Hughes@venturacounty.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Emma Jungwirth**, Senior Legislative Advocate, *California State Association of Counties (CSAC)*
1100 K Street, Ste 101, Sacramento, CA 95814
Phone: (916) 650-8115
ejungwirth@counties.org

**Anne Kato**, Acting Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-9891
akato@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Eric Lawyer**, Legislative Advocate, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814

Phone: (916) 650-8112
elawyer@counties.org

**Kim-Anh Le**, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

**Fernando Lemus**, Principal Accountant - Auditor, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
flemus@auditor.lacounty.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Kenneth Louie**, Chief Counsel , *Department of Finance*
1021 O. Street, Suite 3110, Sacramento, CA 95814
Phone: (916) 322-0971
Kenny.Louie@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Darryl Mar**, Manager, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Marilyn Munoz**, Senior Staff Counsel, *Department of Finance*
915 L Street, Sacramento, CA 95814
Phone: (916) 445-8918
Marilyn.Munoz@dof.ca.gov

**Michelle Nguyen**, *Department of Finance*
Education Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
Michelle.Nguyen@dof.ca.gov

**Andy Nichols**, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Patricia Pacot**, Accountant Auditor I, *County of Colusa*
Office of Auditor-Controller, 546 Jay Street, Suite #202 , Colusa, CA 95932
Phone: (530) 458-0424
ppacot@countyofcolusa.org

**Arthur Palkowitz**, *Law Offices of Arthur M. Palkowitz*
12807 Calle de la Siena, San Diego, CA 92130
Phone: (858) 259-1055
law@artpalk.onmicrosoft.com

**Kirsten Pangilinan**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-2446
KPangilinan@sco.ca.gov

**Trevor Power**, Accounting Manager, *City of Newport Beach*
100 Civic Center Drive, Newport Beach , CA 92660
Phone: (949) 644-3085
tpower@newportbeachca.gov

**Jonathan Quan**, Associate Accountant, *County of San Diego*
Projects, Revenue, and Grants Accounting, 5530 Overland Ave, Suite 410, San Diego, CA 92123
Phone: 6198768518
Jonathan.Quan@sdcounty.ca.gov

**Roberta Raper**, Director of Finance, *City of West Sacramento*
1110 West Capitol Ave, West Sacramento, CA 95691
Phone: (916) 617-4509
robertar@cityofwestsacramento.org

**Chad Rinde**, Director of Finance, *County of Sacramento*
700 H Street, Room 3650, Sacramento, CA 95814
Phone: (916) 874-7248
RindeC@SacCounty.gov

**Jessica Sankus**, Senior Legislative Analyst, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jsankus@counties.org

**Cindy Sconce**, Director, *Government Consulting Partners*
5016 Brower Court, Granite Bay, CA 95746
Phone: (916) 276-8807
cindysconcegcp@gmail.com

**Carla Shelton**, Senior Legal Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Paul Steenhausen**, Principal Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, , Sacramento, CA 95814
Phone: (916) 319-8303
Paul.Steenhausen@lao.ca.gov

**Oscar Valdez**, Auditor-Controller, *County of Los Angeles*
**Claimant Contact**
Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012

Phone: (213) 974-8302
ovaldez@auditor.lacounty.gov

**Alejandra Villalobos**, Management Services Manager, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, Forth Floor, San Bernardino, CA 92415
Phone: (909) 382-3191
alejandra.villalobos@sbcountyatc.gov

**Arthur Wylene**, General Counsel, *Rural County Representatives of California (RCRC)*
1215 K Street, Suite 1650, Sacramento, CA 95814
Phone: (916) 447-4806
awylene@rcrcnet.org

**Kaily Yap**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Kaily.Yap@dof.ca.gov

**Traci Young**, IS Project Director, *City and County of San Francisco*
San Francisco Public Utilities Commission (SFPUC), 525 Golden Gate Ave, San Francisco, CA 94102
Phone: (415) 653-2583
tmyoung@sfwater.org

**Helmholst Zinser-Watkins**, Associate Governmental Program Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-7876
HZinser-watkins@sco.ca.gov

STATE of CALIFORNIA
COMMISSION ON STATE MANDATES

April 23, 2026

**Exhibit D**

Mr. Howard Gest
Burhenn & Gest LLP
12401 Wilshire Blvd.,
Suite 200
Los Angeles, CA 90025

Ms. Anne Kato
State Controller's Office
Local Government Programs and Services Division
3301 C Street, Suite 740
Sacramento, CA 95816

*And Parties, Interested Parties, and Interested Persons (See Mailing List)*

**Re: Draft Proposed Decision, Schedule for Comments, and Notice of Hearing**
*Child Abduction and Recovery,* 25-4237-I-05
Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
County of Los Angeles, Claimant

Dear Mr. Gest and Ms. Kato:

The Draft Proposed Decision for the above-captioned matter is enclosed for your review and comment.

**Written Comments**

Written comments may be filed on the Draft Proposed Decision **by May 14, 2026**. Please note that all representations of fact submitted to the Commission must be signed under penalty of perjury by persons who are authorized and competent to do so and must be based upon the declarant's personal knowledge, information, or belief. (Cal. Code Regs., tit. 2, § 1187.5.) Hearsay evidence may be used for the purpose of supplementing or explaining other evidence but shall not be sufficient in itself to support a finding unless it would be admissible over an objection in civil actions. (Cal. Code Regs., tit. 2, § 1187.5.) The Commission's ultimate findings of fact must be supported by substantial evidence in the record.[1]

You are advised that comments filed with the Commission are required to be electronically filed (e-filed) in an unlocked legible and searchable PDF file, using the Commission's Dropbox. (Cal. Code Regs., tit. 2, § 1181.3(f).) Refer to https://www.csm.ca.gov/dropbox.shtml on the Commission's website for electronic filing instructions. If e-filing would cause the filer undue hardship or significant prejudice,

[1] Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

filing may occur by first class mail, overnight delivery or personal service only upon approval of a request to the executive director. (Cal. Code Regs., tit. 2, § 1181.3(j).)

If you would like to request an extension of time to file comments, please refer to section 1187.9(a) of the Commission's regulations.

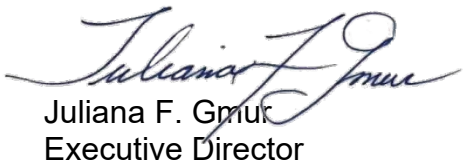
**Hearing**

This matter is set for hearing on **Friday, August 14, 2026**, at 10:00 a.m. The Proposed Decision will be issued on or about July 31, 2026.

If you plan to address the Commission on this item, please notify the Commission Office not later than noon on the Tuesday prior to the hearing, **August 11, 2026**. Please also include the names of the people who will be speaking for inclusion on the witness list and the names and emails addresses of the people who will be speaking both in person and remotely to receive a hearing panelist link in Zoom. When calling or emailing, please identify the item you want to testify on and the entity you represent. The Commission Chairperson reserves the right to impose time limits on presentations as may be necessary to complete the agenda.

If you would like to request postponement of the hearing, please refer to section 1187.9(b) of the Commission's regulations.

Very truly yours,



Juliana F. Gmur
Executive Director

Hearing Date: August 14, 2026

# ITEM ___

# INCORRECT REDUCTION CLAIM

# DRAFT PROPOSED DECISION

Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421

Penal Code Sections 277, 278, and 278.5

Welfare and Institutions Code Section 11478.5

Statutes of 1979, Chapter 1399; Statutes of 1983, Chapter 990;
Statutes of 1992, Chapter 162; Statutes of 1996, Chapter 988

*Custody of Minors – Child Abduction and Recovery Program*

Fiscal Years 2017-2018, 2018-2019, 2019-2020, and 2020-2021

25-4237-I-05

County of Los Angeles, Claimant

---

## EXECUTIVE SUMMARY

### Overview

This Incorrect Reduction Claim (IRC) addresses reductions made by the State Controller's Office (Controller) to costs claimed by the County of Los Angeles' (claimant's) District Attorney's Office during fiscal years 2017-2018 through 2020-2021 (audit period) for costs incurred to implement the *Custody of Minors —Child Abduction and Recovery* (CAR) program. CAR is a state mandated program originally approved by the Board of Control in 1979, which requires district attorneys' offices to "actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions.[1]

During the audit period, the claimant claimed $10,292,232 for costs of the mandated program, consisting of $7,436,663 in salaries and benefits direct costs and $2,855,569 in indirect costs.[2] The State Controller's Office (Controller) found all of these costs unallowable and reduced the claim to $0, primarily because it determined that "the county did not provide contemporaneous source documentation to support the

---

[1] Exhibit A, Incorrect Reduction Claim, page 1046 (2009 Amendment to Parameters and Guidelines, section II.).

[2] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

mandated functions performed or the actual number of hours devoted to each function" and because costs related to "good cause" cases under Penal Code section 278.7 are not reimbursable.[3]

Staff recommends that the Commission on State Mandates (Commission) approve this IRC.

## Procedural History

The claimant filed the IRC on July 25, 2025.[4] The Controller filed comments on the IRC on December 9, 2025.[5] The claimant filed rebuttal comments on January 8, 2026.[6] Commission staff issued the Draft Proposed Decision on April 23, 2026.[7]

## Commission Responsibilities

Government Code section 17561(d) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state-mandated costs if the Controller determines that the claim is excessive or unreasonable.

Government Code section 17551(d) requires the Commission to hear and decide a claim that the Controller has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.9 of the Commission's regulations requires the Commission to send the decision to the Controller and request that the costs in the claim be reinstated.

The Commission must review questions of law, including interpretation of Parameters and Guidelines, de novo, without consideration of legal conclusions made by the Controller in the context of an audit. The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6 of the California Constitution.[8] The Commission must also interpret the Government Code and implementing regulations in accordance with the broader constitution and statutory scheme. In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an

---

[3] Exhibit A, Incorrect Reduction Claim, pages 19-20, 25-26 (Written Narrative); 1098-1099, and 1110 (Final Audit Report). The Controller did not respond to the claimant's objections to the findings regarding "good cause" cases in its comments on the Incorrect Reduction Claim.

[4] Exhibit A, Incorrect Reduction Claim.

[5] Exhibit B, Controller's Comments on the Incorrect Reduction Claim.

[6] Exhibit C, Claimant's Rebuttal Comments.

[7] Exhibit D, Draft Proposed Decision.

[8] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

"equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[9]

With regard to the Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely lacking in evidentiary support. This standard is similar to the standard used by the courts when reviewing an alleged abuse of discretion of a state agency.[10]

The Commission must also review the Controller's audit in light of the fact that the initial burden of providing evidence for a claim of reimbursement lies with the claimant.[11] In addition, section 1185.1(f)(3) and 1185.2(d) and (e) of the Commission's regulations requires that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Commission's ultimate findings of fact must be supported by substantial evidence in the record.[12]

**Claims**

The following chart provides a brief summary of the claims and issues raised and staff's recommendation.

| Issue | Description | Staff Recommendation |
|---|---|---|
| Did the claimant timely file this IRC? | Government Code section 17558.7(a) states "If the Controller reduces a claim approved by the commission, the claimant may file with the commission an incorrect reduction claim pursuant to regulations adopted by the commission." Section 1185.1(c) of the Commission's regulations requires an IRC to be filed | *Yes, the IRC was timely filed.*<br>The Controller issued the final audit report on May 2, 2024.[13] The audit report specifies the claim components and amounts adjusted, as well as the reasons for the adjustments, and therefore complies with the section 17558.5(c) notice |

[9] *County of Sonoma v. Commission on State Mandates* (2000), 84 Cal.App.4th 1264, 1281, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

[10] *Johnston v. Sonoma County Agricultural Preservation and Open Space District* (2002) 100 Cal.App.4th 973, 983-984; *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547.

[11] *Gilbert v. City of Sunnyvale* (2005) 130 Cal.App.4th 1264, 1274-1275.

[12] Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

[13] Exhibit A, Incorrect Reduction Claim, page 1090 (Final Audit Report).

| Issue | Description | Staff Recommendation |
|---|---|---|
| | no later than three years after the date the claimant receives a final state audit report, letter, or other written notice of adjustment to a reimbursement claim, which complies with Government Code section 17558.5(c). Under Government Code section 17558.5(c), the Controller is required to notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a reimbursement claim resulting from an audit or review. The notice must specify which claim components were adjusted and in what amount, as well as interest charges, and the reason for the adjustment. | requirements.[14] The IRC was filed on July 25, 2025.[15] This is within three years of issuing the final audit report, and is therefore timely. |
| Did the Controller timely initiate the audit of the 2017-2018 reimbursement claim by meeting the statutory deadlines imposed by Government Code section 17558.5(a)? | Government Code section 17558.5(a) says:<br>"A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last | *No, the audit was not timely initiated with respect to the fiscal year 2017-2018 claim and is, therefore, void.*<br>The claimant filed its fiscal year 2017-2018 reimbursement claim on February 1, 2019.[18] The Legislature appropriated funds to reimburse mandate claims for costs |

[14] Exhibit A, Incorrect Reduction Claim, pages 1089-1129 (Final Audit Report).

[15] Exhibit A, Incorrect Reduction Claim, page 1.

[18] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 117 (Claimant's Fiscal Year 2017-2018 Reimbursement Claim Form).

| Issue | Description | Staff Recommendation |
|---|---|---|
| | amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced."<br><br>The deadlines in Government Code section 17558.5(a) impose a statute of repose, which is a period during which an audit must be initiated and after which the claimant may enjoy repose, dispose of any evidence or documentation to support their claims, and assert a defense that the audit is not timely and therefore void.[16] Because the structure and purpose of the statute suggests that it is mandatory, an audit not initiated within the correct | incurred by the CAR program in fiscal year 2017-2018 in the Budget Act of 2019.[19] The Controller then issued a payment to reimburse the claimant for the costs claimed in the fiscal year 2017-2018 on August 15, 2019.[20] Based on these facts and the plain language of Government Code section 17558.5(a), an appropriation was made, and the default deadline based on the date the claim was filed controls and triggers the three-year deadline for the Controller to initiate its audit. The Controller initiated the audit of the claimant's reimbursement claim for fiscal years 2017-2018 on August 5, 2022.[21] This date is more than three years after the date the claimant filed its fiscal year 2017-2018 reimbursement claim on February 1, 2019, making the audit for that reimbursement claim untimely and void. |

[16] *Giest v. Sequoia Ventures, Inc.* (2000) 83 Cal.App.4th 300, 305.

[19] See Statutes of 2019, Chapter 23, section 2, Item 8885-295-0001, Schedule 1(e).

[20] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 146 (Division of Accounting and Reporting, Bureau of Local Reimbursements, Payments for a Claim).

[21] Exhibit A, Incorrect Reduction Claim, page 1126 (Engagement Letter).

| Issue | Description | Staff Recommendation |
|---|---|---|
| | timeframe must be held void.[17] | |
| Are the Controller's reductions of all salaries and benefits to comply with the mandate, including for work performed on good cause cases, correct? | To claim the actual costs for salaries and benefits under the Parameters and Guidelines, claimants are required to "[i]dentify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study."[22] The "mandated functions" are the reimbursable activities performed by the employee.<br><br>The actual costs for salaries and benefits must be traceable and supported by contemporaneous source documentation that shows "the validity of such costs, when they were incurred, and their relationship to the reimbursable | *No, the Controller's reduction of salaries and benefits is incorrect as a matter of law and the reduction to $0 is arbitrary, capricious, and entirely lacking in evidentiary support.*<br><br>The claimant supported its claimed costs by providing time sheets, in which employees reported their time daily and the employee and their supervisor signed and dated the time sheets at the end of the month, certifying them to be true and accurate to the best of their knowledge. These are contemporaneous source documents, exactly the sort contemplated by the Parameters and Guidelines.<br><br>The claimant's time sheets sort claimants' time into four categories of reimbursable activities: "3130-3133," "3408(c) & 3408(d)," "3411(a) & 3421(c)," and "277, 278 & 278.5;" two categories of |

[17] *People v. McGee* (1977) 19 Cal.3d 948, 962, citing *Morris v. County of Marin* (1977) 18 Cal.3d 901, 909-910 (when a deadline is for the protection of a person or class of persons, and the language of the statute as a whole indicates the Legislature's intent to enforce the deadline, the deadline is mandatory.)

[22] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.1.).

| Issue | Description | Staff Recommendation |
|---|---|---|
| | activities."[23] The Parameters and Guidelines specifically give "employee time records or time logs" as examples of the types of documents that can be used as source documentation.[24]<br><br>The Parameters and Guidelines then define the reimbursable activities for this program using the following four categories:<br><br>(1) Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders; […]<br><br>(2) Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act, (Family Code sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague | non-reimbursable activities: "277/278/278.5 Non-Claimable" and "Other — Non-Claimable (Briefly Explain Below);" and a category for reporting when the employee used vacation or sick leave.[27] The time sheet then describes what activities belong in each category in the instructions on the back of the time sheet, using descriptions such as "Activity…involving enforcement of custody orders;" "Activities…involving out-of-state decrees and any related court activity;" "Activities performed…securing the appearance of an offender personally before the court;" "Activities performed…in the return of an illegally concealed child or minor to its legal guardian;" and "All non-claimable custody of minor activities."[28]<br><br>These are the same categories used in the Parameters and |

[23] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[24] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[27] Exhibit A, Incorrect Reduction Claim, page 48 (Custody of Minor Time Study Sheet).

[28] Exhibit A, Incorrect Reduction Claim, page 49 (Custody of Minor Time Study Sheet).

| Issue | Description | Staff Recommendation |
|---|---|---|
| | Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session); […]<br><br>(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren); [and …]<br><br>(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.[25]<br><br>The Controller found all of these costs unallowable and reduced the claim to $0, primarily because it determined that "the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function" and because costs related to "good cause" cases under | Guidelines for the reimbursable activities.<br><br>Contrary to the Controller's interpretation, the claimant's time sheets, which are contemporaneous, describe the specific mandated functions performed using the categories of reimbursable activities in the Parameters and Guidelines and claiming form provided by the Controller's Office for this mandated program, and identify the actual hours spent on the program and, thus a reduction on this basis is incorrect as a matter of law.<br><br>Even if the Controller were hypothetically correct that the claimant did not provide contemporaneous source documentation that complied with the Parameters and Guidelines, it was still arbitrary and capricious to reduce the claim to $0, as substantial evidence supports that the claimant |

[25] Exhibit A, Incorrect Reduction Claim, pages 1048-1049 (2009 Amendment to Parameters and Guidelines, sections V.B.1., V.B.2., V.B.2.b.(3)., and V.B.2.b.(4).). Note that categories (3) and (4) are presented as subcategories to category (2). There is a currently pending PGA filed by the Controller that seeks to move these subcategories to their own categories, asserting they were placed under (2) through a clerical error. See *Custody of Minors – Child Abduction and Recovery*, 25-PGA-01 (CSM-4237) https://csm.ca.gov/matters/CSM-4237.shtml (accessed February 27, 2026).

| Issue | Description | Staff Recommendation |
|---|---|---|
| | Penal Code section 278.7 are not reimbursable.[26] | performed the mandated activities.[29]<br><br>Finally, the Controller's assertion that costs related to "good cause" cases under Penal Code section 278.7 are not reimbursable is incorrect as a matter of law. Penal Code sections 278, 278.5 and 278.7 do not impose any mandated activities on district attorneys themselves, but help define the scope of the mandate created by Family Code sections 3130 and 3131. The Parameters and Guidelines authorize reimbursement for "obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of custody or visitation orders, and "utilizing *any appropriate civil or criminal court action* to secure compliance."[30] The only non-reimbursable costs are those "associated with criminal prosecution, *commencing* |

[26] Exhibit A, Incorrect Reduction Claim, pages 19-20, 25-26 (Written Narrative); 1098-1099, and 1110 (Final Audit Report). The Controller did not respond to the claimant's objections to the findings regarding "good cause" cases in its comments on the Incorrect Reduction Claim.

[29] Exhibit A, Incorrect Reduction Claim, pages 44 (Declaration of Rosa Alarcon, Assistant Head Deputy, Loas Angeles County District Attorney's Office Targeted Crimes Division); 1099, 1105, 1109 (Final Audit Report).

[30] Exhibit A, Incorrect Reduction Claim, page 1048 (2009 Amendment to Parameters and Guidelines, section V.B.1.b.) emphasis added.

| Issue | Description | Staff Recommendation |
|---|---|---|
| | | *with the defendant's first appearance* in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency."[31] |

**Staff Analysis**

This IRC addresses reductions made by the Controller to costs claimed by the County of Los Angeles' (claimant's) District Attorney's Office during fiscal years 2017-2018 through 2020-2021 (audit period) for costs incurred to implement the *Custody of Minors — Child Abduction and Recovery* (CAR) program. CAR is a state mandated program originally approved by the Board of Control in 1979, which requires district attorney's offices to "actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions."[32]

During the audit period the claimant claimed $10,292,232 for costs of the mandated program, consisting of $7,436,663 in salaries and benefits direct costs and $2,855,569 in indirect costs.[33] The Controller found all of these costs unallowable and reduced the claim to $0, primarily because it determined that "the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function."[34]

Staff finds that the claimant timely filed this IRC, and recommends that the Commission approve the IRC as follows.

[31] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VI.A.) emphasis added.

[32] Exhibit A, Incorrect Reduction Claim, page 1046 (2009 Amendment to Parameters and Guidelines, section II.).

[33] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

[34] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

### A. The Controller's Audit of the Fiscal Year 2017-2018 Reimbursement Claim Was Untimely Initiated Pursuant to Government Code Section 17558.5(a) and Is, Therefore, Void.

Staff finds that the audit of the fiscal year 2017-2018 reimbursement claim was untimely initiated by the Controller, and therefore the audit for that fiscal year claim is void and the claimed costs of $3,136,557 (consisting of $2,242,310 in direct costs for salaries and benefits and $894,247 in claimed indirect costs) should be fully reinstated.

According to Government Code section 17558.5(a), the Controller has three years after the date the reimbursement claim is filed or last amended, whichever is later, to initiate an audit (referred herein as the default deadline to initiate an audit). However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit is delayed or tolled and shall commence to run from the date of initial payment of the claim (referred as the delayed or tolled deadline). The deadlines in Government Code section 17558.5(a) impose a statute of repose, which is a period during which an audit must be initiated and after which the claimant may enjoy repose, dispose of any evidence or documentation to support their claims, and assert a defense that the audit is not timely and therefore void.[35] Because the structure and purpose of the statute suggests that it is mandatory, an audit not initiated within the correct timeframe must be held void.[36]

The Controller contends that the deadline to initiate the audit was delayed in this case and tolled from the date of payment, alleging that no funds were appropriated and no payment was made *when* the fiscal year 2017-2018 claim was filed.[37] The Controller's contention is not supported by the mandate reimbursement process, the plain language of Government Code section 17558.5(a), and the undisputed facts in this case.

Article XIII B, section 6(b)(1) of the California Constitution says:

> Except as provided in paragraph (2), for the 2005–06 fiscal year and every subsequent fiscal year, for a mandate for which the costs of a local government claimant have been determined *in a preceding fiscal year* to be payable by the State pursuant to law, the Legislature shall either appropriate, in the annual Budget Act, the full payable amount that has not

---

[35] *Giest v. Sequoia Ventures, Inc.* (2000) 83 Cal.App.4th 300, 305.

[36] *People v. McGee* (1977) 19 Cal.3d 948, 962, citing *Morris v. County of Marin* (1977) 18 Cal.3d 901, 909-910 (when a deadline is for the protection of a person or class of persons, and the language of the statute as a whole indicates the Legislature's intent to enforce the deadline, the deadline is mandatory.)

[37] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 11. Alternatively the claimant suggests the Controller has replaced "for" for "in" in its reading of Government Code section 17558.5(a), so it reads "if no funds are appropriated or no payment is made to a claimant for the program *in* the fiscal year for which the claim is filed." (Emphasis added by claimant.) This would have the same effect of requiring the appropriation occur before the claim is filed.

been previously paid, or suspend the operation of the mandate for the fiscal year for which the annual Budget Act is applicable in a manner prescribed by law.[38]

For the purposes of determining the state's payment obligation under paragraph (1) of subdivision (b) of section 6 of article XIII B of the Constitution, a mandate that is "determined in a preceding fiscal year to be payable by the state" means "any mandate for which the commission adopted a statewide cost estimate pursuant to this part during a previous fiscal year or that were identified as mandates by a predecessor agency to the commission," which therefore includes the mandated programs approved by the Board of Control.[39] Annual reimbursement claims for a state-mandated program may be filed by February 15 *following the fiscal year in which costs are incurred*.[40] The Government Code then requires the State Controller's Office "to submit by April 30 of each year a report to the Joint Legislative Budget Committee, the applicable fiscal committees, and the Director of Finance summarizing the total amount of unpaid claims submitted *before April 1 of that year*, and summarize any mandate deficiencies or surpluses, "for the purpose of determining the state's payment obligation under paragraph (1) of subdivision (b) of Section 6 of Article XIII B of the California Constitution."[41] The Controller's report of "unpaid claims submitted before April 1 of that year" would include annual reimbursement claims filed "by February 15 *following the fiscal year* in which costs are incurred."[42] The Legislative Analyst is then required to report total annual state costs for mandated programs and, as appropriate, provide an analysis of specific mandates and make recommendations on whether the mandate should be repealed, funded, suspended, or modified.[43] If the Legislature appropriates funds to reimburse a program's costs for the preceding fiscal year, the Controller shall reimburse any eligible claimant by either October 15 or 60 days after the appropriation was made, whichever is later.[44]

Thus, a claimant is required to file its annual reimbursement claim for costs incurred in fiscal year 2017-2018 by February 15, 2019; these costs would then be included in the

---

[38] Emphasis added.

[39] Government Code section 17561(e)(1).

[40] Government Code section 17560(a). Government Code section 17568 allows the Controller to penalize late filed annual reimbursement claims with a ten percent reduction, not to exceed $10,000, and explicitly prohibits reimbursement for any claim filed more than a year after the deadline.

[41] Government Code section 17562(b)(2), emphasis added. A collection of these reports and their corresponding cover letters dating back to 2020 is located on the Controller's website at https://sco.ca.gov/ard_mancost_deficiency.html (accessed February 25, 2026).

[42] Government Code section 17560(a), emphasis added.

[43] Government Code section 17562(d).

[44] Government Code section 17561(d).

Controller's 2019 report filed with the Legislature by April 30, 2019; the Legislature either suspends the program making the mandate inoperative for that fiscal year, or appropriates funds for costs incurred by the program in fiscal year 2017-2018 in the Budget Act of 2019, which sets the state's budget for fiscal year 2019-2020; and then the Controller makes a payment to the claimant by October 15, 2019 or within 60 days of the Budget Act taking effect, whichever is later.

In this case, the claimant filed its fiscal year 2017-2018 reimbursement claim on February 1, 2019.[45] The Legislature appropriated $12,730,000 towards payment of mandate claims for costs incurred in fiscal year 2017-2018 for the *Custody of Minors — Child Abduction and Recovery* program in the Budget Act of 2019, which became effective immediately upon its adoption on June 27, 2019.[46] The Controller then issued a payment to reimburse the claimant for the costs claimed in the fiscal year 2017-2018 reimbursement claim on August 15, 2019.[47] Thus, funds were appropriated and payment was made to the claimant for fiscal year 2017-2018 in accordance with article XIII B, section 6(b)(1) of the California Constitution and the Government Code.

The Controller's interpretation of Government Code section 17558.5(a), however, reads into the statute a requirement that is not there; that for the tolling of the time to initiate an audit to apply, the Legislature must not have appropriated funds to reimburse claimants for their costs incurred in the fiscal year being claimed *at the time the claimant files their reimbursement claim*. This interpretation violates the rules of statutory construction.[48] According to the plain language of the statute, the alternative language

---

[45] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 117 (Claimant's Fiscal Year 2017-2018 Reimbursement Claim Form).

[46] See Statutes of 2019, Chapter 23, section 2, Item 8885-295-0001, Schedule 1(e). Note there is a small error in this Budget Act, as it says the appropriation is for mandated program costs incurred through fiscal year 2016-2017, not fiscal year 2017-2018. This appears to be a case of the Legislature copying from the previous year's Budget Act during drafting and forgetting to update the year, as the Budget Act of 2018 also reimbursed costs for this mandated program for fiscal year 2016-2017 (See Statutes of 2018, Chapter 29, section 2, Item 8885-295-0001), and the Budget Act of 2020 moved on to reimbursement for fiscal year 2018-2019 (See Statutes of 2020, Chapter 6, section 2, Item 8885-295-0001). Regardless, this error does not mean the Budget Act of 2019 did not appropriate funds for costs incurred by this program in fiscal year 2017-2018, as the Controller acknowledged this was an appropriation for costs incurred through the 2017-2018 fiscal year in the Mandated Cost Manual for 2018-2019 (Exhibit X (5), Mandated Cost Manual for Local Agencies, September 1, 2019, page 5).

[47] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 146 (Division of Accounting and Reporting, Bureau of Local Reimbursements, Payments for a Claim).

[48] *Nevarrez v. San Marino Skilled Nursing and Wellness Centre, LLC* (2013) 221 Cal.App.4th 102,130 ("…in construing a statute, we are not permitted to 'insert

that tolls or delays the deadline to initiate an audit only applies "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed." Nothing says that this must occur before the annual claim is filed by the statutory deadline of February 15. And, here, it is undisputed that an appropriation was made for this program for fiscal year 2017-2018 costs on June 27, 2019, and payment was made on August 15, 2019, in accordance with the California Constitution and the Government Code.

Moreover, if the Controller's interpretation of Government Code section 17558.5(a) were correct, and an appropriation must be made before the claim was filed for the default deadline to apply, it would mean that an audit for all annually reimbursed mandated programs must be tolled or delayed since funds are never appropriated before the annual claim is filed. As explained above, funds are appropriated for the preceding fiscal year (i.e., *after* the annual claims are filed). The Controller's interpretation would lead to absurd results because the exception in section 17558.5(a) would swallow the rule.[49]

Therefore, the Controller had three years from the date the 2017-2018 reimbursement claim was filed on February 1, 2019, or until February 1, 2022, to initiate the audit. The Controller initiated the audit of the claimant's reimbursement claim for fiscal year 2017-2018 on August 5, 2022.[50] This date is more than three years after the date the claimant filed its fiscal year 2017-2018 reimbursement claim, making the audit for that reimbursement claim untimely and void.

### B. The Controller's Reduction of Salary and Benefit Costs Is Incorrect as a Matter of Law and the Reduction of All Costs Claimed to $0 Is Arbitrary and Capricious and Entirely Lacking in Evidentiary Support.

Staff finds that the Controller's reduction of salary and benefit costs is incorrect as a matter of law and its reduction to $0 is arbitrary, capricious, and entirely lacking in evidentiary support.

The Parameters and Guidelines state that only actual costs may be claimed, defined as "those costs actually incurred to implement the mandated program."[51] The Parameters and Guidelines state that direct costs such as salary and benefit costs are "costs that can be traced to specific . . .services, units, programs, activities or functions."[52] To

---

qualifying provisions not included' in the statute, nor edit it 'to conform to an assumed intention which does not appear from its language.' [Citation]").

[49] *Apartment Assn. of Los Angeles County, Inc. v. City of Los Angeles* (2009) 173 Cal.App.4th, 13, 26 (rejecting statutory interpretation where "the exception would swallow the rule").

[50] Exhibit A, Incorrect Reduction Claim, page 1126 (Engagement Letter).

[51] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[52] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.).

claim the actual costs for salaries and benefits, claimants are required to "[i]dentify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study."[53] The "mandated functions" are the reimbursable activities performed by the employee.

The actual costs for salaries and benefits must be traceable and supported by contemporaneous source documentation that shows "the validity of such costs, when they were incurred, and their relationship to the reimbursable activities."[54] Source documentation is a document created at or near the same time the actual cost was incurred for the event or activity in question, and the Parameters and Guidelines specifically give "employee time records or time logs" as examples of the types of documents that can be used as source documentation.[55]

The claimant supported its claimed costs by providing time sheets, in which employees reported their time daily and the employee and their supervisor signed and dated the time sheets at the end of the month, certifying them to be true and accurate to the best of their knowledge.[56] These are contemporaneous source documents, exactly the sort contemplated by the Parameters and Guidelines.

The Controller has not presented any arguments or evidence disputing that these are contemporaneous source documents, but rather claims they do not provide all information required by the Parameters and Guidelines because they do not describe the mandated functions performed or the actual number of hours devoted to each function. This is incorrect; when read with the instructions on the back of the time sheet which identify the reimbursable activities and the activities which are not eligible for reimbursement, the time sheets do provide a description of the mandated functions.

The claimant's time sheets sort claimants' time into four categories of reimbursable activities: "3130-3133," "3408(c) & 3408(d)," "3411(a) & 3421(c)," and "277, 278 & 278.5;" two categories of non-reimbursable activities: "277/278/278.5 Non-Claimable" and "Other — Non-Claimable (Briefly Explain Below);" and a category for reporting when the employee used vacation or sick leave.[57] The time sheet then describes what activities belong in each category in the instructions on the back of the time sheet, using

---

[53] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.1.).

[54] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[55] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[56] Exhibit A, Incorrect Reduction Claim, pages 54-615 (Claimant's Fiscal Year 2017-2018 through 2020-2021 Time Sheets).

[57] Exhibit A, Incorrect Reduction Claim, page 48 (Custody of Minor Time Study Sheet).

descriptions such as “Activity…involving enforcement of custody orders;” “Activities…involving out-of-state decrees and any related court activity;” “Activities performed…securing the appearance of an offender personally before the court;” “Activities performed…in the return of an illegally concealed child or minor to its legal guardian;” and “All non-claimable custody of minor activities.”[58]

The statutes that imposed the state-mandated activities that created this program are located in Family Code sections 3130 and 3131. Family Code section 3130 requires that when a petition to determine custody of a child has been filed or when there is a temporary order pending determination of custody, and the whereabouts of the party in possession of the child are not known or there is reason to believe the party may not appear in the proceedings despite being ordered to appear personally with the child, “the district attorney shall *take all actions necessary to locate the party and the child* and to *procure compliance with the order to appear with the child* for purposes of adjudication of custody.”[59] Similarly, Family Code section 3131 requires that when there is a custody or visitation order in place and the child is taken or detained by another person in violation of that order, “the district attorney shall *take all actions necessary to locate and return the child* and the person who violated the order and to *assist in the enforcement of the custody or visitation order or other order of the court* by use of an appropriate civil or criminal proceeding.”[60] The Parameters and Guidelines therefore define the scope of the mandate as authorizing reimbursement for “all actions necessary” to locate and return a child and for complying with a court order relating to child custody or visitation, as follows:

> Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney *actively assist in the resolution of child custody and visitation problems*; for the *enforcement of custody and visitation orders*; for *all actions necessary to locate and return a child(ren)* by use of any appropriate civil or criminal proceeding; and for *complying with other court orders relating to child custody or visitation*, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI.[61]

The Parameters and Guidelines then define the reimbursable activities for this program using the following four categories:

> (1) Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders; […]

---

[58] Exhibit A, Incorrect Reduction Claim, page 49 (Custody of Minor Time Study Sheet).

[59] Family Code section 3130, emphasis added.

[60] Family Code section 3131, emphasis added.

[61] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.A.), emphasis added.

(2) Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act, (Family Code sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session); […]

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren); [and …]

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.[62]

These are the same categories the claimant used for its description of which mandated activities should be reported under each section in the claimant's time sheets. The section titles are references to Family or Penal Code sections that are identified in the program caption and which help define the scope of the mandate. Therefore, contrary to the Controller's interpretation, the claimant's time sheets, which are contemporaneous, describe the specific mandated functions performed using the categories of reimbursable activities in the Parameters and Guidelines and claiming form provided by the Controller's Office for this mandated program, and identify the actual hours spent on the program. Time spent on mandated activities is reported under one of the four categories, and time spent on non-claimable activities is properly segregated into separate categories. Assuming employees reported their time accurately, which we are required to presume since the timesheets are signed and certified to be accurate to the best of the employee and their supervisor's knowledge and there is no evidence to the contrary, the time sheets properly identify the actual number of hours devoted to each mandated function.[63] Thus, the timesheets comply with the documentation requirements in the Parameters and Guidelines.

Furthermore, even if the Controller were hypothetically correct that the claimant did not provide contemporaneous source documentation that complied with the Parameters and Guidelines, it was still arbitrary and capricious to reduce the claimant's claim to $0, as substantial evidence supports that the claimant performed the mandated activities. During the audit, the claimant provided a list of cases handled under the mandate

---

[62] Exhibit A, Incorrect Reduction Claim, pages 1048-1049 (2009 Amendment to Parameters and Guidelines, sections V.B.1., V.B.2., V.B.2.b.(3)., and V.B.2.b.(4).). Note that categories (3) and (4) are presented as subcategories to category (2). There is a currently pending PGA filed by the Controller that seeks to move these subcategories to their own categories, asserting they were placed under (2) through a clerical error. See *Custody of Minors-Child Abduction and Recovery*, 25-PGA-01 (CSM-4237) https://csm.ca.gov/matters/CSM-4237.shtml (accessed February 27, 2026).

[63] Evidence Code section 664 ("It is presumed that official duty has been regularly performed.").

during the audit period, as well as sample case files from its district attorneys and investigators.[64] The claimant also alleged in a declaration filed under penalty of perjury that during the audit period it filed charges in 141 cases, declined to prosecute in 244 more, expended approximately 67,328 hours on mandated activities for these cases, and this work resulted in the recovery or reunification of over 300 minors.[65] It also handled 112 Hague cases and opened approximately 535 civil recovery order cases.[66] These assertions provide substantial evidence that costs were incurred to comply with the mandated activities, as the scope of the mandate broadly requires "the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI," and the only non-reimbursable activities are "Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code." The Controller has made no arguments or filed any evidence disputing the evidence that the claimant performed the mandated activities during the period of reimbursement. The only reason for the reduction was that the activities were not properly supported with contemporaneous source documents that described the mandated functions performed and the actual number of hours devoted to each function. The Controller did not consider the evidence, supported by actual case files, that the claimant performed the mandate and, thus its decision to reduce the claimant's costs to $0 is arbitrary, capricious, and not supported by evidence in the record.

Finally, the Controller's assertion that costs related to "good cause" cases under Penal Code section 278.7 are not reimbursable is incorrect as a matter of law. Penal Code sections 278, 278.5 and 278.7 do not impose any mandated activities on district attorneys themselves, but help define the scope of the mandate created by Family Code sections 3130 and 3131. The Parameters and Guidelines authorize reimbursement for "obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of custody or visitation orders, and "utilizing *any appropriate civil or criminal court action* to secure compliance."[67] The only non-reimbursable costs are those "associated with criminal prosecution, *commencing with the defendant's first appearance* in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren)

---

[64] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report).

[65] Exhibit A, Incorrect Reduction Claim, page 44 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles County District Attorney's Office Targeted Crimes Division).

[66] Exhibit A, Incorrect Reduction Claim, page 44 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles County District Attorney's Office Targeted Crimes Division).

[67] Exhibit A, Incorrect Reduction Claim, page 1048 (2009 Amendment to Parameters and Guidelines, section V.B.1.b.) emphasis added.

has been returned to the lawful person or agency."[68] Furthermore, although Penal Code section 278.7 was never formally incorporated into this program's Parameters and Guidelines, its predecessor, Penal Code section 277 was, and is still included in the caption today.[69]

**Conclusion**

Based on the forgoing analysis, staff finds that:

- The audit for fiscal year 2017-2018 was untimely initiated and the claimant's costs for that year of $3,136,557 (consisting of $2,242,310 in direct costs for salaries and benefits and $894,247 in claimed indirect costs) should be fully reinstated.
- The Controller was incorrect as a matter of law regarding its finding that the claimant's source documentation did not describe the mandated functions performed or specify the actual number of hours devoted to each function in accordance with the Parameters and Guidelines.
- Even if it was determined that the claimant's source documentation did not comply with the Parameters and Guidelines, the Controller's decision to reduce the claimant's costs to $0 was arbitrary, capricious, and not supported by evidence in the record.
- The Controller was incorrect as a matter of law regarding its assertion that activities related to good cause cases are not reimbursable under the Parameters and Guidelines.

**Staff Recommendation**

Staff recommends that the Commission adopt the Proposed Decision to approve the IRC and requests, pursuant to Government Code section 17551(d) and section 1185.9 of the Commission's regulations, that the Controller reinstate the amounts incorrectly reduced. Staff further recommends that the Commission authorize staff to make any technical, non-substantive changes to the Proposed Decision following the hearing.

[68] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VI.A.) emphasis added.

[69] See Penal Code section 277, as amended by Statutes of 1986, chapter 1210, section 1.

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

| | |
|---|---|
| IN RE INCORRECT REDUCTION CLAIM<br><br>Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421<br><br>Penal Code Sections 277, 278, and 278.5<br><br>Welfare & Institutions Code Section 11478.5<br><br>Statutes of 1976, Chapter 1399; Statutes of 1983, Chapter 990; Statutes of 1992, Chapter 162; and Statutes of 1996, Chapter 988<br><br>Fiscal Years 2017-2018, 2018-2019, 2019-2020, and 2020-2021<br><br>Filed on July 25, 2025<br><br>County of Los Angeles, Claimant | Case No.: 25-4237-I-05<br><br>*Custody of Minors – Child Abduction and Recovery Program*<br><br>DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5, ARTICLE 7.<br><br>(*Adopted August 14, 2026*) |

**DECISION**

The Commission on State Mandates (Commission) heard and decided this Incorrect Reduction Claim (IRC) during a regularly scheduled hearing on August 14, 2026. [Witness list will be included in the adopted Decision.]

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code sections 17500 et seq., and related case law.

The Commission [adopted/modified] the Proposed Decision to approve the IRC by a vote of [vote will be included in the adopted Decision], as follows:

| **Member** | **Vote** |
|---|---|
| Lee Adams, County Supervisor | |
| Deborah Gallegos, Representative of the State Controller | |
| Karen Greene Ross, Public Member | |
| Renee Nash, School District Board Member | |
| William Pahland, Representative of the State Treasurer, Vice Chairperson | |
| Michelle Perrault, Representative of the Director of the Department of Finance, Chairperson | |

| Member | Vote |
|---|---|
| Alexander Powell, Representative of the Director of the Governor's Office of Land Use and Climate Innovation | |

**Summary of the Findings**

This IRC addresses reductions made by the State Controller's Office (Controller) to costs claimed by the County of Los Angeles' (claimant's) district attorney's office during fiscal years 2017-2018 through 2020-2021 (audit period) for costs incurred to implement the *Custody of Minors — Child Abduction and Recovery* (CAR) program. CAR is a state mandated program originally approved by the Board of Control in 1979, which requires district attorney's offices to "actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions."[70]

During the audit period the claimant claimed $10,292,232 for costs of the mandated program, consisting of $7,436,663 in salaries and benefits direct costs and $2,855,569 in indirect costs.[71] The Controller found all of these costs unallowable and reduced the claim to $0, primarily because it determined that "the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function."[72]

The Commission finds that this IRC was timely filed and approves the IRC as follows.

**A. The Controller's Audit of the Fiscal Year 2017-2018 Reimbursement Claim Was Untimely Initiated Pursuant to Government Code Section 17558.5(a) and Is, Therefore, Void.**

The Commission finds that the audit of the fiscal year 2017-2018 reimbursement claim was untimely initiated by the Controller, and therefore the audit for that fiscal year claim is void and the claimed costs of $3,136,557 (consisting of $2,242,310 in direct costs for salaries and benefits and $894,247 in claimed indirect costs) should be fully reinstated.

According to Government Code section 17558.5(a), the Controller has three years after the date the reimbursement claim is filed or last amended, whichever is later, to initiate an audit (referred herein as the default deadline to initiate an audit). However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit is

[70] Exhibit A, Incorrect Reduction Claim, page 1046 (2009 Amendment to Parameters and Guidelines, section II.).

[71] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

[72] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

delayed or tolled and shall commence to run from the date of initial payment of the claim (referred as the delayed or tolled deadline). The deadlines in Government Code section 17558.5(a) impose a statute of repose, which is a period during which an audit must be initiated and after which the claimant may enjoy repose, dispose of any evidence or documentation to support their claims, and assert a defense that the audit is not timely and therefore void.[73] Because the structure and purpose of the statute suggests that it is mandatory, an audit not initiated within the correct timeframe must be held void.[74]

The Controller contends that the deadline to initiate the audit was delayed in this case and tolled from the date of payment, alleging that no funds were appropriated and no payment was made *when* the fiscal year 2017-2018 claim was filed.[75] The Controller's contention is not supported by the mandate reimbursement process, the plain language of Government Code section 17558.5(a), and the undisputed facts in this case.

Article XIII B, section 6(b)(1) of the California Constitution says "Except as provided in paragraph (2), for the 2005–06 fiscal year and every subsequent fiscal year, for a mandate for which the costs of a local government claimant have been determined *in a preceding fiscal year* to be payable by the State pursuant to law, the Legislature shall either appropriate, in the annual Budget Act, the full payable amount that has not been previously paid, or suspend the operation of the mandate for the fiscal year for which the annual Budget Act is applicable in a manner prescribed by law."[76]

For the purposes of determining the state's payment obligation under paragraph (1) of subdivision (b) of section 6 of article XIII B of the Constitution, a mandate that is "determined in a preceding fiscal year to be payable by the state" means "any mandate for which the commission adopted a statewide cost estimate pursuant to this part during a previous fiscal year or that were identified as mandates by a predecessor agency to the commission," which therefore includes the mandated programs approved by the Board of Control.[77] Annual reimbursement claims for a state-mandated program may

---

[73] *Giest v. Sequoia Ventures, Inc.* (2000) 83 Cal.App.4th 300, 305.

[74] *People v. McGee* (1977) 19 Cal.3d 948, 962, citing *Morris v. County of Marin* (1977) 18 Cal.3d 901, 909-910 (when a deadline is for the protection of a person or class of persons, and the language of the statute as a whole indicates the Legislature's intent to enforce the deadline, the deadline is mandatory.)

[75] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 11. Alternatively the claimant suggests the Controller has replaced "for" for "in" in its reading of Government Code section 17558.5(a), so it reads "if no funds are appropriated or no payment is made to a claimant for the program *in* the fiscal year for which the claim is filed." (emphasis added by claimant). This would have the same effect of requiring the appropriation occur before the claim is filed.

[76] Emphasis added.

[77] Government Code section 17561(e)(1).

be filed by February 15 *following the fiscal year in which costs are incurred*.[78] The Government Code then requires the State Controller's Office "to submit by April 30 of each year a report to the Joint Legislative Budget Committee, the applicable fiscal committees, and the Director of Finance summarizing the total amount of unpaid claims submitted *before April 1 of that year*, and summarize any mandate deficiencies or surpluses, "for the purpose of determining the state's payment obligation under paragraph (1) of subdivision (b) of Section 6 of Article XIII B of the California Constitution."[79] The Controller's report of "unpaid claims submitted before April 1 of that year" would include annual reimbursement claims filed "by February 15 *following the fiscal year* in which costs are incurred."[80] The Legislative Analyst is then required to report total annual state costs for mandated programs and, as appropriate, provide an analysis of specific mandates and make recommendations on whether the mandate should be repealed, funded, suspended, or modified.[81] If the Legislature appropriates funds to reimburse a program's costs for the preceding fiscal year, the Controller shall reimburse any eligible claimant by either October 15 or 60 days after the appropriation was made, whichever is later.[82]

Thus, a claimant is required to file its annual reimbursement claim for costs incurred in fiscal year 2017-2018 by February 15, 2019; these costs would then be included in the Controller's 2019 report filed with the Legislature by April 30, 2019; the Legislature either suspends the program making the mandate inoperative for that fiscal year, or appropriates funds for costs incurred by the program in fiscal year 2017-2018 in the Budget Act of 2019, which sets the state's budget for fiscal year 2019-2020; and then the Controller makes a payment to the claimant by October 15, 2019 or within 60 days of the Budget Act taking effect, whichever is later.

In this case, the claimant filed its fiscal year 2017-2018 reimbursement claim on February 1, 2019.[83] The Legislature appropriated $12,730,000 towards payment of mandate claims for costs incurred in fiscal year 2017-2018 for the *Custody of Minors — Child Abduction and Recovery* program in the Budget Act of 2019, which became

---

[78] Government Code section 17560(a). Government Code section 17568 allows the Controller to penalize late filed annual reimbursement claims with a ten percent reduction, not to exceed $10,000, and explicitly prohibits reimbursement for any claim filed more than a year after the deadline.

[79] Government Code section 17562(b)(2), emphasis added. A collection of these reports and their corresponding cover letters dating back to 2020 is located on the Controller's website at https://sco.ca.gov/ard_mancost_deficiency.html (accessed February 25, 2026).

[80] Government Code section 17560(a), emphasis added.

[81] Government Code section 17562(d).

[82] Government Code section 17561(d).

[83] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 117 (Claimant's Fiscal Year 2017-2018 Reimbursement Claim Form).

effective immediately upon its adoption on June 27, 2019.[84] The Controller then issued a payment to reimburse the claimant for the costs claimed in the fiscal year 2017-2018 reimbursement claim on August 15, 2019.[85] Thus, funds were appropriated and payment was made to the claimant for fiscal year 2017-2018 in accordance with article XIII B, section 6(b)(1) of the California Constitution and the Government Code.

The Controller's interpretation of Government Code section 17558.5(a), however, reads into the statute a requirement that is not there: that for the tolling of the time to initiate an audit to apply, the Legislature must not have appropriated funds to reimburse claimants for their costs incurred in the fiscal year being claimed *at the time the claimant files their reimbursement claim*. This interpretation violates the rules of statutory construction.[86] According to the plain language of the statute, the alternative language that tolls or delays the deadline to initiate an audit only applies "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed." Nothing says that this must occur before the annual claim is filed by the statutory deadline of February 15. And, here, it is undisputed that an appropriation was made for this program for fiscal year 2017-2018 costs on June 27, 2019, and payment was made on August 15, 2019, in accordance with the California Constitution and the Government Code.

Moreover, if the Controller's interpretation of Government Code section 17558.5(a) were correct, and an appropriation must be made before the claim was filed for the default deadline to apply, it would mean that an audit for all annually reimbursed mandated programs must be tolled or delayed since funds are never appropriated before the annual claim is filed. As explained above, funds are appropriated for the preceding

---

[84] See Statutes of 2019, Chapter 23, section 2, Item 8885-295-0001, Schedule 1(e). Note there is a small error in this Budget Act, as it says the appropriation is for mandated program costs incurred through fiscal year 2016-2017, not fiscal year 2017-2018. This appears to be a case of the Legislature copying from the previous year's Budget Act during drafting and forgetting to update the year, as the Budget Act of 2018 also reimbursed costs for this mandated program for fiscal year 2016-2017 (See Statutes of 2018, Chapter 29, section 2, Item 8885-295-0001), and the Budget Act of 2020 moved on to reimbursement for fiscal year 2018-2019 (See Statutes of 2020, Chapter 6, section 2, Item 8885-295-0001). Regardless, this error does not mean the Budget Act of 2019 did not appropriate funds for costs incurred by this program in fiscal year 2017-2018, as the Controller acknowledged this was an appropriation for costs incurred through the 2017-2018 fiscal year in the Mandated Cost Manual for 2018-2019 (Exhibit X (5), Mandated Cost Manual for Local Agencies, September 1, 2019, page 5).

[85] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 146 (Division of Accounting and Reporting, Bureau of Local Reimbursements, Payments for a Claim).

[86] *Nevarrez v. San Marino Skilled Nursing and Wellness Centre, LLC* (2013) 221 Cal.App.4th 102,130 ("…in construing a statute, we are not permitted to 'insert qualifying provisions not included' in the statute, nor edit it 'to conform to an assumed intention which does not appear from its language.' [Citation]").

fiscal year (i.e., *after* the annual claims are filed). The Controller's interpretation would lead to absurd results because the exception in section 17558.5(a) would swallow the rule.[87]

Therefore, the Controller had three years from the date the 2017-2018 reimbursement claim was filed on February 1, 2019, or until February 1, 2022, to initiate the audit. The Controller initiated the audit of the claimant's reimbursement claim for fiscal year 2017-2018 on August 5, 2022.[88] This date is more than three years after the date the claimant filed its fiscal year 2017-2018 reimbursement claim, making the audit for that reimbursement claim untimely and void.

### B. The Controller's Reduction of Salary and Benefit Costs Is Incorrect as a Matter of Law and the Reduction of All Costs Claimed to $0 Is Arbitrary and Capricious and Entirely Lacking in Evidentiary Support.

The Commission finds that the Controller's reduction of salary and benefit costs is incorrect as a matter of law and its reduction to $0 is arbitrary, capricious, and entirely lacking in evidentiary support.

The Parameters and Guidelines state that only actual costs may be claimed, defined as "those costs actually incurred to implement the mandated program."[89] The Parameters and Guidelines state that direct costs such as salary and benefit costs are "costs that can be traced to specific . . .services, units, programs, activities or functions."[90] To claim the actual costs for salaries and benefits, claimants are required to "[i]dentify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study."[91] The "mandated functions" are the reimbursable activities performed by the employee.

The actual costs for salaries and benefits must be traceable and supported by contemporaneous source documentation that shows "the validity of such costs, when

---

[87] *Apartment Assn. of Los Angeles County, Inc. v. City of Los Angeles* (2009) 173 Cal.App.4th, 13, 26 (rejecting statutory interpretation where "the exception would swallow the rule").

[88] Exhibit A, Incorrect Reduction Claim, page 1126 (Engagement Letter).

[89] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[90] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.).

[91] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.1.).

they were incurred, and their relationship to the reimbursable activities."[92] Source documentation is defined as a document created at or near the same time the actual cost was incurred for the event or activity in question, and the Parameters and Guidelines specifically give "employee time records or time logs" as examples of the types of documents that can be used as source documentation.[93]

The claimant supported its claimed costs by providing time sheets, in which employees reported their time daily and the employee and their supervisor signed and dated the time sheets at the end of the month, certifying them to be true and accurate to the best of their knowledge.[94] These are contemporaneous source documents, exactly the sort contemplated by the Parameters and Guidelines.

The Controller has not presented any arguments or evidence disputing that these are contemporaneous source documents, but rather claims they do not provide all information required by the Parameters and Guidelines because they do not describe the "mandated functions" performed or the actual number of hours devoted to each function. This is incorrect; when read with the instructions on the back of the time sheet which identify the reimbursable activities and the activities which are not eligible for reimbursement, the time sheets do provide a description of the mandated functions.

The claimant's time sheets sort claimants' time into four categories of reimbursable activities: "3130-3133," "3408(c) & 3408(d)," "3411(a) & 3421(c)," and "277, 278 & 278.5;" two categories of non-reimbursable activities: "277/278/278.5 Non-Claimable" and "Other — Non-Claimable (Briefly Explain Below);" and a category for reporting when the employee used vacation or sick leave.[95] The time sheet then describes what activities belong in each category in the instructions on the back of the time sheet, using descriptions such as "Activity…involving enforcement of custody orders;" "Activities…involving out-of-state decrees and any related court activity;" "Activities performed…securing the appearance of an offender personally before the court;" "Activities performed…in the return of an illegally concealed child or minor to its legal guardian;" and "All non-claimable custody of minor activities."[96]

The statutes that imposed the state-mandated activities that created this program are located in Family Code sections 3130 and 3131. Family Code section 3130 requires that when a petition to determine custody of a child has been filed or when there is a temporary order pending determination of custody, and the whereabouts of the party in possession of the child are not known or there is reason to believe the party may not

---

[92] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[93] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[94] Exhibit A, Incorrect Reduction Claim, pages 54-615 (Claimant's Fiscal Year 2017-2018 through 2020-2021 Time Sheets).

[95] Exhibit A, Incorrect Reduction Claim, page 48 (Custody of Minor Time Study Sheet).

[96] Exhibit A, Incorrect Reduction Claim, page 49 (Custody of Minor Time Study Sheet).

appear in the proceedings despite being ordered to appear personally with the child, "the district attorney shall *take all actions necessary to locate the party and the child* and to *procure compliance with the order to appear with the child* for purposes of adjudication of custody."[97] Similarly, Family Code section 3131 requires that when there is a custody or visitation order in place and the child is taken or detained by another person in violation of that order, "the district attorney shall *take all actions necessary to locate and return the child* and the person who violated the order and to *assist in the enforcement of the custody or visitation order or other order of the court* by use of an appropriate civil or criminal proceeding."[98] The Parameters and Guidelines therefore define the scope of the mandate as authorizing reimbursement for "all actions necessary" to locate and return a child and for complying with a court order relating to child custody or visitation, as follows:

> Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney *actively assist in the resolution of child custody and visitation problems*; for the *enforcement of custody and visitation orders*; for *all actions necessary to locate and return a child(ren)* by use of any appropriate civil or criminal proceeding; and for *complying with other court orders relating to child custody or visitation*, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI.[99]

The Parameters and Guidelines then define the reimbursable activities for this program using the following four categories:

> (1) Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders; […]
>
> (2) Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act, (Family Code sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session); […]
>
> (3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren); [and …]

---

[97] Family Code section 3130, emphasis added.

[98] Family Code section 3131, emphasis added.

[99] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.A.), emphasis added.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.[100]

These are the same categories the claimant used for its description of which mandated activities should be reported under each section in the claimant's time sheets. The section titles are references to Family or Penal Code sections that are identified in the program caption and which help define the scope of the mandate. Therefore, contrary to the Controller's interpretation, the claimant's time sheets, which are contemporaneous, describe the specific mandated functions performed using the categories of reimbursable activities in the Parameters and Guidelines and claiming form provided by the Controller's Office for this mandated program, and identify the actual hours spent on the program. Time spent on mandated activities is reported under one of the four categories, and time spent on non-claimable activities is properly segregated into separate categories. Assuming employees reported their time accurately, which we are required to presume since the timesheets are signed and certified to be accurate to the best of the employee and their supervisor's knowledge and there is no evidence to the contrary, the time sheets properly identify the actual number of hours devoted to each mandated function.[101] Thus, the timesheets comply with the documentation requirements in the Parameters and Guidelines.

Furthermore, even if the Controller were hypothetically correct that the claimant did not provide contemporaneous source documentation that complied with the Parameters and Guidelines, it was still arbitrary and capricious to reduce the claimant's claim to $0, as substantial evidence supports that the claimant performed the mandated activities. During the audit, the claimant provided a list of cases handled under the mandate during the audit period, as well as sample case files from its district attorneys and investigators.[102] The claimant also alleged in a declaration filed under penalty of perjury that during the audit period it filed charges in 141 cases, declined to prosecute in 244 more, expended approximately 67,328 hours on mandated activities for these cases, and this work resulted in the recovery or reunification of over 300 minors.[103] It also

---

[100] Exhibit A, Incorrect Reduction Claim, pages 1048-1049 (2009 Amendment to Parameters and Guidelines, sections V.B.1., V.B.2., V.B.2.b.(3)., and V.B.2.b.(4).). Note that categories (3) and (4) are presented as subcategories to category (2). There is a currently pending PGA filed by the Controller that seeks to move these subcategories to their own categories, asserting they were placed under (2) through a clerical error. See *Custody of Minors-Child Abduction and Recovery*, 25-PGA-01 (CSM-4237) https://csm.ca.gov/matters/CSM-4237.shtml (accessed February 27, 2026).

[101] Evidence Code section 664 ("It is presumed that official duty has been regularly performed.").

[102] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report).

[103] Exhibit A, Incorrect Reduction Claim, page 44 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles County District Attorney's Office Targeted Crimes Division).

handled 112 Hague cases and opened approximately 535 civil recovery order cases.[104] These assertions provide substantial evidence that costs were incurred to comply with the mandated activities, as the scope of the mandate broadly requires "the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI," and the only non-reimbursable activities are "Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code." The Controller has made no arguments or filed any evidence disputing the evidence that the claimant performed the mandated activities during the period of reimbursement. The only reason for the reduction was that the activities were not properly supported with contemporaneous source documents that described the mandated functions performed and the actual number of hours devoted to each function.[105] The Controller did not consider the evidence, supported by actual case files, that the claimant performed the mandate and, thus its decision to reduce the claimant's costs to $0 is arbitrary, capricious, and not supported by evidence in the record.

Finally, the Controller's assertion that costs related to "good cause" cases under Penal Code section 278.7 are not reimbursable is incorrect as a matter of law.[106] Penal Code sections 278, 278.5 and 278.7 do not impose any mandated activities on district attorneys themselves, but help define the scope of the mandate created by Family Code sections 3130 and 3131. The Parameters and Guidelines authorize reimbursement for "obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of custody or visitation orders, and "utilizing *any appropriate civil or criminal court action* to secure compliance."[107] The only non-reimbursable costs are those "associated with criminal prosecution, *commencing with the defendant's first appearance* in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency."[108] Furthermore, although Penal Code section 278.7 was never formally incorporated into this program's Parameters and

---

[104] Exhibit A, Incorrect Reduction Claim, page 44 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles County District Attorney's Office Targeted Crimes Division).

[105] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

[106] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[107] Exhibit A, Incorrect Reduction Claim, page 1048 (2009 Amendment to Parameters and Guidelines, section V.B.1.b.) emphasis added.

[108] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VI.A.) emphasis added.

Guidelines, its predecessor, Penal Code section 277 was, and is still included in the caption today.[109]

Accordingly, the Commission approves this IRC and requests, pursuant to Government Code section 17551(d) and section 1185.9 of the Commission's regulations, that the Controller reinstate the amounts incorrectly reduced.

## COMMISSION FINDINGS

### I. Chronology

| | |
|---|---|
| 02/01/2019 | The claimant filed its fiscal year 2017-2018 reimbursement claim.[110] |
| 02/10/2020 | The claimant filed its fiscal year 2018-2019 reimbursement claim.[111] |
| 02/16/2021 | The claimant filed its fiscal year 2019-2020 reimbursement claim.[112] |
| 02/15/2022 | The claimant filed its fiscal year 2020-2021 reimbursement claim.[113] |
| 08/05/2022 | The Controller initiated the audit.[114] |

[109] See Penal Code section 277, as amended by Statutes of 1986, chapter 1210, section 1.

[110] There's a slight disagreement regarding when this claim was filed, as the claimant said in its response to the draft audit report it was filed on January 25, 2019, then in the IRC said it was January 31, 2019 (Exhibit A, Incorrect Reduction Claim, pages 38 (Declaration of Rachelle Anema, Assistant Audit-Controller) and 1118 (Final Audit Report)). According to the Controller's copy of the claimant's reimbursement claim form, it was filed on
February 1, 2019 (Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 117 (Claimant's Reimbursement Claim Form, Fiscal Year 2017-2018)). As the January 25 date is based on when the claimant's authorized representative signed the reimbursement claim form, not when it was submitted, and the January 31 date is supported by a signed declaration but does not provide the records that are the basis of this knowledge, we will rely on the date in the Controller's records of February 1, 2019.

[111] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 122 (Claimant's Reimbursement Claim Form, Fiscal Year 2018-2019).

[112] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 127 (Claimant's Reimbursement Claim Form, Fiscal Year 2019-2020).

[113] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 132 (Claimant's Reimbursement Claim Form, Fiscal Year 2020-2021).

[114] Exhibit A, Incorrect Reduction Claim Incorrect Reduction Claim, page 41 (Letter from Ken Howell, Audit Manager, dated
August 5, 2022). There is also evidence of the Controller contacting the claimant earlier

| | |
|---|---|
| 06/28/2023 | The Controller issued the Draft Audit Report.[115] |
| 07/27/2023 | The claimant filed comments on the Draft Audit Report.[116] |
| 05/02/2024 | The Controller issued the Final Audit Report.[117] |
| 07/25/2025 | The claimant filed the IRC.[118] |
| 12/09/2025 | The Controller filed comments on the IRC.[119] |
| 01/08/2026 | The claimant filed rebuttal comments.[120] |
| 04/23/2026 | Commission staff issued the Draft Proposed Decision.[121] |

## II. Background

### A. The Test Claim Statute

In 1979, the Board of Control found Statutes of 1976, chapter 1399, to impose a reimbursable state mandate on county district attorney offices to assist in the resolution of child custody problems, and the enforcement of custody decrees and other orders of the court in a child custody proceeding. The Board of Control found that the mandated activities include "all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceedings with civil court actions, and guaranteeing the appearance of offenders and minors in court actions."[122]

Specifically, the 1976 statute added sections 4600.1 and 4604 to and amended sections 5157, 5160, and 5169 of the Civil Code, added section 278 and 278.5 to the Penal Code, and amended sections 11478 and 11478.5 of the Welfare and Institutions Code, which required county district attorney offices to become involved in child custody

---

on July 26, 2022, to inform the claimant of the audit and schedule an entrance conference (see Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 150 (Email from Alexandra Bonezzi, Auditor, dated July 26, 2022)), however August 5, 2022 is when the Controller sent a letter formally initiating the audit, so we will rely on that date.

[115] Exhibit A, Incorrect Reduction Claim, page 1095 (Final Audit Report).

[116] Exhibit A, Incorrect Reduction Claim, page 1095 (Final Audit Report).

[117] Exhibit A, Incorrect Reduction Claim, page 1090 (Final Audit Report).

[118] Exhibit A, Incorrect Reduction Claim, page 1.

[119] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 1.

[120] Exhibit C, Claimant's Rebuttal Comments, page 1.

[121] Exhibit D, Draft Proposed Decision.

[122] Exhibit A, Incorrect Reduction Claim, page 1046 (2009 Amendment to Parameters and Guidelines, section II.).

matters.[123] "Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees."[124]

Civil Code section 4604 required that when there is a petition to determine custody of a child filed with the courts or a temporary custody order pending a determination of custody, and either the location of the party with possession of the child is not known or there is a reason to believe that party will defy court orders to appear in the proceedings with the child personally, the district attorney "shall take all actions necessary to locate such party and the child and to procure compliance with the order to appear with the child for the purposes of adjudication of custody."[125] It also said that after a custody decree has been entered, when a child is taken, enticed away, detained, or concealed in violation of that decree, the district attorney shall take all actions necessary to locate the person who violated the decree and the child and to assist in enforcing the custody order or decree.[126] Welfare and Institutions Code section 11478 also required all state, county, and local agencies to cooperate in the location of parents who have abandoned, deserted, or abducted children.[127]

To facilitate this, several tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to ensure compliance, and increased access to locator and other information maintained by county and State departments.

Penal Code section 278 established a crime when a defendant that does not have a right to custody of a child, acts with malicious intent to detain or conceal the child from their parent, guardian, or other person with lawful charge of the child, as follows:

> Every person, not having a right to custody, who maliciously takes, entices away, detains, or conceals any minor child with intent to detain or conceal such child from a parent, or guardian, or other person having lawful charge to such child shall be punished by imprisonment in the state prison for two, three, or four years, a fine of not more than ten thousand dollars ($10,000) or both, or imprisonment in a county jail for a period of not more

[123] Statutes 1976, chapter 1399.

[124] Exhibit A, Incorrect Reduction Claim, page 1024 (2009 Amendment to Parameters & Guidelines, section I.).

[125] Civil Code section 4604(a), as added by Statutes 1976, chapter 1399, section 3.

[126] Civil Code section 4604(b), as added by Statutes 1976, chapter 1399, section 3.

[127] Welfare and Institutions Code section 11478, as amended by Statutes 1976, chapter 399, section 15.

than one year, a fine of not more than one thousand dollars ($1,000), or both.[128]

Penal Code section 278.5 established a crime when the defendant takes, retains after the end of a visitation period, or conceals the child from their legal custodian in violation of a custody decree, or if the defendant has custody of the child pursuant to a court order and detains or conceals the child with intent to deprive another person of their right to custody or visitation in violation of a court order, as follows:

> Every person who in violation of a custody decree takes, retains after the expiration of a visitation period, or conceals the child from his legal custodian, and every person who has custody of a child pursuant to an order, judgment or decree of any court which grants another person rights to custody or visitation of such child, and who detains or conceals such child with the intent to deprive the other person of such right to custody or visitation shall be punished by imprisonment in state prison for a period of not more than one year and one day or by imprisonment in a county jail for a period of not more than one year, a fine of not more than one thousand dollars ($1,000), or both.[129]

The 1976 statute also

- Added Civil Code section 4600.1 (allowing parties in a dissolution of marriage proceeding to petition the court for a temporary custody order of any minor children);
- Added Civil Code section 4605 (authorizing the state to reimburse district attorney expenses incurred pursuant to Civil Code section 4604 to take all actions necessary to locate the party that has the child and the child and to procure compliance with the order to appear or to enforce a custody order), and for courts to allocate liability for reimbursement of district attorneys' actual expenses to either or both parties);
- Amended Civil Code section 5157 (prohibiting courts from exercising jurisdiction to modify a custody decree when the petitioner has violated the custody decree of another state, and requiring courts to notify the other party and the prosecuting attorney in the other state, and to issue orders to appear in a custody proceeding in the other state or place the child in foster care pending return to the rightful custodian);
- Amended Civil Code section 5160 (granting courts authority to order a party in a custody proceeding to appear personally with the child, and to issue an arrest warrant against the party if they do not comply);

[128] Penal Code section 278(a), as added by Statutes 1976, chapter 1399, section 10.5.

[129] Penal Code section 278.5(a), as added by Statutes 1976, chapter 1399, section 11.

- Amended Civil Code section 5169 (authorizing courts competent to hear custody matters in this state to order a person in this state to appear at a hearing or produce evidence upon the request of the court of another state); and
- Amended Welfare and Institutions Code section 11478.5 (directing the Attorney General to use its parent locator service to locate parents who deserted or abandoned their children to enforce their liability for child support and to locate and return abducted children and their parents).[130]

In 1983, the Legislature amended Civil Code section 4604(b) to clarify it to also require district attorneys to enforce visitation orders.[131]

In 1984, the Legislature added what is now former Penal Code section 277.[132] Unlike former Penal Code section 278, which applied to defendants who had no right to custody of a child, and former Penal Code section 278.5, which applied when the defendant had a right to custody or visitation pursuant to a court order, former Penal Code section 277 applied when there was no court order determining custody or visitation rights. Under the circumstances when no court order determining custody exists, a crime is established if the defendant intentionally deprives another person of their right to custody, and maliciously takes, detains, conceals, or entices away the child, *without good cause*, as follows:

> In the absence of a court order determining rights of custody or visitation to a minor child, every person having a right of custody of the child who maliciously takes, detains, conceals, or entices away that child within or without the state, without good cause, and with the intent to deprive the custody right of another person or a public agency also having a custody right to that child, shall be punished by imprisonment in the county jail for a period of not more than one year, a fine of one thousand dollars ($1,000), or both, or by imprisonment in the state prison for a period of one year and one day, a fine of five thousand dollars ($5,000), or both.
>
> A subsequently obtained court order for custody or visitation shall not affect the application of this section.
>
> For the purposes of this section, "a person having a right of custody" means the legal guardian of the child or a person who has a parent and child relationship with the child pursuant to Section 197 of the Civil Code.[133]

In 1986 the Legislature amended Penal Code section 277 by urgency statute to clarify "good cause" as used here to mean "a good faith belief that the taking, detaining, concealing, or enticing away of the child is necessary to protect the child from

---

[130] See Statutes 1976, chapter 1399, sections 2, 4, 5, 6, 7, 13, and 16.

[131] Civil Code section 4604(b), as amended by Statutes 1983, chapter 990, section 1.

[132] Statutes of 1984, chapter 1207, section 1.

[133] Penal Code section 277, as added by Statutes of 1984, chapter 1207, section 1.

immediate bodily injury or emotional harm."[134] Thus, "good cause" for taking the child means that no crime exists.

In 1992, the Legislature repealed significant portions of the Civil Code, Code of Civil Procedure, Evidence Code, and Probate Code and moved their contents to the newly enacted Family Code.[135] Specifically, the court's ability to issue temporary custody orders during a petition to determine custody in former Civil Code section 4600.1 was moved to and expanded on in Family Code sections 3060, 3061, 3062, 3063, and 3064.[136] Former Civil Code sections 4604(a), (b) and (c) were broken up into Family Code sections 3130, 3131, and 3132, respectively, without significant change to their contents. Former Civil Code section 4605 became Family Code section 3134, and Family Code section 3133 granted district attorneys the ability to request the court grant a temporary custody order if an order is needed to recover a child that is being detained or concealed in violation of a court order or a parent's right to custody.[137] Former Civil Code sections 5157, 5160, and 5169 became Family Code sections 3408, 3411, 3421, respectively, without significant changes to their contents.[138]

In 1996, the Legislature repealed and added back in all of Chapter 4 (commencing with Section 277), of the Penal Code, but renumbered some provisions.[139] Penal Code section 277 now provides statutory definitions for terms used in the chapter such as "right to custody" and "visitation."[140] Penal Code section 278 was mostly unchanged from former section 278, and says:

> Every person, not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars ($1,000), or both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years, a fine not exceeding ten thousand dollars ($10,000), or both that fine and imprisonment.[141]

---

[134] Penal Code section 277, as amended by Statutes of 1986, chapter 1210, section 1.

[135] See Statutes of 1992, chapter 162.

[136] Statutes of 1992, chapter 162, section 10.

[137] Statutes of 1992, chapter 162, section 10.

[138] See Statutes of 1992, chapter 162, section 10.

[139] See Statutes of 1996, chapter 988, section 9.

[140] Penal Code section 277, as added by Statutes of 1996, chapter 988, section 9.

[141] Penal Code section 278, as added by Statutes of 1996, chapter 988, section 9. The current version received one last amendment since then with Statutes of 2011, chapter 15, section 313, which noted the punishment of imprisonment in state prison was pursuant to subdivision (h) of Section 1170.

The changes made to Penal Code section 278.5 however combine elements of both former Penal Code sections 277 and 278.5, as it applies regardless of whether there is a court order regarding custody or visitation rights, but no longer specifies the taking of the child must be without good cause. Section 278.5 states:

> (a) Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in county jail not exceeding one year, a fine not exceeding one thousand dollars ($1,000), or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars ($10,000), or both that fine and imprisonment.
>
> (b) Nothing contained in this section limits the court's contempt power.
>
> (c) A custody order obtained after the taking, enticing away, keeping, withholding, or concealing of a child does not constitute a defense to a crime charged under this section.[142]

The Legislature also added Penal Code section 278.7, which now states that Penal Code section 278.5 does not apply and a crime may not be established if a person with a right to custody of the child has a good faith and reasonable belief the child will suffer immediate bodily injury or emotional harm if left with the other person and thereafter reports to the district attorney's office with their name, address and telephone number, and the reason for his or her actions; commences a custody proceeding; and informs the district attorney's office of any change of address or telephone number of the defendant and the child. Penal Code section 278.7 says:

> (a) Section 278.5 does not apply to a person with a right to custody of a child who, with a good faith and reasonable belief that the child, if left with the other person, will suffer immediate bodily injury or emotional harm, takes, entices away, keeps, withholds, or conceals that child.
>
> (b) Section 278.5 does not apply to a person with a right to custody of a child who has been a victim of domestic violence who, with a good faith and reasonable belief that the child, if left with the other person, will suffer immediate bodily injury or emotional harm, takes, entices away, keeps, withholds, or conceals that child. "Emotional harm" includes having a parent who has committed domestic violence against the parent who is taking, enticing away, keeping, withholding, or concealing the child.

---

[142] Penal Code section 278.5, as added by Statutes of 1996, chapter 988, section 9. The current version received one last amendment since then with Statutes of 2011, chapter 15, section 314, which noted the punishment of imprisonment in state prison was pursuant to subdivision (h) of Section 1170.

(c) The person who takes, entices away, keeps, withholds, or conceals a child shall do all of the following:

(1) Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, make a report to the office of the district attorney of the county where the child resided before the action. The report shall include the name of the person, the current address and telephone number of the child and the person, and the reasons the child was taken, enticed away, kept, withheld, or concealed.

(2) Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, commence a custody proceeding in a court of competent jurisdiction consistent with the federal Parental Kidnapping Prevention Act (Section 1738A, Title 28, United States Code) or the Uniform Child Custody Jurisdiction Act (Part 3 (commencing with Section 3400) of Division 8 of the Family Code).

(3) Inform the district attorney's office of any change of address or telephone number of the person and the child.

(d) For the purposes of this article, a reasonable time within which to make a report to the district attorney's office is at least 10 days and a reasonable time to commence a custody proceeding is at least 30 days. This section shall not preclude a person from making a report to the district attorney's office or commencing a custody proceeding earlier than those specified times.

(e) The address and telephone number of the person and the child provided pursuant to this section shall remain confidential unless released pursuant to state law or by a court order that contains appropriate safeguards to ensure the safety of the person and the child.[143]

In 2006, the California Supreme Court found in *People v. Neidinger* that the "good faith and reasonable belief" language still only requires the defendant, like under former Penal Code section 277, to raise a reasonable doubt regarding the prosecution's allegations that the defendant had malice and did not have "good cause" when taking or concealing the child, and that the malice requirement in section 278.5 and the good faith defense in section 278.7 are "intertwined, not entirely separate."[144]

In 1999, the Legislature repealed the Uniform Child Custody Jurisdiction Act (former Family Code sections 3400-3425) to replace it with the Uniform Child Custody

[143] Penal Code section 278.7, as added by Statutes of 1996, chapter 988, section 9 (this is the current version of Penal Code section 278.7).

[144] *People v. Neidinger* (2006) 40 Cal.4th 67, 79.

Jurisdiction and Enforcement Act.[145] This made significant changes to the code sections within it that previously helped define the scope of the mandate imposed by this program as follows:

- Former Family Code section 3408 said courts may decline to exercise jurisdiction to determine custody or modify a custody order from another state in cases where the child was wrongfully taken from another state or the petitioner engaged in similar reprehensible conduct. When a court declines to exercise jurisdiction for this reason, it also required that the court notify the parent or other appropriate person with legal custody as well as the prosecuting attorney of the appropriate jurisdiction in the other state. If requested by the other state, the court shall order the petitioner to appear with the child in a custody proceeding in the other state, and may order the petitioner to return the child to the person with legal custody, or place the child in foster care pending return to the legal custodian if such an order would be ineffective.[146]

  Under current Family Code section 3428, courts are required to decline to exercise jurisdiction in cases where the party seeking to invoke its jurisdiction "engaged in unjustifiable conduct," except under specific exceptions, and says that when a court declines to exercise jurisdiction for this reason "it may fashion an appropriate remedy to ensure the safety of the child and prevent a repetition of the unjustifiable conduct."[147]

- Former Family Code section 3411 granted courts the ability to order any party to a custody proceeding located within the state to appear personally before the court, and may order a party located within the state with physical custody of the child to appear personally with the child. If the party with the child cannot be served or fails to obey the order, the court may issue an arrest warrant to secure the party's appearance with the child. For parties located outside the state, the court may order that notices sent to parties outside the state include a statement directing the party to appear personally with or without the child and declaring that failure to appear may result in an adverse judgement; and can order that another party in the proceeding pay the necessary travel expenses of a party appearing from outside the state.[148]

  This provision was moved to Family Code section 3430, which still grants courts authority to order parties to a custody proceeding located within the state to appear personally before the court with or without the child; order a person with

---

[145] Statutes of 1999, chapter 867. This change has not been acknowledged in the current Parameters and Guidelines.

[146] See Family Code section 3408, as amended by Statutes of 1992, chapter 162, section 10.

[147] Family Code section 3428.

[148] See Family Code section 3411, as amended by Statutes of 1992, chapter 162, section 10.

physical custody of the child located within the state to appear personally with the child; order notices be sent to parties located outside the state; and to order another party pay for the travel expenses of parties appearing from outside the state. But the code section no longer specifies the ability to issue arrest warrants if an order to appear is ineffective and additionally grants the ability to enter any orders necessary to ensure the safety of the child and any persons ordered to appear.[149]

- Former Family Code section 3421 required that, upon the request of the court of another state, courts in this state may order a person within this state to appear at a hearing to produce evidence or produce or give evidence under other procedures available in this state, a certified copy of the hearing or evidence adduced forwarded to the other court, or to order a party located within this state to appear personally before the court in the other state with or without the child, or to issue an arrest warrant to secure the party's appearance in the other state with the child if the party cannot be served or fails to obey the order to appear.[150]

  Current Family Code section 3412 grants courts in this state the ability to request the court of another state hold an evidentiary hearing; order a person to produce or give evidence pursuant to the procedures of that state; order an evaluation be made with respect to the custody of a child in a pending proceeding; forward to the court of this state a certified copy of the hearing transcript, evidence presented, and any evaluations prepared in compliance of the court's request; order a party in a custody proceeding or a person with physical custody of a child to appear in a proceeding with or without the child; and that courts in this state may do these same things at the request of the court in another state.[151]

- The 1999 statute also added Family Code section 3135, which states that the Uniform Child Custody Jurisdiction and Enforcement Act does not limit the authority of a district attorney or arresting agency to act pursuant to Family Code section 3130 et seq., Penal Code section 279.6 (which grants law enforcement officers authority to take a child into protective custody), or any other applicable law.[152]

Thus, with all these changes, once the district attorney receives a request for assistance in enforcing a custody or visitation order or other court order related to a custody proceeding, the district attorney is required to "take all actions necessary," to locate parties and the child in a petition to determine custody or where a temporary custody order pending determination of custody has been entered, when the party is in possession of the child and their whereabouts are unknown or there is reason to believe

---

[149] Family Code section 3430.

[150] See Family Code section 3421, as amended by Statutes of 1992, chapter 162, section 10.

[151] Family Code section 3412.

[152] Family Code section 3135.

they may not appear in the proceeding although ordered to appear personally with the child, and to "procure compliance with the order to appear."[153] District attorneys are also required to "take all actions necessary" to locate a person who has taken or detained a child in violation of a custody or visitation order entered by a court of competent jurisdiction and to "assist in the enforcement of the custody or visitation order or other order of the court by use of an appropriate civil or criminal proceeding."[154]

The Board of Control found that "[t]hese activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions."[155] It further defined the scope of the mandate as "[c]ounties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5," with the only exceptions being "[c]osts associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency."[156]

Therefore, once the district attorney receives a request for assistance in enforcing a custody or visitation order or other court order related to a custody proceeding, the district attorney is obligated to involve themselves in resolving custody and visitation disputes, and all activities necessary to reaching a resolution are reimbursable up until the defendant's first appearance in a California court for the criminal offenses defined in Penal Code section 278 or 278.5, wherein the child has been returned to the person or agency with lawful custody.

While Family Code sections 3130 and 3131 impose the mandate on district attorneys, the other code sections added or amended by the test claim statute and identified in the Parameters and Guidelines help define the scope of the mandate.

### B. The Board of Control's Mandate Determination and Subsequent Amendments to the Parameters and Guidelines

In 1979, the Board of Control approved the Test Claim and found Statutes of 1976, chapter 1399 to impose a reimbursable state mandate on county district attorney

---

[153] Family Code section 3130.

[154] Family Code section 3131.

[155] Exhibit A, Incorrect Reduction Claim, page 1046 (2009 Amendment to Parameters and Guidelines, section II.).

[156] Exhibit A, Incorrect Reduction Claim, pages 1046 and 1050 (2009 Amendment to Parameters and Guidelines, sections V.A. and VI.A.).

offices.[157] Parameters and Guidelines were approved on January 21, 1981.[158] Records show the Parameters and Guidelines were amended on July 19, 1984; July 27, 1987; and October 26, 1989, however copies of these amendments and the original Parameters and Guidelines are not available.[159]

On February 22, 1990, the Parameters and Guidelines were amended again.[160] The 1990 Parameters and Guidelines identify the 1976 statute (the test claim statute) and 1983 statute (which provided that the enforcement requirements applied to visitation decrees as well as custody decrees) as the statutes creating the reimbursable state-mandated program and the 1990 Parameters and Guidelines define the scope of the mandate as follows:

> Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney: actively assist in the resolution of child custody and visitation problems; the enforcement of custody and visitation decrees; take all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and comply with other court orders relating to child custody or visitation, as provided in Civil Code Section 4604, with the exception of those activities listed in Section VI.[161]

The reimbursable activities identified in the 1990 Parameters and Guidelines are as follows:

> 1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation degrees [sic]:
>
> a. Contact with child(ren) and other involved persons.
>
> (1) Receipt of reports and requests for assistance.
>
> (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.
>
> (3) Locating missing or concealed offender and child.

---

[157] Exhibit A, Incorrect Reduction Claim, page 1046 (2009 Amendment to Parameters and Guidelines, section II.).

[158] Exhibit A, Incorrect Reduction Claim, page 1045 (2009 Amendment to Parameters and Guidelines).

[159] Exhibit A, Incorrect Reduction Claim, page 1045 (2009 Amendment to Parameters and Guidelines); Exhibit X (1), 1990 Amendment to Parameters and Guidelines, page 3.

[160] Exhibit X (1), 1990 Amendment to Parameters and Guidelines.

[161] Exhibit X (1), 1990 Amendment to Parameters and Guidelines, pages 3-5.

b. Utilizing any appropriate civil or criminal court action to secure compliance.

(1) Preparation and investigation of reports and requests for assistance.

(2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with decrees or court orders.

(3) Process services and attendant court fees and costs.

(4) Depositions.

c. Physically recovering the child(ren).

(1) Travel expenses, food, lodging, and transportation for the escort and child.

(2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Civil Code Sections 5150 through 5174) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

a. District Attorney cost of notifications sent if jurisdiction is refused.

b. cost of providing foster home care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

c. Cost of transporting the child to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child.

(2) Other personal necessities for the child. All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

3. Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

    a. Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

    b. Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

4. Return of an illegally obtained or concealed child to the legal custodian or agency.

    a. Costs of food, lodging, transportation and other personal necessities for the child from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

    b. Cost of an escort for the child, including costs of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

    Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.[162]

The 1990 version lists the following "non-reimbursable costs:

A. Costs associated with criminal prosecution, commencing with the defendant's apprehension, surrender, or first appearance, for offenses defined in Sections 277, 278 and 278.5 of the Penal Code. [¶]

B. Costs associated with locating an offender and serving a warrant related either to criminal or civil proceedings defined in Sections 277, 278 and 278.5 of the Penal Code wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.[163]

---

[162] Exhibit X (1), 1990 Amendment to Parameters and Guidelines, pages 5-7 (section V.B.).

[163] Exhibit X (1), 1990 Amendment to Parameters and Guidelines, pages 7-8 (section VI.), with a space added for readability between "A." and "B."

The 1990 Parameters and Guidelines also identified the documentation requirements for salaries and benefits by requiring the claimant to "describe the mandated functions performed and specify the actual number of hours devoted to each function," as follows:

> Identify the employee(s), show the classification of the employee(s), involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. 'Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

The Parameters and Guidelines were amended again on July 22, 1993.[164] The caption was amended to identify the following code sections along with the 1976 test claim statute: Civil Code sections 4600.1, 4604, 5157, 5160, and 5169; Penal Code sections 278 And 278.5; and Welfare and Institutions Code section 11478.5.[165] In addition, some of the items in the "Reimbursable Costs" section were moved to a higher list level; i.e., activities 3 and 4 above (securing the appearance of the offender and the child on order of the court and return of an illegally obtained or concealed child to the legal custodian or agency) were moved under activity 2.[166] In addition, new phrasing in the "Required Certification" section stated that "[a]n authorized representative of the claimant will be required to provide a certification of the claim, as specified by the State Controller's claiming instructions, for those costs mandated by the state contained herein."[167]

On August 26, 1999, the Parameters and Guidelines were amended again and adopted on the Commission's consent calendar.[168] The caption identifies the following current code sections: Family Code sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421; Penal Code sections 277, 278, and 278.5; and Welfare and Institutions Code

---

[164] Exhibit X (2), 1993 Amendment to Parameters and Guidelines, page 1.

[165] Exhibit X (2), 1993 Amendment to Parameters and Guidelines, page 1.

[166] The Commission currently has a pending request to amend the Parameters and Guidelines to "correct the numbering of the reimbursable activities that was changed over the years due to clerical error." (*Custody of Minors-Child Abduction and Recovery*, 25-PGA-01 (CSM-4237), filed by the State Controller's Office, https://csm.ca.gov/matters/CSM-4237.shtml).

[167] Exhibit X (2), 1993 Amendment to Parameters and Guidelines, pages 4-5 (sections V.B.1.c.(3-4).), 8 (section X.).

[168] Exhibit X (3), 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments; Exhibit X (4), Commission on State Mandates Minutes, August 26, 1999.

section 11478.5.[169] The caption also identifies the 1976 test claim statute, the 1983 amendment, and two subsequent statutory amendments in 1992 and 1996, which are explained in Section I, Summary of Mandate, as follows:

> Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.
>
> Chapter 988, statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.[170]

In addition, the description of the "Non-Reimbursable Costs" was amended as follows:

> A. Costs associated with criminal prosecution, commencing with the ~~defendant's apprehension, surrender, or~~ first appearance, for offenses defined in Sections ~~277,~~ 278 and 278.5 of the Penal Code <u>wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency</u>.
>
> ~~B. Costs associated with locating an offender and serving a warrant related either to criminal or civil proceedings defined in Sections 277, 278 and 278.5 of the Penal Code wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.~~[171]

Finally, the "Claim Preparation" section was amended to add language regarding direct and indirect costs, with clarifying amendments for materials and supplies, travel, and training conducted on the mandate.[172]

On October 30, 2009, the Parameters and Guidelines were amended beginning with claims filed for the July 1, 2005 through June 30, 2006 fiscal year.[173] The 2009 Parameters and Guidelines govern the reimbursement claims at issue here. This amendment added what is now boilerplate text found at the start of every Reimbursable

---

[169] Although the caption identifies all of these code sections, only Family Code sections 3130 and 3131 actually impose mandated activities on local agencies. The others provide context that help define the scope of the mandate.

[170] Exhibit X (3), 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments, pages 11-12 (Caption; section I, Summary of Mandate.).

[171] Exhibit X (3), 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments, page 16-17 (section VI.).

[172] Exhibit X (3), 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments, pages 13 (section V.B.), 17-20 (section VII.).

[173] Exhibit A, Incorrect Reduction Claim, pages 1045-1046 (2009 Amendment to Parameters and Guidelines).

Costs and Activities section, stating that only actual costs may be claimed, that actual costs are costs that are actually incurred to implement the mandated activities, and that actual costs must be supported by contemporaneous source documents, which cannot be substituted for corroborating documents, as follow:

> V. REIMBURSABLE COSTS
>
> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.
>
> Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge."
>
> Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.
>
> The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.[174]

The scope of the mandate remains stated as follows:

> Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI.[175]

---

[174] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[175] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.A.).

The reimbursable activities and "non-reimbursable costs" remain the same as the earlier version of the Parameters and Guidelines, with only "Costs associated with criminal prosecution, *commencing with the defendant's first appearance in a California court*, for offenses defined in Sections 278 or 278.5 of the Penal Code" listed as *not* eligible for reimbursement. [176] The reimbursable activities in the 2009 Parameters and Guidelines state the following:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:
    a. Contact with child(ren) and other involved persons.
        (1) Receipt of reports and requests for assistance
        (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.
        (3) Locating missing or concealed offender and child(ren).
    b. Utilizing any appropriate civil or criminal court action to secure compliance.
        (1) Preparation and investigation of reports and requests for assistance.
        (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.
        (3) Process services and attendant court fees and costs.
        (4) Depositions.
    c. Physically recovering the child(ren).
        (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).
        (2) Other personal necessities for the child. All such items purchased must be itemized.
2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425)

[176] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VI.A.).

and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist. Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

   (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

   (2) Other personal necessities for the child(ren). All such items purchased must be itemized. Costs recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

   (3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

      (a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

      (b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren) including costs of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.
Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

And allowable direct costs are identified in Section VII., which still requires that employee salary and benefit costs be supported with contemporaneous documents that "describe the mandated functions performed and specify the actual number of hours devoted to each function," as follows:

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with the claim.

3. Materials and Supplies

   Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications, may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

4. Travel

   Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

   The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.[177]

### C. The Audit's Findings

On August 5, 2022, the Controller initiated an audit of the costs claimed by the claimant's CAR program for the period of July 1, 2017 through June 30, 2021.[178] The

[177] Exhibit A, Incorrect Reduction Claim, pages 1050-1051 (2009 Amendment to Parameters and Guidelines, section VII.A.).

[178] Exhibit A, Incorrect Reduction Claim, page 41 (Letter from Ken Howell, Audit Manager, dated August 5, 2022).

claimant claimed $10,232,292 during the audit period, consisting of $7,436,663 in salaries and benefits and $2,855,569 in related indirect costs.[179] The Controller found all of these costs unallowable, primarily because the claimant did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function, and reduced the claimant's claim to $0 as a result.[180] The Controller's findings are as follows:

**1. Insufficient Supporting Documentation**

The claimant's employees filled out monthly time studies (time sheets)[181] to record their time spent on mandated activities. The time sheets had employees record their time spent on mandated activities daily using the following categories:

- 3130 through 3133;
- 3408(c) and 3408(d);
- 3411(a) and 3421(c); and
- 277, 278, and 278.5.[182]

The time sheets also had space to record how much time was spent on non-claimable activities, labeled as "277/278/278.5 Non-Claimable" and "Other — Non-Claimable (Briefly Explain Below)."[183] There was also space to record if the employee used vacation or sick leave. The instructions on the back of the time sheets described the categories of time as follows:

> **Section 3130-3133**
>
> Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category.
>
> **Section 3408(c) and 3408(d)**

[179] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

[180] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

[181] Although labeled "Custody of Minor Time Study," these records are actually time sheets, meant to comply with the Mandated Cost Manual for Local Agencies' guidance for actual time reporting. Time studies and actual time reporting provide different information about time spent on mandated activities, and have different requirements. The Controller acknowledged these are time sheets, as it acquiesced to calling them time sheets in its response to the claimant's comments on the draft audit report and in its comments on the IRC.

[182] Exhibit A, Incorrect Reduction Claim, page 48 (Los Angeles County District Attorney Custody of Minor Time Study).

[183] Exhibit A, Incorrect Reduction Claim, page 48 (Los Angeles County District Attorney Custody of Minor Time Study).

Activities performed under item number (2) involving out-of-state decrees and any related court activity should be indicated in this category.

**Section 3411(a) & 3421(c)**

Activities performed under item number (3) securing the appearance of an offender personally before the court should be indicated in this category.

**Section 277, 278, 278.5**

Activities performed under item (4) in the return of an illegally concealed child or minor to its legal guardian should be indicated in this category.[184]

The time sheets also provided the following instructions regarding time spent on non-claimable activities:

**Section 277, 278, 278.5 – Non-Claimable (8)**

All non-claimable custody of minors activities should be indicated in this category.

**Other – Non-Claimable Activity Item Number (9)**

Please explain any entries in this category.[185]

The Controller found that the claimant's time sheets did not adequately describe the mandated functions performed or the actual number of hours devoted to each function. Through interviews with county personnel, the Controller determined that the district attorneys and investigators who work on this program are sometimes involved in activities after a defendant's arraignment date.[186] "Without a description of the mandated functions, we were unable to determine whether the county had claimed unallowable costs associated with criminal prosecution commencing with the defendant's first appearance in a California court, or claimed costs associated with non-mandated activities."[187]

The Controller also examined case file documents from sample cases provided by the claimant's district attorneys and investigators for additional source documentation, however it found that none of the documents provided described mandated functions performed or the actual number of hours devoted to each function.[188] "Based on the documentation provided, [the Controller was] unable to determine the mandated

---

[184] Exhibit A, Incorrect Reduction Claim, page 49 (Los Angeles County District Attorney Custody of Minor Time Study). The Controller did not discuss the claimant's descriptions of Section 3408(c) and 3408(d) or Section 3411(a) & 3421(c), possibly because the claimant did not claim any costs under those categories.

[185] Exhibit A, Incorrect Reduction Claim, page 49 (Los Angeles County District Attorney Custody of Minor Time Study).

[186] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[187] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[188] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

functions performed, the actual number of hours devoted to each function, or the validity of the costs. Only actual costs traceable to source documents may be claimed for this program."[189]

The claimant's response to the draft audit report opened by noting the significant work done by its CAR program; during the audit period the Los Angeles District Attorney's Office expended approximately 67,328 hours on the mandated program, district attorneys filed charges in 141 cases and declined 244 more, and these efforts resulted in the recovery or reunification of over 300 minors.[190] However the Controller's audit valued that work at $0.00, because it found that source documentation that had always been accepted in the past is now inadequate, reversing a decades-long position without any prior notice or warning, at a point where it is too late for the claimant to provide the documentation the Controller seeks.[191] The claimant insisted that the time sheets, salaries and benefits information, and indirect cost calculation provided to support the costs claimed are valid source documents that comply with the Parameters and Guidelines.[192]

The claimant also provided the Controller a list of each attorney, paralegal, and investigator assigned to compensable activities along with support documentation showing salaries, benefits, and indirect costs, as well as additional information, including a list of all matters handled by investigators as well as representative custody and Hague Convention matters, as further evidence of it performing mandated activities.[193]

The claimant also objected that the draft audit report did not reflect information provided during the audit that the claimant's investigators' time is spent almost exclusively on claimable activities, and the Intermediate Typist Clerk's time is almost entirely devoted to supporting the investigators, which the claimant asserted made that time fully claimable as well.[194] The claimant provided lists of the cases investigators handled during the audit period to support this, and the few times investigators assisted attorneys after filing a criminal case or the Intermediate Typist Clerk spent time assisting on non-claimable work, this time was properly recorded on employees' time sheets.[195] Additionally, the claimant's paralegals work only under section 3130 and the Hague Convention, as such the claimant asserted their time is entirely claimable under Family Code section 3130-3133.[196] Although the claimant's deputy district attorneys do

---

[189] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[190] Exhibit A, Incorrect Reduction Claim, page 1100 (Final Audit Report).

[191] Exhibit A, Incorrect Reduction Claim, pages 1100-1101 (Final Audit Report).

[192] Exhibit A, Incorrect Reduction Claim, page 1101 (Final Audit Report).

[193] Exhibit A, Incorrect Reduction Claim, page 1102 (Final Audit Report).

[194] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report).

[195] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report).

[196] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report).

regularly perform both claimable and non-claimable work, they are instructed how to allocate claimable and non-claimable time and certify they did so correctly in their time studies; there is no reason to find this time disallowable.[197]

Finally, the claimant objected to the Controller's determination that the sample case files did not describe the functions performed or the hours devoted to each task, as it explained the sample cases were not meant to show that information; that information was provided in the time sheets.[198] The case file documents were meant to be corroborating documents that "reflect or are the claimable activities themselves, they are the court orders (memorializing court appearances), investigations, contacts, travel, and reports in the case."[199] This was meant to corroborate that the activities for which reimbursement was sought were reimbursable activities under the Parameters and Guidelines. The claimant believed the eight district attorney case files and four investigator case files provided to be sufficiently representative of the cases claimant's deputy district attorneys and investigators worked on, however if the Controller found these samples insufficient the claimant asserted it was willing to make more cases available for review.

The Controller responded to the claimant's arguments as to whether its source documents were consistent with the Parameters and Guidelines by quoting the time sheet's instructions again and asserting that:[200]

> The time study/time sheet instructions list the Penal Code and Family Code section and "Activity performed" or "Activities performed." However, descriptions of the mandated activities performed are not provided.
>
> Likewise, "non-claimable" activities are simply noted as "277/278/278.5 Non-Claimable" or "Other-Non-claimable." No further description of the activities performed is provided.[201]

The Controller continued by stating the "Salary and Employees' Benefits" section of the Parameters and Guidelines require the claimants' documentation "Identify the employee(s), show the classification of the employee(s) involved, **describe the mandated functions performed and specify the actual number of hours devoted to each function,** [emphasis added] the productive hourly rate, and the related benefits. The average number of hours may be claimed if supported by a documented time study."[202] The Mandated Cost Manual the claimant relied on is based on the Parameters and Guidelines, and also required all claims submitted to the Controller to

---

[197] Exhibit A, Incorrect Reduction Claim, pages 1104-1105 (Final Audit Report).

[198] Exhibit A, Incorrect Reduction Claim, page 1105 (Final Audit Report).

[199] Exhibit A, Incorrect Reduction Claim, page 1105 (Final Audit Report).

[200] Exhibit A, Incorrect Reduction Claim, page 1107 (Final Audit Report).

[201] Exhibit A, Incorrect Reduction Claim, page 1107 (Final Audit Report).

[202] Exhibit A, Incorrect Reduction Claim, pages 1107-1108 (Final Audit Report).

comply with the Controller's claiming instructions and the Parameters and Guidelines.[203] As for the claimant's complaint that it has used this form without issue since at least 1994, this is the Controller's first audit of the claimant's CAR program conducted since the current Parameters and Guidelines were adopted in 2009; the only prior audit was issued in 2007 and was subject to the prior Parameters and Guidelines adopted in 1999.[204] The claimant had prior notice of these changes, as the mandated cost manual notes that the Parameters and Guidelines were amended in October 30, 2009 to clarify source document requirements.[205] The mandated cost manual is provided to claimants annually, and furthermore the Commission provided a notification to all state agencies and interested parties before the meeting where it adopted the amendment, to allow interested parties an opportunity to comment on the proposed changes.[206] The claimant was not unduly prejudiced by this, as claimants are responsible for reviewing relevant materials, including changes to the Parameters and Guidelines before submitting their reimbursement claim, and are responsible for ensuring their claims adhere to the Parameters and Guidelines requirements.[207] The documents the claimant provided during the audit do not describe the mandated functions performed or the actual number of hours devoted to each function, and providing case files to support that the claimant's investigators' time is almost exclusively spent on claimable activities (i.e., enforcing custody orders) does not comply with the requirement to support the actual number of hours devoted to each function; furthermore the Parameters and Guidelines do not allow the claimant's Intermediate Typing Clerk's time to be "fully claimable" simply because his work is solely devoted to supporting the investigators.[208] "Documenting time spent on activities under Family Code section 3130-3133, without describing the mandated functions performed or specifying the number of hours devoted to each function, does not comply with the Parameters and Guidelines."[209] These time records are not adequate source documents, and the documents in claimant's case files are merely corroborating documents, which can support source documents, but are not a substitute for source documents themselves.[210]

### 2. Reduction of Costs in Good Cause Cases

Additionally, the Controller noted it found out through interviews with personnel that one of the claimant's employees, the Intermediate Typist Clerk, spent some time on

[203] Exhibit A, Incorrect Reduction Claim, page 1108 (Final Audit Report).

[204] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report).

[205] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report).

[206] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report).

[207] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report).

[208] Exhibit A, Incorrect Reduction Claim, pages 1109-1110 (Final Audit Report).

[209] Exhibit A, Incorrect Reduction Claim, pages 1110-1111 (Final Audit Report).

[210] Exhibit A, Incorrect Reduction Claim, page 1111 (Final Audit Report).

activities related to Penal Code section 278.7 ("good cause") cases.[211] The claimant's time sheets did not have a space for time spent on activities for "good cause" cases. The Controller asserts that "good cause" cases are an unallowable cost because the Parameters and Guidelines do not specifically identify "good cause" cases as a reimbursable cost. The Controller also notes that the Parameters and Guidelines incorporate Penal Code sections 278 and 278.5 as amended by the 1996 statute, which is the same chapter that added Penal Code section 278.7, yet Penal Code section 278.7 was not incorporated into the Parameters and Guidelines.[212]

The claimant objected to the position that costs related to Penal Code section 278.7 are non-reimbursable and explained that Penal Code section 278.7 is not its own crime, but sets forth a defense to Penal Code section 278.5, as such there is no such thing as a separate 278.7 case.[213] The work in question performed by the Intermediate Typist Clerk was inputting reports filed with the District Attorney's Office into a database so that there would be a record of the report should this defense be raised.[214] Time spent on this activity was de minimis, but in any case, should be claimable as part of the activities under Penal Code sections 278 and 278.5.[215] "The parameters and guidelines do not identify 'good cause' hearings as reimbursable costs because there is no such hearing independent of Penal Code [section] 278 or 278.5; Penal Code [section] 278.7 is simply a defense that can be raised in those hearings."[216]

The Controller's audit findings were not changed.[217]

### 3. Other Issues with Claimant's Time Sheets

The audit also noted the following issues with individual time sheets filed by some of the claimant's employees:

- Time sheets that were not signed by the employee and/or the employee's supervisor.
- Time sheets that were signed before the end of the month.

---

[211] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[212] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[213] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report).

[214] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report). A condition to being eligible for the "good cause" defense in Penal Code section 278.7(c) is that the person who took the child must file a report with the district attorney's office where the child resided which includes the name, current address and telephone number of the child and defendant, and the reasons why the child was taken, and the person must also inform the district attorney's office of any changes in address or telephone number.

[215] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report).

[216] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report).

[217] Exhibit A, Incorrect Reduction Claim, page 1110 (Final Audit Report).

- Time sheets where the signature was the same for the employee and the employee's supervisor.
- Time sheets that were signed a month or more after the end of the month.[218]

The claimant has not identified these issues in its IRC as a basis for the Controller's alleged reduction of costs and, thus, this Decision does not address these issues.[219]

## III. Positions of the Parties

### A. County of Los Angeles

The claimant filed this IRC on July 25, 2025.[220] Its arguments for why the Controller's actions during the audit were erroneous and an abuse of discretion can be summarized as follows:

#### 1. The Fiscal Year 2017-2018 Audit Was Untimely Initiated

The audit for the fiscal year 2017-2018 reimbursement claim was not commenced within three years of the filing of the claim, as required by Government Code section 17558.5(a). The claimant filed the fiscal year 2017-2018 reimbursement claim on February 1, 2019, and the Controller initiated its audit on August 5, 2022. Because the audit was not timely commenced, the audit of this fiscal year claim is barred by the statute of limitations.

The Controller's position in the final audit report was that the fiscal year 2017-2018 audit was timely based on the provision in Government Code section 17558.5(a) that "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim," as payment of the claim was issued on August 15, 2019.[221]

The claimant argues that provision does not apply here.[222] The normal rule under Government Code section 17558.5(a) is that the audit is to be initiated no later than three years after the date that the reimbursement claim was filed or last amended, and the provision relied on is an exception to that rule that only applies when "no funds are appropriated or no payment is made to a claimant for the program *for* the fiscal year for which the claim is filed."[223] A plain meaning interpretation of Government Code section 17558.5(a) would mean the exception only applies when no funds have been

---

[218] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[219] Government Code section 17551(d); California Code of Regulations, title 2, section 1185.1(f)(2), which requires the IRC to include "[a] written detailed narrative that describes the alleged incorrect reductions."

[220] Exhibit A, Incorrect Reduction Claim, page 1.

[221] Exhibit A, Incorrect Reduction Claim, page 1106-1107 (Final Audit Report).

[222] Exhibit A, Incorrect Reduction Claim, page 21.

[223] Exhibit A, Incorrect Reduction Claim, page 21 (emphasis added by claimant).

appropriated or no payments made for the fiscal year for which the claim was filed.[224] It is undisputed that funds *were* appropriated and payment was made to the claimant for that fiscal year. As that exception does not apply here, the Controller had to initiate its audit within three years of the claimant filing its claim. The Controller failed to timely initiate this audit within the three-year period, therefore the audit of the 2017-2018 reimbursement claim was untimely, and the costs incurred for fiscal year 2017-2018 of $3,136,557 should be reinstated.[225]

In its rebuttal comments, the claimant says that the Controller's interpretation of Government Code section 17558.5(a) requires a change in how the provision is worded. "The Controller's Office is requesting the Commission to substitute the word 'in' for the word 'for' so that Section 17558.5(a)'s second sentence would read 'if no funds are appropriated or no payment is made to a claimant for the program *in* the fiscal year for which the claim is filed, the time for the Controller's Office to initiate an audit shall commence to run from the date of initial payment of the claim.'"[226] This would be inconsistent with the plain meaning of Government Code section 17558.5(a). It also argues the Controller's reliance on a past IRC Decision it which the Commission found the exception applied is inapposite, as that case involved a reimbursement claim in which no payment was issued until six years after the claim was filed, making it impossible to initiate an audit within the normal three-year period.[227] The alternative deadline obviously applied in that circumstance. Here, the Controller had ample time to initiate an audit within three years of when the reimbursement claim was filed.

**2. The Claimant's Source Documentation Is Compliant with the Parameters and Guidelines**

The claimant argues its claims were in fact supported by adequate documentation in accordance with the Parameters and Guidelines.

The current Parameters and Guidelines require claimed costs be supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities, and that such source documents be created at or near the same time the actual cost was incurred for the event or activity in question. The source documents the claimant provided in support of its reimbursement claims were employee time sheets, salary and benefits information, and an indirect cost calculation.[228] The claimant says these source documents are consistent with the Parameters and Guidelines' requirements for contemporaneous source documents.

---

[224] Exhibit A, Incorrect Reduction Claim, page 21 citing to *Romano v. Rockwell International, Inc.* (1996) 14 Cal.4th 479, 493 for the plain meaning rule.

[225] Exhibit A, Incorrect Reduction Claim, page 22.

[226] Exhibit C, Claimant's Rebuttal Comments, pages 5-6, emphasis added by claimant.

[227] Exhibit C, Claimant's Rebuttal Comments, page 6 (discussing *Integrated Waste Management,* 14-0007-I-04).

[228] Exhibit A, Incorrect Reduction Claim, pages 22, 23.

Each time sheet was completed daily by the employee based on his or her personal knowledge. The time sheets segregated time spent on claimable and non-claimable matters, and contained instructions for how the time sheet was to be completed and distinguished between mandated activities, ensuring that the time sheets were filled out correctly and time was correctly allocated between mandated and non-mandated activities. Total time spent on both claimable and non-claimable matters was recorded daily to ensure this time was reported accurately, and each time sheet was certified, signed, and dated by the employee at the end of the month, and further signed and certified by the employee's supervisor. This ensured that time sheets were completed at or near the time cost were incurred in compliance with the Parameters and Guidelines, and minimized the risk of time being misallocated.[229]

The claimant also provided a list of each attorney, paralegal, and investigator assigned to compensable activities in support of the claim, as well as support documents showing salaries, benefits, and indirect costs.[230] To support that its investigators' time was almost exclusively spent on claimable activities, the claimant also provided a list of cases the investigators handled during the audit period and sample case files so the Controller could confirm the activities performed.[231]

The Controller, however, found these source documents to be insufficient, because they did not provide descriptions of the mandated activities. The claimant argues this position is not well founded, because the Parameters and Guidelines describe the reimbursable activities to include:

> 1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including
>
> . . .
>
> b. Utilizing any appropriate civil or criminal court action to secure compliance . . .
>
> 2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction . . .[232]

The claimant's time sheets described these activities by referencing the relevant Family and Penal code sections, which the claimant argues is a sufficient description. The time sheets also had a category for non-reimbursable time, which the claimant asserts did not require any further description because it was not seeking reimbursement of that time.[233] The claimant concludes that its time sheets therefore did describe the mandated activities as set forth in the Parameters and Guidelines, and non-claimable

---

[229] Exhibit A, Incorrect Reduction Claim, page 23.

[230] Exhibit A, Incorrect Reduction Claim, page 23.

[231] Exhibit A, Incorrect Reduction Claim, page 24.

[232] Exhibit A, Incorrect Reduction Claim, page 25.

[233] Exhibit A, Incorrect Reduction Claim, page 25.

time was properly excluded from reimbursement by providing a separate category for reporting that time.[234]

In its rebuttal comments, the claimant asserts that the Controller's position that its source documents did not provide descriptions of the mandated activities lacks merit, because it maintains that its time sheets did provide descriptions of the mandated activities, using language that was almost identical to the Parameters and Guidelines.[235] It was inaccurate to characterize the descriptions as merely references to Family and Penal Code sections, as those references "were just shorthand for referring to 'obtaining compliance with court orders,' including 'enforcement of child custody . . . orders,' and 'return of an illegally concealed child' as set forth in Sections V.B.1 and 2.b(4) of Parameters and Guidelines."[236] If the claimant had said "enforcement of custody orders" or "return of an illegally concealed child" instead of referring to the relevant Family and Penal Code sections, it would still have described the same activity.[237] The time sheets did not just make references to code sections but described reimbursable activities using the same language as the Parameters and Guidelines.

The claimant also responded to the Controller's claim that it filled out the reimbursement claim form incorrectly by noting that when filling out the section in the form where claimants provide activity cost details, it filled out two pages of that form each year; one for costs under Family Code section 3130-3133, and one for costs under Penal Code section 277, 278 and 278.5.[238] Family Code section 3130-3133 describes complying with and enforcing court orders, and Penal Code section 277, 278, and 278.5 describe returning illegally concealed children. Although these activities were both claimed under "compliance with court orders," both activities were included in the reimbursement claims.[239]

### 3. The Controller Imposed an Unlawful Underground Regulation, Violating Due Process

The claimant claims that the Controller acknowledged the time sheets provided adequate descriptions, based on its statement in the final audit report that "The time study/time sheet instructions list the Penal Code and Family Code section and 'Activity performed' or "Activities performed.'"[240] Yet the Controller still denied reimbursement,

---

[234] The claimant also maintained its objections to the Controller's assertion that time spent on "good cause" cases is not reimbursable in a footnote. Exhibit A, Incorrect Reduction Claim, pages 25-26, footnote 4. The Controller did not respond to this in its comments on the IRC.

[235] Exhibit C, Claimant's Rebuttal Comments, page 7.

[236] Exhibit C, Claimant's Rebuttal Comments, page 8.

[237] Exhibit C, Claimant's Rebuttal Comments, page 8.

[238] Exhibit C, Claimant's Rebuttal Comments, page 9.

[239] Exhibit C, Claimant's Rebuttal Comments, page 9.

[240] Exhibit A, Incorrect Reduction Claim, page 26.

and the claimant theorizes this is because its time sheets did not break the reflected activities down into further subcategories.[241]

But this requirement is not in the Parameters and Guidelines. The Parameters and Guidelines require that source documents show the validity of costs, when they were incurred, and their relationship to the reimbursable activities. Reimbursable activities include "obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders … including utilizing any appropriate civil or criminal court action to secure compliance" and "court actions and costs in cases involving child custody or visitation orders from another jurisdiction…"[242] Source documents in support of salaries and benefits costs must also "[i]dentify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate and the related benefits."[243] "Nowhere do the Parameters and Guidelines state that the source documents must identify not only the reimbursable activities being claimed but also further break those activities into subcategories of those activities."[244]

The claimant argues that by requiring the reimbursable activities be further broken down into subcategories, the Controller imposed an unlawful underground regulation.[245] The Administrative Procedures Act requires agencies to give public notice of any proposed regulations and state the reasons for the regulation and provide the complete proposed text so the public can comment on the proposed text, and then respond to all comments and forward all materials relied on to the Office of Administrative Law for review.[246] The claimant was never notified of this requirement or was advised that its time studies were insufficient, as demonstrated by the fact it used these time sheets for decades and always received reimbursement without issue.[247] It was only after the Controller initiated the audit that the claimant was told of this requirement, at which point it was too late to revise the time studies for the audit period.[248] To reverse years of precedent without any notice or warning is an unlawful underground regulation.

---

[241] Exhibit A, Incorrect Reduction Claim, page 26.

[242] Exhibit A, Incorrect Reduction Claim, page 26 citing Sections V. and V.B.1. and 2. in the Parameters and Guidelines.

[243] Exhibit A, Incorrect Reduction Claim, page 26 citing Section VII.A.1. in the Parameters and Guidelines.

[244] Exhibit A, Incorrect Reduction Claim, page 27.

[245] Exhibit A, Incorrect Reduction Claim, page 27.

[246] Exhibit A, Incorrect Reduction Claim, page 27 citing to the summary of Government Code section 11340 et seq. in *Tidewater Marine Western, Inc. v. Bradshaw* (1996) 14 Cal.4th 557, 569.

[247] Exhibit A, Incorrect Reduction Claim, page 27.

[248] Exhibit A, Incorrect Reduction Claim, page 32.

To be deemed an underground regulation, the policy or rule at issue must meet two requirements: (1) the agency must intend it to apply generally rather than in a specific case; and (2) the agency must adopt it to implement, interpret, or make specific the law enforced by the agency.[249] The claimant argues this is the case here. The claimant asserts that the Controller's policy of requiring time sheets to include subcategories of the mandated activities has been generally applied, as since November 2022, the Controller has conducted 11 audits of counties' reimbursement claims for this mandated program, and allegedly applied this policy in each.[250] This policy has also been adopted as part of how the Controller implements the Child Custody mandate and the Parameters and Guidelines enforcing it, as the Controller applies this policy when determining whether a claimant has provided adequate source documentation to comply with the Parameters and Guidelines.[251]

The Controller claimed in the Final Audit Report that the 2009 Amendment to the Parameters and Guidelines put the claimant on notice of these requirements, however the claimant asserts again that the current Parameters and Guidelines do not specify that mandated activities must be broken down into these subcategories.[252] Even if it did, there was no notice of this change as the 2009 amendment was presented as simply adding "boilerplate language" that had been used in other Parameters and Guidelines since 2003, with no mention of a requirement to break mandated activities down into subcategories.[253] The regulated community therefore had no notice of any substantive changes being made.

To additionally support that there was no notice of this requirement, the claimant cited the Mandated Cost Manual, which gives the following instructions for actual time reporting:

> Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:
>
> (1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee.
>
> (2) Account for the total activity for which each employee is compensated.
>
> (3) Be prepared at least monthly and must coincide with one or more pay

[249] Exhibit A, Incorrect Reduction Claim, page 28 citing *Modesto City Schools v. Education Audits Appeals Panel* (2004) 123 Cal.App.4th 1365, 1381.

[250] Exhibit A, Incorrect Reduction Claim, page 28 (the claimant provided five of these audits to support the claim, located on pages 899-1018).

[251] Exhibit A, Incorrect Reduction Claim, page 28.

[252] Exhibit A, Incorrect Reduction Claim, page 29.

[253] Exhibit A, Incorrect Reduction Claim, page 29.

periods.

(4) Be signed by the employee.[254]

The claimant states these requirements do not mention anything about breaking reimbursable activities into subcategories, and that its time sheets comply with the Mandated Cost Manual's requirements.[255]

It is within the Controller's power to impose a policy requiring that the claimant break down their activities into subcategories, but only with proper notice and opportunity to give comment, as required by the APA. Imposing those requirements without notice is an illegal underground regulation, and applying the requirements retroactively when it's no longer possible to create the contemporaneous source documents needed violates due process.[256]

**4. The Controller's Decision to Reduce the Reimbursement Claim to Zero Is Arbitrary and Capricious.**

Alternatively, the claimant argues that it was arbitrary and capricious to reduce its claim to zero, as there is no dispute that mandated services were rendered. Even if the time sheets were not adequate source documentation and the claimant did not comply with the Parameters and Guidelines, the Controller should have instead provided reimbursement based on a reasonable estimate of the costs of services rendered.[257]

The claimant cites a previous IRC Decision (*The Stull Act,* 14-9825-I-01), in which the Controller found that the claimant did not support its claim with contemporaneous source documents and initially reduced the claim to zero.[258] After the audit, the claimant provided additional documentation, which the Controller found showed some mandated activities had been performed during the audit period and offered to reimburse the claimant $35,967 for those activities. As there was no dispute that mandated activities occurred, the Commission found it was arbitrary and capricious to reduce the claim to zero, and that the claimant should be reimbursed the amount offered by the Controller.[259] The claimant insists those same circumstances apply here, as there is no dispute its district attorneys and investigators performed mandated activities during the audit period.[260]

---

[254] Exhibit A, Incorrect Reduction Claim, page 30 quoting the 2024 Mandated Cost Manual for Local Agencies, page 15.

[255] Exhibit A, Incorrect Reduction Claim, page 30.

[256] Exhibit A, Incorrect Reduction Claim, pages 31-32 citing *Municipal Stormwater and Urban Runoff Discharges,* 20-0304-I-07.

[257] Exhibit A, Incorrect Reduction Claim, page 33.

[258] Exhibit A, Incorrect Reduction Claim, page 33.

[259] Exhibit A, Incorrect Reduction Claim, page 33.

[260] Exhibit A, Incorrect Reduction Claim, page 33.

The claimant further proposes an alternative method to determine reimbursable costs: after the audit, and without conceding its previous time sheets were inadequate, it revised its time sheets to include subcategories of the activities and tasks, which it used starting in fiscal year 2023-2024.[261] These time sheets show 7,794.67 hours spent on mandated activities that year, at a cost of $1,567,429.62.[262] This is less than the amount claimed for any year in the audit period, although the claimant certifies the number of employees working on these cases each year was the same or similar as when it collected this post-audit data.[263] The Controller has previously used data collected after the audit period to determine a reasonable reimbursement amount, which the Commission upheld as not arbitrary, capricious, or lacking in evidentiary support.[264] The claimant therefore asks that the same rule be applied here, and that the Commission should order that the claimant be reimbursed at least $1,567,429.62 for each of the fiscal years at issue.[265]

The claimant provided the following evidence with its IRC in support of the claims made:

- Declaration of Rachelle Anema, Assistant Audit-Controller for the County of Los Angeles, certifying that the letter from the Controller's Office dated August 5, 2022 attached to this declaration as Exhibit 1; the copies of the claiming instructions issued during the audit period attached in section 8 of the IRC; the final audit report attached in section 9 of the IRC; and the reimbursement claims submitted for the audit period attached in section 10 of the IRC; are all true and correct copies. The declaration also provides testimony of how much the claimant claimed and received each year for this mandated program in fiscal year 2008-2009 through fiscal year 2020-2021, and the dates on which a claim was submitted and when the payment was made for fiscal year 2017-2018 through fiscal year 2020-2021.[266]
- A letter from the State Controller's Office initializing the audit dated August 5, 2022 and signed by Ken Howell, Audit Manager.[267]
- Declaration of Rosa Alarcon, Assistant Head Deputy of the Los Angeles District Attorney's Office's Target Crimes Division, asserting that she has supervisorial

[261] Exhibit A, Incorrect Reduction Claim, page 34.

[262] Exhibit A, Incorrect Reduction Claim, page 34 (the fiscal year 2023-2024 timesheets were included in the IRC's exhibits, see pages 619-892).

[263] Exhibit A, Incorrect Reduction Claim, page 35.

[264] Exhibit A, Incorrect Reduction Claim, pages 34-35 citing *Child Abduction and Recovery,* 08-4237-I-02 and 12-4237-I-03.

[265] Exhibit A, Incorrect Reduction Claim, page 35.

[266] Exhibit A, Incorrect Reduction Claim, pages 37-38 (Declaration of Rachelle Anema, Assistant Audit-Controller for the County of Los Angeles).

[267] Exhibit A, Incorrect Reduction Claim, pages 40-42 (Letter from State Controller's Office, August 5, 2022).

responsibilities over the Child Abduction section and her duties include approving employee time sheets. The declaration provides testimony of how much time was spent by the Child Abduction section and the Bureau of Investigations Child Abduction Unit on various activities for this mandated program; that the Deputy District Attorneys, paralegals, and investigators each recorded their time daily using the provided time sheets; and declares that Exhibits 1, 2, and 3 attached to this declaration (consisting of a blank copy of the time sheet used during the audit period; a example copy of the revised time sheet used in fiscal year 2023-2024; and redacted copies of the time sheets filled out by employees in fiscal year 2017-2018 through fiscal year 2020-2021, respectively) are true and correct copies.[268]

- A blank copy of the Los Angeles County District Attorney Custody of Minor Time Study, Rev. 2/94.[269]
- A copy of the revised Los Angeles County District Attorney Custody of Minor Time Study that's been partially filled out with sample information as an example.[270]
- Copies of the Los Angeles County District Attorney Custody of Minor Time Study, Rev. 2/94, which were filled out by the claimant's employees from July 2017 through June 2021, with employee names, signatures, and identification numbers redacted.[271]
- Declaration of Jennifer Martin, Sergeant of the Los Angeles District Attorney's Office's Bureau of Investigations' Criminal Division, Torrance Branch who was Sergeant for the Child Abduction Unit from April 2022 to October 2024, and a Senior Investigator for that unit for eight years prior. The declaration testifies that she had supervisorial responsibility over the Child Abduction Unit's investigators and staff, and describes the work performed by this unit.[272]
- Declaration of Lam Tran, Fiscal Officer, Budget & Fiscal Services Division of the Los Angeles County District Attorney's Office, certifying that Exhibits 1 and 2

---

[268] Exhibit A, Incorrect Reduction Claim, pages 43-46 (Declaration of Rose Alarcon, Assistant Head Deputy of the Los Angeles District Attorney's Office's Target Crimes Division).

[269] Exhibit A, Incorrect Reduction Claim, pages 48-49 (Los Angeles County District Attorney Custody of Minor Time Study).

[270] Exhibit A, Incorrect Reduction Claim, pages 51-52 (Revised Los Angeles County District Attorney Custody of Minor Time Study).

[271] Exhibit A, Incorrect Reduction Claim, pages 54-615 (Claimant's Fiscal Year 2017-2018 through 2020-2021 Time Sheets).

[272] Exhibit A, Incorrect Reduction Claim, pages 616-617 (Declaration of Jennifer Martin, Sergeant of the Criminal Division, Torrance Branch, Los Angeles District Attorney's Office's Bureau of Investigations).

attached to this declaration (consisting of redacted copies of the time sheets filled out by the Child Abduction section and Child Abduction unit in fiscal year 2023-2024 and a chart of the number of employees in these units in fiscal years 2020-2021 through 2023-2024, respectively) are true and correct, and that the time sheets show that in fiscal year 2023-2024, employees spent 7,794.67 hours devoted to reimbursable program activities, at a cost of $1,567,429.62.[273]

- Copies of the Revised Los Angeles County District Attorney Custody of Minor Time Study which employees filled out for the months of July 2023 through June 2024, employee names and identification numbers redacted.[274]
- A table showing the total number of program employees, total number of program hours, and the total claimed amount for fiscal years 2020-2021 through 2023-2024.[275]
- Declaration of Howard Gest, attorney, declaring that Exhibits 1 and 2 attached to this declaration (consisting of "State Controller's Office Schedule A1: Detail of State-Mandated Program Payments by Fiscal Year" and five audit reports issued by the State Controller's Office, respectively) are true copies downloaded from the State Controller's website on June 9, 2025.[276]
- State Controller's Office Schedule A1: Detail of State-Mandated Program Payments by Fiscal Year, which shows the appropriation number for the CAR program in fiscal year 2017-2018 was 0001-8885-2019-295-98, and in fiscal year 2018-2019 was 0001-8885-2020-295-98.[277]
- Five Final Audit Reports for audits of different counties' reimbursement claims for this program (Ventura County, November 2022; San Joquin County, May 2023; San Diego County, July 2023; Shasta County, August 2023; and Orange County, December 2024).[278]

---

[273] Exhibit A, Incorrect Reduction Claim, page 618 (Declaration of Lam Tran, Fiscal Officer, Budget & Fiscal Services Division of the Los Angeles County District Attorney's Office).

[274] Exhibit A, Incorrect Reduction Claim, pages 620-891 (Claimant's Fiscal Year 2023-2024 Time Sheets).

[275] Exhibit A, Incorrect Reduction Claim, page 893 (SB90 Child Abduction and Recovery Summary Fiscal Year 2020-2021 to Fiscal Year 2023-2024).

[276] Exhibit A, Incorrect Reduction Claim, page 894 (Declaration of Howard Gest, Attorney).

[277] Exhibit A, Incorrect Reduction Claim, pages 896-898 (State Controller's Office Schedule A1: Detail of State-Mandated Program Payments by Fiscal Year).

[278] Exhibit A, Incorrect Reduction Claim, pages 900-1018 (Final Audit Reports for other audits).

- Section 8, claiming instructions for fiscal years 2017-2018 through 2020-2021.[279]
- Section 9, the final audit report.[280]
- Section 10, the claimant's reimbursement claims filed for fiscal years 2017-2018 through 2020-2021, including documentation of the ICRP calculation; tables showing employee names, job classification, hourly rate, claimed hours worked, employee benefits, and indirect costs; an indirect cost proposal; cost factors; and, for fiscal year 2017-2018 only, a letter dated December 31, 2018, signed by Jackie Lacey, district attorney.[281]

**B. State Controller's Office**

The Controller responded to the claimant's arguments as follows:

**1. The Audit of the Fiscal Year 2017-2018 Reimbursement Claim Was Timely.**

The Controller maintains that it timely initiated the fiscal year 2017-2018 audit, stating that while the claimant filed its reimbursement claim on February 1, 2019, the initial payment for this claim was made on August 15, 2019. Government Code section 17558.5(a) tolls the time to initiate the audit of a claim "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed," to three years from the date of initial payment on the claim. Therefore, the Controller had until August 15, 2022, to initiate its audit of the fiscal year 2017-2018 claim.[282] As the Controller first contacted the claimant regarding the audit on July 26, 2022, and sent an engagement letter on August 5, 2022, the audit was timely. The Controller also cites a past IRC Decision in which the Commission found this rule applied in support of this interpretation.[283]

**2. The Claimant's Source Documentation Is Not Compliant with the Parameters and Guidelines.**

The Controller argues that simply referring to the code sections on the time sheets does not equate to describing the mandated activities:

> The time study/time sheet instructions list the Penal Code and Family Code section and "Activity performed" or "Activities performed." Descriptions of the mandated activities, as listed in section IV of the Ps and Gs, are not provided. Simply "referring to the Family and Penal code

[279] Exhibit A, Incorrect Reduction Claim, pages 1020-1087 (Claiming Instructions, fiscal years 2017-2018 through 2020-2021).

[280] Exhibit A, Incorrect Reduction Claim, pages 1089-1129 (Final Audit Report).

[281] Exhibit A, Incorrect Reduction Claim, pages 1131-1209 (Reimbursement Claims, Fiscal Years 2017-2018 through 2020-2021).

[282] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 11.

[283] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 11 citing the Decision on *Integrated Waste Management,* 14-0007-I-04.

sections" does not equate to describing the mandated activities set forth in the Ps and Gs.[284]

The Controller also notes that the claimant filled out the reimbursement claim forms incorrectly. The reimbursement claim form has space to report the costs incurred under each of the four reimbursable activities categories. Although the claimant claims it performed mandated activities including "Obtaining compliance with court orders relating to custody orders" and "The return of an illegally concealed child or minor to its legal custodian," the Controller argues that "the county's fiscal year claim forms contradict this assertion as the county claimed only reimbursable activity 1 'Compliance with Court Orders.'"[285]

**3. The Controller Did Not Impose an Unlawful Underground Regulation Violating Due Process.**

The Controller did not acknowledge that the claimant's time sheets comply with the Parameters and Guidelines, as asserted by the claimant. Instead, the Controller found the time sheets did not describe the mandated activities, when they were incurred, or their relationship to reimbursable activities.[286] The claimant's time sheet form does not list what the "activity" or "activities" are but instead reference a series of Family and Penal Code sections, which the Controller asserts does not comply with the requirements of the Parameters and Guidelines.[287]

The Controller denies that it requires the claimant's time sheets break activities down into further subcategories. "The SCO never instructed the county how to complete their time sheets."[288] The requirements the Controller based its decision on came directly from the Parameters and Guidelines, which require that supporting documentation for salaries and employees' benefits must "describe the mandated functions performed and specify the actual number of hours devoted to each function."[289] "The county believes that referring to family and penal code sections complies with the Ps and Gs requirement for documentation to 'describe the mandated functions performed and specify the actual number of hours devoted to each function.' A reference is not a description."[290]

In response to the claimant's argument that it has been using these time sheets since 1994 without issue, the Controller points out this is the first audit of the claimant's reimbursement claims for CAR since the Parameters and Guidelines were last amended in 2009 to require that the claimants provide contemporaneous source

---

[284] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 12.

[285] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 12.

[286] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 13.

[287] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 13.

[288] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 13.

[289] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 13.

[290] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 13.

documentation. There is no "policy" of requiring activities be broken into subcategories; just consistent application of the Parameters and Guidelines' requirement that the claimant provide contemporaneous source documentation to support the mandated functions performed and the actual number of hours devoted to each function, which was the basis for the Controller's conclusions.[291]

The previous IRC Decision the claimant cites in support of a violation of due process to impose requirements without prior notice (*Municipal Stormwater and Urban Runoff Discharges,* 20-0304-I-07) is distinguishable from this case, as it involved costs that were incurred before the state adopted Parameters and Guidelines for that program.[292] As such, the claimant was not on notice of the contemporaneous source document requirements when it incurred costs, and it would have been a violation of due process to require the claimant comply with that requirement. Here, the current version of the Parameters and Guidelines was adopted in 2009, long before the claimant incurred the costs at issue. The claimant had notice of the 2009 Parameters and Guidelines amendment, as a notice of the proposed changes was issued to all interested parties prior to adopting the 2009 amendment, and the Mandated Cost Manual which is issued to claimants each year states that the Parameters and Guidelines were amended in 2009.[293] It is the claimant's responsibility to review all relevant materials, including any changes to the Parameters and Guidelines, before submitting a reimbursement claim, and it is also responsible for ensuring that its reimbursement claim adheres to all of the Parameters and Guidelines' requirements.[294]

**4. It Was Not Arbitrary and Capricious to Reduce the Reimbursement Claim to Zero.**

The Controller asserts that it was not arbitrary and capricious to reduce the claimant's reimbursement claim, because the claimant's source documentation did not comply with the Parameters and Guidelines. The Controller cites a previous IRC Decision (*The Stull Act,* 14-9825-I-02) to support that the decision to reduce the claimant's reimbursement claim to zero was not arbitrary and capricious. In that previous IRC decision, a claimant relied on staff estimates for how much time they spent on the mandate, used this to find the average time claimed on mandated activities, and estimated its costs based on these averages. The Controller correctly found this did not comply with the contemporaneous source document rule and that the claimant did not claim actual costs, as required by the Parameters and Guidelines. The requirements of the Parameters and Guidelines, as a quasi-judicial decision, are final and binding. As such, failure to comply with the Parameters and Guidelines meant that "the Controller could have reduced the entire claim to zero," and that "[a]ny such reduction would have been

[291] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 14.

[292] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 14.

[293] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 15.

[294] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 15.

correct as a matter of law."[295] Furthermore, it was the claimant's responsibility to establish actual costs using "source documents that show the validity of such costs, when they were incurred and *their relationship to the reimbursable activities.*"[296]

The Controller also distinguishes this IRC from the one in *The Stull Act* (14-9825-I-01) decision claimant relies on. There, the audit involved reimbursement claims for several years prior to when the state adopted Parameters and Guidelines for the program; the claimant therefore was not put on notice of the contemporaneous source document rule, and was not able to provide contemporaneous source documents.[297] That is not the case here, as the claimant had notice of the contemporaneous source document requirement since 2009 when the Parameters and Guidelines were amended.

Moreover, the Controller argues that the Parameters and Guidelines do not allow for using an alternative means to determine the reasonable costs incurred.[298] The prior IRC decision the claimant relies on for its contention that it would be appropriate to use post-audit period data to determine a reimbursement amount (*Child Abduction and Recovery,* 08-4237-I-02 and 12-4237-I-03) is distinguishable from this IRC because while both this IRC and the prior IRC are for the same mandated program, the prior IRC was subject to the prior version of the Parameters and Guidelines from 1999.[299] As such, there was no requirement to support costs with contemporaneous source documents, and post-audit data could be relied on instead. Here, the claims are subject to the 2009 Parameters and Guidelines, which require that "…only actual costs must be claimed…actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities…a source document is a document created at or near the same time the actual cost was incurred for the event or activity in question…"[300] Using "post-audit period data to support claimed costs would be completely contradictory to the clearly expressed documentation requirements in the Ps and Gs."[301]

The Controller provided the following documents as evidence to support the assertions made in its comments:

- A declaration by Lisa Kurokawa, Bureau Chief, Compliance Audits Bureau, Division of Audits, declaring that all copies of records provided are true copies of

[295] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 16.

[296] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 16, emphasis in original.

[297] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 16.

[298] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 16.

[299] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 17.

[300] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 17.

[301] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 17.

records either provided by the claimant or retained at the Controller's place of business.[302]

- The Mandated Cost Manual's claiming instructions for CAR for fiscal years 2018-2019, 2019-2020, and 2020-2021.[303]
- The initiation of audit letter dated August 5, 2022, signed by Ken Howell, Audit Manager, Compliance Audits Bureau, Division of Audits.[304]
- The Final Audit Report.[305]
- The claimant's reimbursement claim forms for fiscal years 2017-2018 through 2020-2021, stamped with dates filed.[306]
- The 2009 Amendment to Parameters and Guidelines.[307]
- Payment records from the Bureau of Local Reimbursements, showing that initial payment of the fiscal year 2017-2018 reimbursement claim was made on August 15, 2019.[308]
- An email from Alexandra Bonezzi, Auditor, dated July 26, 2022, stating the Controller's intent to audit the claimant's reimbursement claims for the audit period.[309]
- An email from Alexandra Bonezzi, Auditor, dated August 5, 2022, forwarding the official engagement letter.[310]

---

[302] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 4-5 (Declaration of Lisa Kurokawa, Bureau Chief).

[303] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 19-71 (Mandated Cost Manual and Claiming Instructions).

[304] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 73-75 (Letter from Ken Howell, Audit Manager, August 5, 2022).

[305] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 76-116 (Final Audit Report).

[306] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 117-136 (Claimant's Reimbursement Claims, fiscal years 2017-2018 through 2020-2021)

[307] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 137-145 (2009 Amendment to Parameters and Guidelines).

[308] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 146-149 (Payment records from the Bureau of Local Reimbursements).

[309] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 150 (Email from Alexandra Bonezzi, Auditor, July 26, 2022).

[310] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 151 (Email from Alexandra Bonezzi, Auditor, August 5, 2022).

- The Notice of Draft Staff Analysis, Comment Period, and Hearing Date for the 2009 amendment to the Parameters and Guidelines (05-PGA-43 (4237)).[311]
- A prior IRC Decision, *Integrated Waste Management,* 14-0007-I-04.[312]
- A prior IRC Decision, *Municipal Stormwater and Urban Runoff Discharges,* 20-0304-I-07.[313]
- A prior IRC Decision, *The Stull Act,* 14-9825-I-02.[314]

## IV. Discussion

Government Code section 17561(d) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state-mandated costs if the Controller determines that the claim is excessive or unreasonable.

Government Code section 17551(d) requires the Commission to hear and decide a claim that the Controller has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.9 of the Commission's regulations requires the Commission to send the decision to the Controller and request that the costs in the claim be reinstated.

The Commission must review questions of law, including interpretation of the parameters and guidelines, de novo, without consideration of legal conclusions made by the Controller in the context of an audit. The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6 of the California Constitution.[315] The Commission must also interpret the Government Code and implementing regulations in accordance with the broader constitutional and statutory scheme. In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."[316]

---

[311] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 152 (Notice of Draft Staff Analysis, Comment Period, and Hearing Date, 05-PGA-43 (4237)).

[312] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 154-196 (*Integrated Waste Management*, 14-0007-I-04).

[313] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 198-246 (*Municipal Stormwater and Urban Runoff Discharges,* 20-0304-I-07).

[314] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 248-280 (*The Stull Act,* 14-9825-I-02).

[315] *Kinlaw v. State of California* (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

[316] *County of Sonoma v. Commission on State Mandates* (2000) 84 Cal.App.4th 1264, 1281, citing *City of San Jose v. State of California* (1996) 45 Cal.App.4th 1802, 1817.

With regard to the Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely lacking in evidentiary support. This standard is similar to the standard used by the courts when reviewing an alleged abuse of discretion of a state agency.[317] Under this standard, the courts have found:

> When reviewing the exercise of discretion, "[t]he scope of review is limited, out of deference to the agency's authority and presumed expertise: 'The court may not reweigh the evidence or substitute its judgement for that of the agency. [Citation.]'" … "In general … the inquiry is limited to whether the decision was arbitrary, capricious, or entirely lacking in evidentiary support…." [Citations.] When making that inquiry, the " ' "court must ensure that an agency has adequately considered all relevant factors, and has demonstrated a rational connection between those factors, the choice made, and the purposes of the enabling statute." [Citation.]' "[318]

The Commission must review the Controller's audit in light of the fact that the initial burden of providing evidence for a claim of reimbursement lies with the claimant.[319] In addition, sections 1185.1(f)(3) and 1185.2(d) and (e) of the Commission's regulations require that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Commission's ultimate findings of fact must be supported by substantial evidence in the record.[320]

### A. The Claimant Timely Filed this IRC Within Three Years from the Date the Claimant First Received from the Controller a Final State Audit Report, Letter, or Other Written Notice of Adjustment to a Reimbursement Claim, which Complies with Government Code Section 17558.5(c).

Government Code section 17558.7(a) states: "If the Controller reduces a claim approved by the commission, the claimant may file with the commission an incorrect reduction claim pursuant to regulations adopted by the commission." Section 1185.1(c) of the Commission's regulations requires an IRC to be filed no later than three years after the date the claimant receives a final state audit report, letter, or other written notice of adjustment to a reimbursement claim, which complies with Government Code section 17558.5(c). Under Government Code section 17558.5(c), the Controller is required to notify the claimant in writing within 30 days after issuance of a remittance

---

[317] *Johnson v. Sonoma County Agricultural Preservation and Open Space Dist.* (2002) 100 Cal.App.4th 973, 983-984. See also *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547.

[318] *American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California* (2008) 162 Cal.App.4th 534, 547-548.

[319] *Gilbert v. City of Sunnyvale* (2005) 130 Cal.App.4th 1264, 1274-1275.

[320] Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

advice of any adjustment to a reimbursement claim resulting from an audit or review. The notice must specify which claim components were adjusted and in what amount, as well as interest charges, and the reason for the adjustment.[321]

Here, the Controller issued the final audit report on May 2, 2024.[322] The audit report specifies the claim components and amounts adjusted, as well as the reasons for the adjustments, and therefore complies with the section 17558.5(c) notice requirements.[323] The IRC was filed on July 25, 2025.[324] This is within three years of issuing the final audit report, and is therefore timely.

**B. The Controller's Audit of the Fiscal Year 2017-2018 Reimbursement Claim Was Untimely Initiated Pursuant to Government Code Section 17558(a) and, Therefore, the Audit of the 2017-2018 Claim Is Void and the Claimed Costs for that Fiscal Year of $3,136,557 Should Be Reinstated.**

Government Code section 17558.5(a) says:

> A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The deadlines in Government Code Section 17558.5(a) impose a statute of repose, which is a period during which an audit or review must be initiated if an audit is to be conducted, and after which the claimant may enjoy repose, dispose of any evidence or documentation to support their claims, and assert a defense that the audit is not timely and therefore void. The court in *Giest v. Sequoia Ventures, Inc.,* described a statute of repose as follows:

> Unlike an ordinary statute of limitations which begins running upon accrual of the claim, [the] period contained in a statute of repose begins when a specific event occurs, regardless of whether a cause of action has accrued or whether any injury has resulted." [citations] A statute of repose thus is harsher than a statute of limitations in that it cuts off a right

[321] Government Code section 17558.5(c).

[322] Exhibit A, Incorrect Reduction Claim, page 1090 (Final Audit Report).

[323] Exhibit A, Incorrect Reduction Claim, pages 1089-1129 (Final Audit Report).

[324] Exhibit A, Incorrect Reduction Claim, page 1.

> of action after a specified period of time, irrespective of accrual or even notice that a legal right has been invaded.[325]

Described by another court in *Inco Development Corp. v. Superior Court*, the characteristics of a statute of repose include that it is "not dependent upon traditional concepts of accrual of a claim, but is tied to an independent, objectively determined and verifiable event…"[326] Courts have ruled that when a deadline is for the protection of a person or class of persons, and the language of the statute as a whole indicates the Legislature's intent to enforce the deadline, the deadline is mandatory.[327]

Here, the plain language of section 17558.5 provides that the deadline to initiate an audit is "no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later." This is the default deadline which is meant to apply in most circumstances. However, the statute also allows a tolling of the deadline based on the date of initial payment on the claim "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed." Because the structure and purpose of the statute suggests that it is mandatory, an audit not initiated within the correct timeframe must be held void.

The claimant believes that the default deadline applies to the audit for the 2017-2018 reimbursement claim, as the Legislature appropriated funds to reimburse this claim, and the audit is therefore untimely. The Controller believes that the deadline was tolled, because the payment on this claim was made on August 15, 2019.

The Commission finds that the audit for the 2017-2018 reimbursement claim was not timely initiated under section 17558.5(a).

Under the rules of statutory interpretation, the Commission is required to first read the plain language of the statute, as the best indicator of legislative intent.[328] Statutory language is given its usual and ordinary meaning, and if there is no ambiguity, then courts presume the lawmakers meant what they said, and the plain meaning of the law prevails.[329] The plain language here is not ambiguous or unclear; the tolled deadline for the Controller to initiate an audit only applies if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed.

In this case, the facts are not in dispute – the claimant filed its fiscal year 2017-2018 reimbursement claim on February 1, 2019.[330] The Legislature appropriated $12,730,000 towards payment of mandate claims for costs incurred in fiscal year 2017-

---

[325] *Giest v. Sequoia Ventures, Inc.* (2000) 83 Cal.App.4th 300, 305.

[326] *Inco Development Corp. v. Superior Court* (2005), 131 Cal.App.4th 1014.

[327] *People v. McGee* (1977) 19 Cal.3d 948, 962, citing *Morris v. County of Marin* (1977) 18 Cal.3d 901, 909-910.

[328] *People v. Standish* (2006) 38 Cal.4th 858, 869.

[329] *Hart v. Hart* (2025) 115 Cal.App.5th 571, 577.

[330] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 117 (Claimant's Fiscal Year 2017-2018 Reimbursement Claim Form).

2018 for the *Custody of Minors — Child Abduction and Recovery* program in the Budget Act of 2019, which became effective immediately upon its adoption on June 27, 2019.[331] The Controller then issued a payment to reimburse the claimant for the costs claimed in the fiscal year 2017-2018 reimbursement claim on August 15, 2019.[332] Based on these facts and the plain language of Government Code section 17558.5(a), an appropriation was made, and the default deadline based on the date the claim was filed controls for how long the Controller had to initiate its audit. The Controller then initiated an audit of the claimant's reimbursement claims for fiscal years 2017-2018 through 2020-2021 on August 5, 2022.[333] This date is more than three years after the date the claimant filed its fiscal year 2017-2018 reimbursement claim, making the audit for that reimbursement claim untimely.

The Controller, however, seems to have read into the statute a requirement that for the tolling of the time to initiate an audit to apply, the Legislature must not have appropriated funds to reimburse claimants for their costs incurred in the fiscal year being claimed *at the time the claimant files their reimbursement claim*.[334] This interpretation reads language into the statute that is not there, which violates the rules of statutory construction.[335] According to the plain language of the statute, the

---

[331] See Statutes of 2019, Chapter 23, section 2, Item 8885-295-0001, Schedule 1(e). Note there is a small error in this Budget Act, as it says the appropriation is for mandated program costs incurred through fiscal year 2016-2017, not fiscal year 2017-2018. This appears to be a case of the Legislature copying from the previous year's Budget Act during drafting and forgetting to update the year, as the Budget Act of 2018 also reimbursed costs for this mandated program for fiscal year 2016-2017 (See Statutes of 2018, Chapter 29, section 2, Item 8885-295-0001), and the Budget Act of 2020 moved on to reimbursement for fiscal year 2018-2019 (See Statutes of 2020, Chapter 6, section 2, Item 8885-295-0001). Regardless, this error does not mean the Budget Act of 2019 did not appropriate funds for costs incurred by this program in fiscal year 2017-2018, as the Controller acknowledged this was an appropriation for costs incurred through the 2017-2018 fiscal year in the Mandated Cost Manual for 2018-2019 (Exhibit X (5), Mandated Cost Manual for Local Agencies, September 1, 2019, page 5).

[332] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 146 (Division of Accounting and Reporting, Bureau of Local Reimbursements, Payments for a Claim).

[333] Exhibit A, Incorrect Reduction Claim, page 1126 (Engagement Letter).

[334] Alternatively, the claimant suggests the Controller has replaced "for" for "in" in its reading of Government Code section 17558.5(a), so it reads "if no funds are appropriated or no payment is made to a claimant for the program *in* the fiscal year for which the claim is filed." (emphasis added by claimant). This would have the same effect of requiring the appropriation occur before the claim is filed.

[335] *Nevarrez v. San Marino Skilled Nursing and Wellness Centre, LLC* (2013) 221 Cal.App.4th 102,130 ("…in construing a statute, we are not permitted to 'insert

alternative language that tolls or delays the deadline to initiate an audit only applies "if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed." Nothing says that this must occur before the claim is filed. And, here, it is undisputed that an appropriation was made for this program for fiscal year 2017-2018 costs on June 27, 2019, and payment was made on August 15, 2019.

The plain language of section 17558.5(a) makes sense when read in light of the Legislature's constitutional obligation to reimburse mandated programs and the statutory process in place for how appropriations are made for annually reimbursed mandated programs. Article XIII B, section 6(b)(1) in the California Constitution says "Except as provided in paragraph (2), for the 2005–06 fiscal year and every subsequent fiscal year, for a mandate for which the costs of a local government claimant have been determined *in a preceding fiscal year* to be payable by the State pursuant to law, the Legislature shall either appropriate, in the annual Budget Act, the full payable amount that has not been previously paid, or suspend the operation of the mandate for the fiscal year for which the annual Budget Act is applicable in a manner prescribed by law."[336] Suspension means that no appropriation is made for the mandated program for a fiscal year and the mandate is rendered inoperable for that year.[337]

For the purposes of determining the state's payment obligation under paragraph (1) of subdivision (b) of section 6 of article XIII B of the Constitution, a mandate that is "determined in a preceding fiscal year to be payable by the state" means "any mandate for which the commission adopted a statewide cost estimate pursuant to this part during a previous fiscal year or that were identified as mandates by a predecessor agency to the commission," which therefore includes the mandated programs approved by the Board of Control.[338] Annual reimbursement claims for a state-mandated program may be filed by February 15 following the fiscal year in which costs are incurred.[339] The Government Code then requires the State Controller's Office "to submit by April 30 of each year a report to the Joint Legislative Budget Committee, the applicable fiscal committees, and the Director of Finance summarizing the total amount of unpaid claims submitted *before April 1 of that year*, and summarize any mandate deficiencies or surpluses, "for the purpose of determining the state's payment obligation under paragraph (1) of subdivision (b) of Section 6 of Article XIII B of the California

---

qualifying provisions not included' in the statute, nor edit it 'to conform to an assumed intention which does not appear from its language.' [Citation]").

[336] Emphasis added.

[337] Government Code section 17581.

[338] Government Code section 17561(e)(1).

[339] Government Code section 17560(a). Government Code section 17568 allows the Controller to penalize late filed annual reimbursement claims with a ten percent reduction, not to exceed $10,000, and explicitly prohibits reimbursement for any claim filed more than a year after the deadline.

Constitution."[340] The Controller's report of "unpaid claims submitted before April 1 of that year" would include annual reimbursement claims filed "by February 15 *following the fiscal year* in which costs are incurred."[341] The Legislative Analyst is then required to report total annual state costs for mandated programs and, as appropriate, provide an analysis of specific mandates and make recommendations on whether the mandate should be repealed, funded, suspended, or modified.[342] If the Legislature appropriates funds to reimburse a program's costs for the preceding fiscal year, the Controller shall reimburse any eligible claimant by either October 15 or 60 days after the appropriation was made, whichever is later.[343]

Thus, a claimant is required to file its reimbursement claim for costs incurred in fiscal year 2017-2018 by February 15, 2019; these costs would then be included in the Controller's 2019 report filed with the Legislature by April 30, 2019; the Legislature either suspends the program making the mandate inoperative for that fiscal year, or appropriates funds for costs incurred by the program in fiscal year 2017-2018 in the Budget Act of 2019, which sets the state's budget for fiscal year 2019-2020; and then the Controller makes a payment to the claimant by October 15, 2019 or within 60 days of the Budget Act taking effect, whichever is later.

If the Controller's interpretation of Government Code section 17558.5(a) were correct, and an appropriation must be made before the claim was filed for the default deadline to apply, it would mean that *all* annually reimbursed mandated programs must rely on the tolled or delayed deadline instead of the default deadline, as funds are never appropriated before the claim was filed. Under the California Constitution and the Government Code, funds are appropriated for the preceding fiscal year (i.e., *after* the annual claims are filed). The Controller's interpretation would therefore lead to absurd results because the exception in section 17558.5(a) would swallow the rule.[344] The more reasonable reading is based on the plain language of the statute; when the Controller receives a reimbursement claim for an annual program, the Controller must wait to see if it will be funded in the next Budget Act. If funds are appropriated, the Controller makes a payment to the claimant, and it is then required to initiate an audit within three years of when the claim was filed. If funds are not appropriated and the program is suspended instead, or if for some other reason a payment was not made to the claimant to reimburse this claim, then the Controller can consider its deadline to

---

[340] Government Code section 17562(b)(2), emphasis added. A collection of these reports and their corresponding cover letters dating back to 2020 is located on the Controller's website at https://sco.ca.gov/ard_mancost_deficiency.html (accessed February 25, 2026).

[341] Government Code section 17560(a), emphasis added.

[342] Government Code section 17562(d).

[343] Government Code section 17561(d).

[344] *Apartment Assn. of Los Angeles County, Inc. v. City of Los Angeles* (2009) 173 Cal.App.4th, 13, 26 (rejecting statutory interpretation where "the exception would swallow the rule").

initiate the audit tolled until funding is appropriated and a payment is made to the claimant.

The audit of the fiscal year 2017-2018 reimbursement claim is therefore untimely, and the claimant's claimed costs for fiscal year 2017-2018 of $3,136,557 (consisting of $2,242,310 in direct costs for salaries and benefits and $894,247 in claimed indirect costs) should be fully reinstated.

### C. The Controller's Finding That the Claimant's Source Documentation for Salary and Benefit Costs Does Not Comply with the Parameters and Guidelines Is Incorrect as a Matter of Law and the Reduction of All Costs Claimed to $0 Is Arbitrary and Capricious and Entirely Lacking in Evidentiary Support.

#### 1. The Controller's Finding That the Claimant's Source Documentation for Salary and Benefit Costs Does Not Comply with the Parameters and Guidelines Is Incorrect as a Matter of Law

According to the Controller, the claimant's salary and benefit costs are unallowable because "the county did not provide contemporaneous source documentation to support the mandated functions performed or the actual number of hours devoted to each function."[345] This issue was primarily based on the Controller's concern about the possibility of claiming activities and costs that are non-reimbursable according to the Parameters and Guidelines, as "Without a description of the mandated functions, we were unable to determine whether the county had claimed unallowable costs associated with criminal prosecution commencing with the defendant's first appearance in a California court, or claimed costs associated with non-mandated activities."[346]

As discussed below, the Commission finds the Controller's reduction of costs based on the assertion that the claimant's documentation does not comply with the Parameters and Guidelines is incorrect as a matter of law.

The Parameters and Guidelines state that only actual costs may be claimed, defined as "those costs actually incurred to implement the mandated program."[347] The Parameters and Guidelines state that direct costs such as salary and benefit costs are "costs that can be traced to specific . . .services, units, programs, activities or functions."[348] To claim the actual costs for salaries and benefits, claimants are required to "[i]dentify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time

[345] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

[346] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[347] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[348] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.).

study."[349] The "mandated functions" are the reimbursable activities performed by the employee.

The actual costs for salaries and benefits must be traceable and supported by contemporaneous source documentation that shows "the validity of such costs, when they were incurred, and their relationship to the reimbursable activities."[350] Source documentation is a document created at or near the same time the actual cost was incurred for the event or activity in question, and the Parameters and Guidelines specifically give "employee time records or time logs" as examples of the types of documents that can be used as source documentation.[351]

The Controller's Mandated Cost Manual for Local Agencies, which was raised in the parties' comments, provides further instructions for actual time reporting as follows:

> Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:
>
> (1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee:
>
> (2) Account for the total activity for which each employee is compensated.
>
> (3) Be prepared at least monthly and must coincide with one or more pay periods.
>
> (4) Be signed by the employee.
>
> Budget estimates or other distribution percentages determined before services are performed do not qualify as support for time distribution.[352]

The time sheets the claimant provided in this case are employee time records or time logs, exactly the type of source documentation contemplated by the Parameters and Guidelines. Employees recorded their time spent on claimable and non-claimable activities in their time sheets daily, and at the end of each month the time sheets were signed and dated by the employee and their supervisor, certifying the time sheets to be

---

[349] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.1.).

[350] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[351] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[352] Exhibit X (5) Mandated Cost Manual for Local Agencies, September 1, 2019, page 29. This requirement was the same for all versions of the Mandated Cost Manual in effect during the audit period.

true and accurate to the best of their knowledge.[353] Thus, the time records are contemporaneous and show the distribution of time of each employee's actual daily activity.[354] The monthly signatures coincide with pay periods, and were signed, dated, and certified by both the employee and their supervisor.[355]

The Controller has not presented any arguments or evidence rebutting that the claimant's time sheets are contemporaneous source documents. Instead, the Controller claims that these documents do not provide a description of the mandated functions performed.

> The time study/time sheet instructions list the Penal Code and Family Code section and "Activity performed" or "Activities performed." However, descriptions of the mandated activities performed are not provided.
>
> Likewise, "non-claimable" activities are simply noted as "277/278/278.5 Non-Claimable" or "Other-Non-claimable." No further description of the activities performed is provided.[356]

The Controller further states the following:

- "Documenting time spent on activities under FC sections 3130 through 3133, without describing the mandated functions performed and specifying the number of hours devoted to each function, does not meet the requirements of the parameters and guidelines."[357]
- "Simply 'referring to the Family and Penal code sections' does not equate to describing the mandated activities set forth in the Ps and Gs."[358]

However, the Controller's assertion that the time sheets do not provide a description of the mandated functions is incorrect. When read with the instructions on the back of the time sheets, which identify the reimbursable activities and the activities that are not eligible for reimbursement, the time sheets do provide a description of the mandated functions.

---

[353] Exhibit A, Incorrect Reduction Claim, page 45 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles' District Attorney's Office, Targeted Crimes Division).

[354] Exhibit A, Incorrect Reduction Claim, page 45 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles' District Attorney's Office, Targeted Crimes Division).

[355] Exhibit A, Incorrect Reduction Claim, page 45 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles' District Attorney's Office, Targeted Crimes Division).

[356] Exhibit A, Incorrect Reduction Claim, page 1107 (Final Audit Report).

[357] Exhibit A, Incorrect Reduction Claim, ages 1110-1111 (Final Audit Report).

[358] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 12.

The claimant's time sheets sort claimants' time into four categories of reimbursable activities: "3130-3133," "3408(c) & 3408(d)," "3411(a) & 3421(c)," and "277, 278 & 278.5;" two categories of non-reimbursable activities: "277/278/278.5 Non-Claimable" and "Other — Non-Claimable (Briefly Explain Below);" and a category for reporting when the employee used vacation or sick leave.[359] The time sheet then describes what activities belong in each category in the instructions on the back of the time sheet as follows:

> **Section 3130-3133**
>
> Activity performed under item number (1) involving enforcement of custody orders should be indicated in this category.
>
> **Section 3408(c) and 3408(d)**
>
> Activities performed under item number (2) involving out-of-state decrees and any related court activity should be indicated in this category.
>
> **Section 3411(a) & 3421(c)**
>
> Activities performed under item number (3) securing the appearance of an offender personally before the court should be indicated in this category.
>
> **Section 277, 278, 278.5**
>
> Activities performed under item (4) in the return of an illegally concealed child or minor to its legal guardian should be indicated in this category.
>
> […]
>
> **Section 277, 278, 278.5 – Non-Claimable (8)**
>
> All non-claimable custody of minors activities should be indicated in this category.
>
> **Other – Non-Claimable Activity Item Number (9)**
>
> Please explain any entries in this categories.
>
> […]
>
> **Vacation Time, Sick Leave, Etc. Item Number (12)**
>
> All vacation, sick leave, etc., utilized should be indicated in this category.[360]

This description is consistent with the mandated activities and scope of those activities identified in the Parameters and Guidelines, and when completed, the time sheet shows the actual time the employee spent performing duties under the mandate instead of performing non-reimbursable activities.

[359] Exhibit A, Incorrect Reduction Claim, page 48 (Custody of Minor Time Study Sheet).

[360] Exhibit A, Incorrect Reduction Claim, page 49 (Custody of Minor Time Study Sheet).

The statutes that imposed the state-mandated activities that created this program are located in Family Code sections 3130 and 3131. Family Code section 3130 requires that when a petition to determine custody of a child has been filed or when there is a temporary order pending determination of custody, and the whereabouts of the party in possession of the child are not known or there is reason to believe the party may not appear in the proceedings despite being ordered to appear personally with the child, "the district attorney shall *take all actions necessary to locate the party and the child* and to *procure compliance with the order to appear with the child* for purposes of adjudication of custody."[361] Similarly, Family Code section 3131 requires that when there is a custody or visitation order in place and the child is taken or detained by another person in violation of that order, "the district attorney shall *take all actions necessary to locate and return the child* and the person who violated the order and to *assist in the enforcement of the custody or visitation order or other order of the court* by use of an appropriate civil or criminal proceeding."[362] The Parameters and Guidelines therefore define the scope of the mandate as authorizing reimbursement for "all actions necessary" to locate and return a child and for complying with a court order relating to child custody or visitation, as follows:

> Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney *actively assist in the resolution of child custody and visitation problems*; for the *enforcement of custody and visitation orders*; for *all actions necessary to locate and return a child(ren)* by use of any appropriate civil or criminal proceeding; and for *complying with other court orders relating to child custody or visitation*, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI.[363]

The Parameters and Guidelines then define the reimbursable activities for this program using the following four categories:

> (1) Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders; […]
>
> (2) Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act, (Family Code sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session); […]

---

[361] Family Code section 3130, emphasis added.

[362] Family Code section 3131, emphasis added.

[363] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.A.), emphasis added.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren); [and …]

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.[364]

The claiming instructions and reimbursement claim form the Controller provided also use these same four categories, more succinctly labeled "Compliance with Court Orders," "Court Costs for Out-of-Jurisdiction Cases," "Secure Appearance of Offender," and "Return of Children to Custodian."[365]

The claimant's time sheets use these same categories of reimbursable activities to describe each of the categories under which employees report their time on mandated functions. The first category is labeled "Section 3130-3133, which is a reference to Family Code sections 3130-3133. As discussed above, Family Code sections 3130 and 3130 impose the mandate to "take all actions necessary…to procure compliance with the order to appear with the child," and to "take all actions necessary…to assist in the enforcement of the custody or visitation order or other order of the court." Family Code section 3132 clarifies that when the district attorney performs these duties, it is doing so on behalf of the court and is not representing any party in the custody proceeding, while section 3133 grants district attorneys the ability to request the court grant a temporary custody order pending further hearings, if it is needed to recover a child that is being detained or concealed in violation of a custody order or a parent's right to custody. Accordingly, this first category in the claimant's time sheet is for activities "involving enforcement of custody orders," which is the first category of reimbursable activities in the Parameters and Guidelines.[366]

The second category on the time sheet is labeled "Section 3408(c) & 3408(d)," which is a reference to Family Code section 3408, which, at the time it was added to the Parameters and Guidelines, was part of the Uniform Child Custody Jurisdiction Act, and required that when a court refused to exercise jurisdiction on a petition to determine custody or a petition to modify an existing custody order from out-of-state because the petitioner wrongfully took the child from another state or engaged in similar reprehensible conduct, it shall notify the parent or other appropriate person in the other state as well as the prosecuting attorney of the appropriate jurisdiction, and if requested

---

[364] Exhibit A, Incorrect Reduction Claim, pages 1048-1049 (2009 Amendment to Parameters and Guidelines, sections V.B.1., V.B.2., V.B.2.b.(3)., and V.B.2.b.(4).). Note that categories (3) and (4) are presented as subcategories to category (2). There is a currently pending PGA filed by the Controller that seeks to move these subcategories to their own categories, asserting they were placed under (2) through a clerical error. See *Custody of Minors-Child Abduction and Recovery*, 25-PGA-01 (CSM-4237) https://csm.ca.gov/matters/CSM-4237.shtml (accessed February 27, 2026).

[365] Exhibit A, Incorrect Reduction Claim, page 1069 (Fiscal Year 2019-2020 Claiming Instructions).

[366] Family Code sections 3130 and 3131.

by the court of the other state, order the petitioning party to appear with the child in a custody proceeding in the other state or return the child to the person who has legal custody, or to place the child in foster care pending return to their legal custodian if it appears the order will be ineffective.[367] This statute defines the scope of the mandate for the district attorney's offices to incur costs for obtaining compliance with court orders and costs in cases involving child custody or visitation orders from another jurisdiction, the second category of reimbursable activities in the Parameters and Guidelines. Accordingly, the second category in the claimant's time sheet is for activities "involving out-of-state decrees and any related court activity."

The third category on the time sheet is labeled "Section 3411(a) & 3421(c)," which is a reference to Family Code sections 3411 and 3421. At the time these code sections were added to the Parameters and Guidelines under the Uniform Child Custody Jurisdiction Act, Family Code section 3411(a) granted courts authority to order any party in a custody proceeding who is in this state to appear personally before the court, with or without the child, or to issue an arrest warrant if the party cannot be served, fails to obey the order to appear, or it appears the order will be ineffective. Family Code section 3421(c) allowed courts to do the same at the request of a court of another state.[368] This provides context and helps define the scope of the mandate to secure the appearance of the offender and children when an arrest warrant has been issued or other order of the court to produce the offender or children, which is the third category of reimbursable activities in the Parameters and Guidelines. Accordingly, the third category in the claimant's time sheet is for activities related to "securing the appearance of an offender personally before the court."

The fourth category on the time sheet is labeled "Section 277, 278, 278.5," which is a reference to Penal Code sections 277, 278, and 278.5. At the time they were added to the Parameters and Guidelines, these three code sections all established the crime of taking, enticing away, detaining or concealing a child to deprive another person of their right to custody or visitation, each under different circumstances.[369] The only costs which are non-claimable according to the Parameters and Guidelines are "Costs associated with criminal prosecution, *commencing with the defendant's first appearance in a California court*, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful

[367] Family Code section 3408(c) and (d), as added by Statutes of 1992, chapter 162, section 10.

[368] Family Code sections 3411(a) and 3421(c), as added by Statutes of 1992, chapter 162, section 10.

[369] See Penal Code sections 278 and 278.5, as added by Statutes of 1976, Chapter 1399 sections 10 and 11; Penal Code section 277, as added by Statutes of 1984, Chapter 1207. Penal Code sections 278 and 278.5 still establish this crime, although section 277 has been since amended and now provided statutory definitions.

person or agency."[370] These statutes therefore provide context and help define the scope of the mandate to return an illegally concealed child to its legal custodian or agency, the fourth category of reimbursable activities. The fourth category in the claimant's time sheets is therefore for activities performed in "the return of an illegally concealed child or minor to its legal guardian." Referencing these Penal Code sections also helps provide context and scope to the non-claimable activities, as the only costs that are not reimbursable are those associated with criminal prosecution for the offenses defined in Penal Code sections 278 and 278.5, commencing with the defendant's first appearance in California Court and after the child has been returned to their legal custodian.

The claimant's time sheets, created at or near the time the costs were incurred, therefore provide descriptions for each of its categories under which employees report their time, using the same descriptions that are used for each reimbursable activity in the Parameters and Guidelines. An employee reporting two hours under "Section 3130-3133" is reporting they spent two hours to enforce custody orders; if they report an hour under "Section 277, 278, 278.5," they are reporting an hour spent returning an illegally concealed child to its legal custodian; if they report three hours under "Section 277, 278, 278.5 – Non-claimable" they are reporting three hours on activities to criminally prosecute someone under Penal Code sections 278 or 278.5, commencing with their first appearance in court and after the child has been returned.

Thus, the timesheets, when read in context with the instructions, do not simply identify code sections as asserted by the Controller's Office, but they describe the mandated activity or function performed and the actual number of hours devoted to those functions.

Nevertheless, the Controller continues to assert that the time sheets do not specifically describe the actual number of hours devoted to each mandated function. Perhaps the Controller is referring to the list of activities and costs under each category of reimbursable activities in the Parameters and Guidelines (which the claimant calls sub-categories) that describe how compliance is achieved and the costs that can be incurred in any specific child custody case. For example, the first category of reimbursable activities lists the possible costs eligible for reimbursement as follows:

> 1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, ***including***:
>
> a. Contact with child(ren) and other involved persons.
>
> (1) Receipt of reports and requests for assistance.
>
> (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

[370] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VI.A.).

(3) Locating missing or concealed offender and child.

b. Utilizing any appropriate civil or criminal court action to secure compliance.

(1) Preparation and investigation of reports and requests for assistance.

(2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with decrees or court orders.

(3) Process services and attendant court fees and costs.

(4) Depositions.

c. Physically recovering the child(ren).

(1) Travel expenses, food, lodging, and transportation for the escort and child.

(2) Other personal necessities for the child. All such items purchased must be itemized.[371]

This list is not exhaustive since the language preceding the list says "including." The word "includes" or "including" for purposes of statutory construction "is not synonymous with 'means' or 'constitutes;'" rather the words "includes" or "including" are words of enlargement and can be viewed as examples of the types of costs eligible for reimbursement.[372] As indicated above, the scope of the mandate is to "actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for *all actions necessary to locate and return a child(ren)* by use of any appropriate civil or criminal proceeding; and for *complying with other court orders relating to child custody or visitation."* Thus, reimbursement is required for ***all*** activities performed by the district attorneys' offices to assist in the resolution of custody and visitation issues once it receives a request for assistance in enforcing a custody or visitation order or other court order related to a custody proceeding, up until the defendant makes his or her first appearance in court on a criminal prosecution for maliciously depriving a lawful custodian of a right to custody or visitation without good cause after the child has been returned to the lawful person or agency. The claimant's time sheets, when read in context with the instructions on the back, provide sufficient evidence of the time spent on the mandated activities and the time spent on the non-reimbursable criminal prosecution activities.

Moreover, nowhere in the Controller's claiming instructions does it require a claimant to specifically identify each act performed to assist in the resolution of custody and

[371] Exhibit A, Incorrect Reduction Claim, page 1048 (2009 Amendment to Parameters and Guidelines, section V.B.1.), emphasis added.

[372] *People v. Aguirre* (2021) 64 Cal.App.5th 652, 661-662

visitation issues. Rather, the claim form lists only the four categories of reimbursable activities or mandated functions identified in the Parameters and Guidelines.[373]

Finally, the claimant has been using the same time sheets to support its claimed costs for this program since 1994 without issue.[374] The Controller contends, however, the time sheets were never an issue before because this is the first audit conducted under the current Parameters and Guidelines enacted in 2009. The Controller states there was a prior audit conducted on the claimant's program in 2005, but it was subject to the 1999 Parameters and Guidelines.[375] This argument would only be a reasonable explanation if the changes that occurred with the 2009 amendment related to its reasons for reducing the claim now. The 2009 amendment added the requirement that claimants support their actual costs using *contemporaneous* source documentation.[376] As discussed, the issue with this claim is not whether the claimant provided contemporaneous source documentation, but whether those source documents "support the mandated functions performed or the actual number of hours devoted to each function."[377] The Parameters and Guidelines do require claimants "Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits" when claiming direct costs for employ salaries and benefits.[378] However, this information was also required in the 1999 version of the Parameters and Guidelines, and dates back to the earliest version of the Parameters and Guidelines the Commission has on file.[379] The only thing that has changed with respect to the requirement to provide this information is that it must now be provided through contemporaneous source documentation, which is what the claimant's time sheets are. Surely, if the time sheets do not describe the mandated functions performed, the 2005 audit should have found this to be an issue back then as well. Thus, the Controller's explanation for why it found documentation that was

---

[373] Exhibit A, Incorrect Reduction Claim, pages 1076-1087.

[374] Exhibit A, Incorrect Reduction Claim, page 45 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles' District Attorney's Office, Targeted Crimes Division).

[375] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report); Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 14.

[376] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.).

[377] Exhibit A, Incorrect Reduction Claim, page 1098 (Final Audit Report).

[378] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VII.A.1.).

[379] Exhibit X (3), 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments, pages 17-18 (section VII.A.1.); Exhibit X (1), 1990 Amendment to Parameters and Guidelines, page 8 (section VII.B.1).

previously acceptable no longer complies, is not consistent with Parameters and Guidelines at issue in this case.

Therefore, contrary to the Controller's interpretation, the claimant's time sheets, which are contemporaneous, describe the specific mandated functions performed using the categories of reimbursable activities in the Parameters and Guidelines and claiming form provided by the Controller's Office for this mandated program, and identify the actual hours spent on the program. Time spent on mandated activities is reported under one of the four categories, and time spent on non-claimable activities is properly segregated into separate categories. Assuming employees reported their time accurately, which we are required to presume since the timesheets are signed and certified to be accurate to the best of the employee and their supervisor's knowledge and there is no evidence to the contrary, the time sheets properly identify the actual number of hours devoted to each mandated function.[380] Thus, the timesheets comply with the documentation requirements in the Parameters and Guidelines.

Thus, the Controller's reduction of costs based on its finding that the claimant's source documentation for salary and benefit costs does not comply with the Parameters and Guidelines is incorrect as a matter of law.

**2. The Controller's Reduction of All Costs Claimed to $0 Is Arbitrary and Capricious and Entirely Lacking in Evidentiary Support.**

Even if it was determined that the claimant's source documentation did not comply with the Parameters and Guidelines, the Controller's decision to reduce the claimant's costs to $0 was arbitrary, capricious, and not supported by evidence in the record.

The Controller justified the decision to reduce costs to $0 by asserting that the claimant bore the initial burden of filing a reimbursement claim in the manner described by the Parameters and Guidelines, and that failure to do so gave the Controller authority to reduce the entire claim to $0.[381] However, the claimant provided additional evidence that shows the claimant performed the mandated activities during the period of reimbursement at issue.

During the audit, the claimant provided a list of cases handled under the mandate during the audit period, as well as sample case files from its district attorneys and investigators.[382] These included eight case files from district attorneys, which were for civil cases that were handled under the Hague Convention and included minute orders from the Los Angeles County Superior Court, attorney case notes, court transcripts, and emails, as well as one case file from a child abduction case handled by the District Attorney's Office's Bureau of Investigations, which included the investigator's notes,

[380] Evidence Code section 664 ("It is presumed that official duty has been regularly performed.").

[381] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, pages 15-16.

[382] Exhibit A, Incorrect Reduction Claim, page 1109 (Final Audit Report).

contacts, and reports.[383] In addition, in declarations filed under penalty of perjury, the claimant reported that during the audit period it filed charges in 141 cases, declined to prosecute in 244 more, expended approximately 67,328 hours on mandated activities for these cases, and this work resulted in the recovery or reunification of over 300 minors.[384] It also handled 112 Hague cases and opened approximately 535 civil recovery order cases.[385] These statements filed under penalty of perjury provide additional evidence that costs were incurred to comply with the mandated activities, as the scope of the mandate broadly requires "the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI," and the only non-reimbursable activities are "Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code."[386]

The Controller has made no arguments or filed any evidence disputing the evidence that the claimant performed the mandated activities during the period of reimbursement. The only reason for the reduction was that the activities were not properly supported with contemporaneous source documents that described the mandated functions performed and the actual number of hours devoted to each function. The Controller did not consider the evidence, supported by actual case files, that the claimant performed the mandate and, thus its decision to reduce the claimant's costs to $0 is arbitrary, capricious, and without evidentiary support.

These circumstances are similar to a past IRC decision (*The Stull Act,* 14-9825-I-01). In that case, a school district claimed $1,270,240 in salaries and benefits and related indirect costs for performing state mandated teacher evaluations in fiscal years 1997-1998 through 2004-2005.[387] The Controller's audit reduced these costs to $0 as it

---

[383] Exhibit A, Incorrect Reduction Claim, pages 1099, 1105 (Final Audit Report). The claimant actually provided four investigator's case files, however three of these were for cases that occurred outside the audit period and therefore do not provide evidence of mandated activities performed during that time.

[384] Exhibit A, Incorrect Reduction Claim, page 44 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles County District Attorney's Office Targeted Crimes Division).

[385] Exhibit A, Incorrect Reduction Claim, page 44 (Declaration of Rosa Alarcon, Assistant Head Deputy, Los Angeles County District Attorney's Office Targeted Crimes Division).

[386] Declarations filed under penalty of perjury is evidence pursuant to section 1187.5 of the Commission's regulations.

[387] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016,

found the claimant did not provide contemporaneous source documentation to support the actual costs. After the claimant filed an IRC challenging this decision, the Controller offered to reevaluate the claim if the claimant provided a list of the employees evaluated in those years.[388] The claimant did so, and on review, the Controller agreed that some of the evaluations fell within the scope of the mandate, and offered to reimburse $35,967, based on the number of evaluations found to be within the scope of the mandate and the average amount of time the claimant's evaluators spent on each evaluation it performed in fiscal years 2006-2007 and 2007-2008.[389] The claimant rejected this offer as it felt the Controller should have used a different method to determine the average amount of time spent on evaluations, and the IRC continued.[390] The Commission found that the claimant did not comply with the Parameters and Guidelines' source documentation requirement, and as such, a reduction of costs was correct as a matter of law.[391] However, it also found that it was arbitrary and capricious to reduce those costs to $0, as the evidence in the record supported that mandated functions were performed.[392] The Commission then determined that the Controller's method of finding the $35,967 reimbursement it offered was not arbitrary or capricious and was supported by evidence in the record, and no evidence supported using the

---

https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), pages 2-3.

[388] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), page 11.

[389] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), pages 12-13.

[390] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), page 13.

[391] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), pages 19-20.

[392] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), pages 20-21.

longer evaluation time the claimant wanted, and therefore ordered that the claimant be reimbursed that amount.[393]

In this case, the Controller argues that the situation in *The Stull Act* IRC is distinguishable, because in that case, the Parameters and Guidelines were adopted in 2005, with a period of reimbursement that went back to fiscal year 1997-1998. Although the Parameters and Guidelines had always included the contemporaneous source documentation requirement, the claimant was not on notice of this requirement until 2005 and, thus, there was a due process issue with the later notice.[394] That is not the case here, as the current Parameters and Guidelines have been in effect since 2009, so the claimant has been on notice of its requirements the entire audit period. Although that context may explain why the Controller chose to reconsider the audit in *The Stull Act* case, those circumstances did not factor into the Commission's finding that it was arbitrary and capricious to reduce the claim to $0. The Commission made that finding because the record showed that the claimant performed mandated activities as follows: "The Controller agrees that the claimant performed the required evaluations under the mandate and concluded that 1,149 evaluations were performed by the claimant during the audit period and, thus, a reduction of costs to $0 is not supported by the record."[395] That is the case here, as there is evidence in the record that shows the claimant performed mandated activities, which has not been disputed.

Accordingly, even if the claimant's source documentation did not comply with the Parameters and Guidelines, the decision to reduce the claimant's costs to $0 was arbitrary, capricious, and entirely lacking in evidentiary support.

### D. The Controller Finding that Good Cause Cases Are Not Reimbursable Is Incorrect as a Matter of Law.

The Controller also noted its issue with the fact the claimant's time sheets do not have a space for reporting time spent on "good cause" cases under Penal Code section 278.7, asserting that this time is not claimable because Penal Code section 278.7 is not

---

[393] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), pages 21-25.

[394] Exhibit B, Controller's Comments on the Incorrect Reduction Claim, page 16.

[395] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act,* 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed March 2, 2026), page 3.

identified in the Parameters and Guidelines.[396] The claimant argued these costs should be claimable under section 278 and 278.5.[397]

As discussed above, the scope of the mandate in the Parameters and Guidelines says that "Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in Section VI."[398] The Parameters and Guidelines authorize reimbursement for "obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of custody or visitation orders, and "utilizing *any appropriate civil or criminal court action* to secure compliance."[399] The only non-reimbursable costs are those "associated with criminal prosecution, *commencing with the defendant's first appearance* in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency."[400]

Thus, under the Parameters and Guidelines, all activities performed by district attorneys' offices in these cases relating to child custody or visitation proceedings and the enforcement of those proceedings pursuant to Family Code sections 3130 to 3134.5, including the use of any appropriate criminal court action to secure compliance, is eligible for reimbursement until the defendant's first appearance in court for allegations that the defendant committed the crimes in sections 278 and 278.5.

Although the Controller argues that since Penal Code section 278.7 is not expressly identified in the Parameters and Guidelines the costs associated with section 278.7 are not eligible for reimbursement, Penal Code sections 278, 278.5, and 278.7 simply put the reimbursable activities, which are mandated by Family Code sections 3130 and 3131, into context and define the scope of the mandate. The Penal Code sections themselves do not impose any state-mandated activities on the county. Specifically, the mandate imposed by Family Code sections 3130 and 3131 requires district attorneys to "take all actions necessary to locate the party and the child and to procure compliance

---

[396] Exhibit A, Incorrect Reduction Claim, page 1099 (Final Audit Report).

[397] Exhibit A, Incorrect Reduction Claim, page 1104 (Final Audit Report). The Commission recently decided on this same issue in another IRC. See *Custody of Minors — Child Abduction and Recovery,* 24-4237-I-04, Decision, pages __.

[398] Exhibit A, Incorrect Reduction Claim, page 1047 (2009 Amendment to Parameters and Guidelines, section V.A.).

[399] Exhibit A, Incorrect Reduction Claim, page 1048 (2009 Amendment to Parameters and Guidelines, section V.B.1.b.) emphasis added.

[400] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VI.A.) emphasis added.

with the order to appear with the child for the purposes of adjudication of custody," and to "take all actions necessary to locate and return the child and the person who violated the order and to assist in the enforcement of the custody or visitation order by use of an appropriate civil or criminal proceedings."[401]

Penal Code sections 278 and 278.5 establish the crimes for maliciously taking or concealing a child in cases where the defendant has or does not have a right to custody. And, pursuant to the plain language of the Parameters and Guidelines, all costs to obtain compliance with court orders relating to child custody or visitation proceedings and the enforcement of those orders, and utilizing any appropriate criminal court action to secure compliance are eligible for reimbursement up to the point of the "defendant's first appearance in a California Court, for offenses defined in Sections 278 or 278.5 of the Penal Code."[402] Any costs incurred by the district attorney's office after the defendant's direct appearance in court on those crimes is not reimbursable.

If the facts establish that the defendant acted with "good cause" when taking or concealing the child pursuant to Penal Code section 278.7, the defendant will not be guilty of the crime in section 278.5. As the court determined, the criminal intent or malice requirement in Penal Code section 278.5 and the good faith defense in section 278.7 *are intertwined*.[403] Thus, facts or circumstances addressing any "good cause" element in these proceedings have to be addressed by the district attorney's office in order to comply with the mandate to "actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation."

In this instance, the sole activity in question is the claimant's Intermediate Clerk Typist inputting reports filed by a person who keeps, withholds, or conceals a child into a database so there will be a record of this report should the defense be raised in a future proceeding under Penal Code section 278.5.[404] An important condition to a defendant being eligible for the defense provided in Penal Code section 278.7 is that the person who takes, entices away, keeps, withholds, or conceals the child do all of the following:

1. Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, make a report to the office of the district attorney of the county where the child resided before the action. The report shall include the name of the person, the current address and telephone number of the child and the person, and the reason the child was taken, enticed away, kept, withheld, or concealed.

---

[401] Family Code sections 3130 and 3131.

[402] Exhibit A, Incorrect Reduction Claim, page 1050 (2009 Amendment to Parameters and Guidelines, section VI.A.).

[403] *People v. Neidinger* (2006) 40 Cal.4th 67, 79, emphasis added.

[404] Exhibit A, Incorrect Reduction Claim, page 25-26, footnote 4 (Written Narrative).

2. Within a reasonable time from the taking, enticing away, keeping, withholding, or concealing, commence a custody proceeding in a court of competent jurisdiction consistent with the federal Parental Kidnapping Prevention Act (Section 1738A, Title 28, United States Code) or the Uniform Child Custody Jurisdiction Act (Part 3 (commencing with Section 3400) of Division 8 of the Family Code).

3. Inform the district attorney's office of any change of address or telephone number of the person and the child.[405]

Thus, whether a defendant complied with these reporting requirements is a key factor to whether the defendant is eligible for a "good cause" defense under Penal Code section 278.7.[406] District attorneys would need to know whether a defendant is eligible for this defense, ideally before deciding to file charges against them. Thus, the activity of inputting reports supporting a good cause defense into a database in accordance with Penal Code section 278.7 falls within the scope of the mandate.

Additionally, the Controller is incorrect that Penal Code section 278.7 has never been part of the Parameters and Guidelines. Although that specific code section as it exists today was never formally incorporated, its predecessor was incorporated and is still included in the Parameters and Guidelines today. Prior to 1996, Penal Code section 277 provided for the "good cause" defense and stated that:

> In the absence of a court order determining rights of custody or visitation to a minor child, every person having a right of custody of the child who maliciously takes, detains, conceals, or entices away that child within or without the state, without good cause, and with the intent to deprive the custody right of another person or a public agency also having a custody right to that child, shall be punished by imprisonment in the county jail for a period of not more than one year, a fine of one thousand dollars ($1,000), or both, or by imprisonment in the state prison for a period of one year and one day, a fine of five thousand dollars ($5,000), or both.[407]

It also defined "good cause" to mean "a good faith belief that the taking, detaining, concealing, or enticing away of the child is necessary to protect the child from immediate bodily injury or emotional harm," which is the same definition used now in Penal Code section 278.7.[408] Prior to enacting current Penal Code section 278.7, the common law necessity defense also "require[d] the individual committing the crime to report to the proper authorities immediately after attaining a position of safety from the

---

[405] Penal Code section 278.7(c).

[406] Compare with *People v. Jo* (2017) 15 Cal.App.5th 1128 (In which a defendant who claimed to have had "good cause" but did not comply with the reporting requirements was unable to use Penal Code section 278.7 as a defense).

[407] Penal Code section 277, as added by Statutes of 1984, chapter 1207, section 1.

[408] Penal Code section 277, as amended by Statutes of 1986, chapter 1210, section 1.

peril."[409] Thus, there was an existing practice that a person had a statutory and common law defense to maliciously taking, detaining, concealing, or enticing away a child with the intent to deprive a person or agency of their right to custody, if the person had a right to custody of the child and had a good faith belief it was necessary to protect the child from immediate bodily injury or emotional harm, and the person was expected to report to the proper authorities as part of the defense, just like with Penal Code section 278.7.

Penal Code section 277 was added in 1984, with the definition of "good cause" added in 1986. This was after the enactment of the statute that created this state-mandated program. However, amendments to the Parameters and Guidelines expressly identified former section 277 alongside Penal Code sections 278 and 278.5 when defining costs associated with prosecuting a defendant for criminal offenses identified in those sections as non-reimbursable costs.[410] This shows that the expectation to consider whether a defendant had "good cause" existed as a reimbursable component in prior amendments to the Parameters and Guidelines and district attorneys were required and were eligible to claim reimbursement to determine what court actions (civil or criminal) would be most appropriate when actively assisting in the resolution of custody disputes at the time (i.e., costs that were not tied to the criminal prosecution of the defendant, which are not reimbursable).

At some point, Penal Code section 277 was also added to the list of statutes located in the Parameters and Guidelines' caption.[411] In 1996, the Legislature renumbered the Child Abduction chapter of the Penal Code, which merged former Penal Code sections 277 and 278.5 into the current Penal Code section 278.5; changed Penal Code section 277 to define terms used in the chapter; and added Penal Code section 278.7.[412] When the Parameters and Guidelines were amended in 1999 to reflect these changes, Penal Code section 277 was removed from the non-reimbursable costs section, but was not removed from the caption.[413]

Accordingly, although Penal Code section 278.7 is not mentioned in the current Parameters and Guidelines, the Penal Code section that was its predecessor is included, and has been since before the change in law, making the Controller's

---

[409] *People v. Beach* (1987) 194 Cal.App.3d 955, 972.

[410] Exhibit X (1), 1990 Amendment to Parameters and Guidelines, page 7-8.

[411] See Exhibit X (3), 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments, page 11 (This is the staff analysis from the 1999 amendment, which includes the proposed changes to the text in strikethrough and underline. No changes are noted for Penal Code section 277, 278, and 278.5 in the caption.). This item was adopted on consent. (Exhibit X (4), Commission on State Mandates Minutes, August 26, 1999, page 7.)

[412] Statutes of 1996, chapter 988.

[413] See Exhibit X (3) 1999 Amendment to Parameters and Guidelines Staff Analysis and Proposed Amendments, pages 11 and 16.

assertion that costs related to “good cause” cases are not reimbursable incorrect as a matter of law.

## V. Conclusion

Based on the forgoing analysis, the Commission approves this IRC and concludes as follows:

- The audit for fiscal year 2017-2018 was untimely initiated and the claimant’s costs for that year of $3,136,557 (consisting of $2,242,310 in direct costs for salaries and benefits and $894,247 in claimed indirect costs) should be fully reinstated.
- The Controller was incorrect as a matter of law regarding its finding that the claimant’s source documentation did not describe the mandated functions performed or specify the actual number of hours devoted to each function in accordance with the Parameters and Guidelines.
- Even if it was determined that the claimant’s source documentation did not comply with the Parameters and Guidelines, the Controller’s decision to reduce the claimant’s costs to $0 was arbitrary, capricious, and not supported by evidence in the record.
- The Controller was incorrect as a matter of law regarding its assertion that activities related to good cause cases are not reimbursable under the Parameters and Guidelines.

Accordingly, the Commission requests, pursuant to Government Code section 17551(d) and section 1185.9 of the Commission’s regulations, that the Controller reinstate the amounts incorrectly reduced.

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On April 23, 2026, I served the:

- **Current Mailing List dated April 22, 2026**
- **Draft Proposed Decision, Schedule for Comments, and Notice of Hearing issued April 23, 2026**

  *Child Abduction and Recovery,* 25-4237-I-05
  Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421;
  Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
  Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
  County of Los Angeles, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on April 23, 2026 at Sacramento, California.

Jill Magee

_____

Jill Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 4/22/26

**Claim Number:** 25-4237-I-05

**Matter:** Child Abduction and Recovery

**Claimant:** County of Los Angeles

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Adaoha Agu**, *County of San Diego Auditor & Controller Department*
Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123
Phone: (858) 694-2129
Adaoha.Agu@sdcounty.ca.gov

**Rachelle Anema**, Assistant Auditor-Controller, *County of Los Angeles*
Accounting Division, 500 W. Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8321
RANEMA@auditor.lacounty.gov

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**Anna Barich**, Attorney, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Anna.Barich@csm.ca.gov

**David Bass**, Vice Mayor, *CIty of Rocklin*
3970 Rocklin Road, Rocklin, CA 95677
Phone: (916) 663-8504
David.Bass@rocklin.ca.us

**Ginni Bella Navarre**, Deputy Legislative Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8342
Ginni.Bella@lao.ca.gov

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Rica Mae Cabigas**, Chief Accountant, *Auditor-Controller*
Accounting Division, 500 West Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8309
rcabigas@auditor.lacounty.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Julissa Ceja Cardenas**, *California State Association of Counties*
1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jcejacardenas@counties.org

**Ali Chemkhi**, Senior Supervising Accountant/Auditor, *County of San Bernardino*
Office of Auditor-Controller, 268 West Hospitality Lane, Fourth Floor, San Bernardino, CA 92415-0018
Phone: (909) 382-7035
ali.chemkhi@sbcountyatc.gov

**Annette Chinn**, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Thomas Deak**, Senior Deputy, *County of San Diego*
Office of County Counsel, 1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-4810
Thomas.Deak@sdcounty.ca.gov

**Tim Flanagan**, Office Coordinator, *County of Solano*
Register of Voters, 678 Texas Street, Suite 2600, Fairfield, CA 94533
Phone: (707) 784-3359
Elections@solanocounty.com

**Howard Gest**, *Burhenn & Gest,LLP*
**Claimant Representative**
12401 Wilshire Blvd, Suite 200, Los Angeles, CA 90025
Phone: (213) 629-8787
hgest@burhenngest.com

**Juliana Gmur**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
juliana.gmur@csm.ca.gov

**Dominick Guidera**, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
dominick.guidera@dof.ca.gov

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Ken Howell**, Senior Management Auditor, *State Controller's Office*
Audits, Compliance Audits Bureau, 3301 C Street, Suite 725A, Sacramento, CA 95816
Phone: (916) 323-2368
KHowell@sco.ca.gov

**Chuck Hughes**, Special Assistant District Attorney, *County of Ventura*
Office of the District Attorney, 800 South Victoria Avenue, Suite 300, Ventura, CA 93009
Phone: (805) 477-1635
Chuck.Hughes@venturacounty.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Emma Jungwirth**, Senior Legislative Advocate, *California State Association of Counties (CSAC)*
1100 K Street, Ste 101, Sacramento, CA 95814
Phone: (916) 650-8115
ejungwirth@counties.org

**Anne Kato**, Acting Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-9891
akato@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Eric Lawyer**, Legislative Advocate, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 650-8112
elawyer@counties.org

**Kim-Anh Le**, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

**William Lee**, Chief Deputy District Attorney, *County of San Bernardino District Attorney's Office*
303 W. 3rd Street, San Bernardino, CA 92415-0502
Phone: (909) 382-3800
WLee@sbcda.org

**Anita Lee**, Assistant Program Budget Manager, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
anita.lee@dof.ca.gov

**Fernando Lemus**, Principal Accountant - Auditor, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
flemus@auditor.lacounty.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Kenneth Louie**, Chief Counsel , *Department of Finance*
1021 O. Street, Suite 3110, Sacramento, CA 95814
Phone: (916) 322-0971
Kenny.Louie@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Suresh Malkani**, Finance Director, *Town of Apple Valley*
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: (760) 240-7000
smalkani@applevalley.org

**Darryl Mar**, Manager, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Rosanna Nguyen**, Program Budget Manager, *Department of Finance*
Local Government Unit, 915 L. Street, Sacramento, CA 95814
Phone: (916) 445-3274
Rosanna.Nguyen@dof.ca.gov

**Andy Nichols**, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Patricia Pacot**, Accountant Auditor I, *County of Colusa*
Office of Auditor-Controller, 546 Jay Street, Suite #202 , Colusa, CA 95932
Phone: (530) 458-0424
ppacot@countyofcolusa.org

**Arthur Palkowitz**, *Law Offices of Arthur M. Palkowitz*
12807 Calle de la Siena, San Diego, CA 92130
Phone: (858) 259-1055
law@artpalk.onmicrosoft.com

**Kirsten Pangilinan**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-2446
KPangilinan@sco.ca.gov

**Trevor Power**, Accounting Manager, *City of Newport Beach*
100 Civic Center Drive, Newport Beach , CA 92660
Phone: (949) 644-3085
tpower@newportbeachca.gov

**Jonathan Quan**, Associate Accountant, *County of San Diego*
Projects, Revenue, and Grants Accounting, 5530 Overland Ave, Suite 410, San Diego, CA 92123
Phone: 6198768518
Jonathan.Quan@sdcounty.ca.gov

**Roberta Raper**, Director of Finance, *City of West Sacramento*
1110 West Capitol Ave, West Sacramento, CA 95691
Phone: (916) 617-4509
robertar@cityofwestsacramento.org

**Chad Rinde**, Director of Finance, *County of Sacramento*
700 H Street, Room 3650, Sacramento, CA 95814
Phone: (916) 874-7248
RindeC@SacCounty.gov

**Jessica Sankus**, Senior Legislative Analyst, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jsankus@counties.org

**Cindy Sconce**, Director, *Government Consulting Partners*
5016 Brower Court, Granite Bay, CA 95746
Phone: (916) 276-8807
cindysconcegcp@gmail.com

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814

Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Carla Shelton**, Senior Legal Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Paul Steenhausen**, Principal Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, , Sacramento, CA 95814
Phone: (916) 319-8303
Paul.Steenhausen@lao.ca.gov

**Oscar Valdez**, Auditor-Controller, *County of Los Angeles*
**Claimant Contact**
Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012
Phone: (213) 974-8302
ovaldez@auditor.lacounty.gov

**Alejandra Villalobos**, Management Services Manager, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, Forth Floor, San Bernardino, CA 92415
Phone: (909) 382-3191
alejandra.villalobos@sbcountyatc.gov

**Arthur Wylene**, General Counsel, *Rural County Representatives of California (RCRC)*
1215 K Street, Suite 1650, Sacramento, CA 95814
Phone: (916) 447-4806
awylene@rcrcnet.org

**Kaily Yap**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Kaily.Yap@dof.ca.gov

**Traci Young**, IS Project Director, *City and County of San Francisco*
San Francisco Public Utilities Commission (SFPUC), 525 Golden Gate Ave, San Francisco, CA 94102
Phone: (415) 653-2583
tmyoung@sfwater.org

**Helmholst Zinser-Watkins**, Associate Governmental Program Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-7876
HZinser-watkins@sco.ca.gov

OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF RIVERSIDE

**MICHAEL A. HESTRIN**
DISTRICT ATTORNEY

**Exhibit E**

Commission on State Mandates
Filed Date
05/13/2026

May 12, 2026

Commission on State Mandates 980
9th Street, Suite 300
Sacramento, California 95814

**Re:** Comments in Support of Draft Proposed Decision Child Abduction and Recovery, 25-4237-I-05
County of Los Angeles, Claimant Hearing Date: August 14, 2026 | Comments Due: May 14, 2026

Dear Commission Members and Staff:

The County of Riverside District Attorney's Office submits these comments in support of the Commission staff's Draft Proposed Decision (Draft PD) issued April 23, 2026, recommending that the Commission approve the above-captioned Incorrect Reduction Claim (IRC) filed by the County of Los Angeles. We submit these comments as an interested party with a direct and material stake in the legal questions this proceeding presents.

The Riverside County District Attorney's Office is currently the subject of an identical State Controller's Office (SCO) audit disallowance under the same Custody of Minors — Child Abduction and Recovery (CAR) program, covering the same audit period (fiscal years 2017-18 through 2019-20), on the same two grounds Commission staff has found incorrect as a matter of law. The State Controller's Office (SCO) disallowed $3,649,699 of Riverside County's $3,762,254 CAR program claim — a 97% disallowance — based on (1) the asserted inadequacy of the County's contemporaneous time records, and (2) the position that Good Cause activities under Penal Code section 278.7 are not reimbursable under the program's parameters and guidelines (Ps&Gs). Riverside County has filed an Incorrect Reduction Claim with the Commission challenging that disallowance.

We file these comments to support the Draft PD's three core holdings, to bring additional authority to the Commission's attention, and to request that the Commission adopt the Draft PD in full.

## I. The Draft PD Correctly Holds That Program-Level Time Sheets Constitute Adequate Contemporaneous Source Documentation

The Draft PD finds that the Controller's rejection of Los Angeles County's time sheets was "incorrect as a matter of law." Staff found that time sheets recording employee hours against categories corresponding to the Ps&Gs' reimbursable activity framework — certified by employees and supervisors — are exactly the sort of contemporaneous source documents Section V of the Ps&Gs contemplates. Staff found that the Controller's demand for function-level hour breakdowns within each activity category has no basis in the Ps&Gs' text.

3960 ORANGE STREET • RIVERSIDE, CA 92501
951-955-5400

Riverside County's experience confirms the accuracy of this holding. The Riverside County District Attorney's Office maintained Grant Timesheets for CAU employees throughout the audit period using a documented deduction methodology: employees recorded total daily hours against the DA1600 CAR program grant code after specifically identifying and excluding all non-reimbursable time — including vacation, sick leave, holiday pay, criminal prosecution after arraignment, and any non-CAR activities. Supervisors reviewed and certified the timesheets at the end of each pay period. Case files were maintained for each matter and presented to the SCO auditor during the field audit, documenting the specific mandated activities performed on each case.

This methodology was employed without change or objection for more than twenty consecutive fiscal years, beginning in the mid-1990s. The SCO paid Riverside County's CAR claims in full for each of those fiscal years. The SCO's prior audit of Riverside County's CAR program (FY 2003-2007) was resolved without any finding that the program-level timekeeping approach was inadequate. The retroactive rejection of that same approach — without advance notice, without rulemaking, and without any interim guidance — is precisely the legal error the Draft PD identifies.

Section V of the Ps&Gs lists "employee time records or time logs" as examples of adequate source documents. It does not distinguish between program-level and function-level time records. Section VII.A.1 requires that claimants "describe the mandated functions performed and specify the actual number of hours devoted to each function" — language that the Draft PD correctly reads as requiring that the description reference the Ps&Gs' defined reimbursable activity categories, not that each employee further subdivide hours within those categories by sub-function. The Commission should adopt the Draft PD's holding on this point, which reflects the plain meaning of the Ps&Gs as applied to the documented practice of California district attorneys' offices implementing this mandate.

## II. The Draft PD Correctly Holds That the Reduction of the Entire Claim to Zero Was Arbitrary, Capricious, and Entirely Lacking in Evidentiary Support

The Draft PD finds that even if documentation deficiencies existed, the wholesale reduction of the entire claim to $0 was "arbitrary, capricious, and entirely lacking in evidentiary support" because the record contained substantial evidence that mandated activities were performed. The Commission's standard for reviewing Controller audit decisions — whether they were "arbitrary, capricious, or entirely lacking in evidentiary support" — is not satisfied by a finding that documentation was imperfect. It requires that the audit outcome be supportable on the actual record.

In Riverside County's case, the record of mandated activity is not merely inferential. The SCO's own final audit report acknowledged the CAU's operation throughout the period. The County's audit response documented several hundred child recoveries accomplished during the audit period. The SCO allowed overtime and straight overtime hours "supported by descriptions of the mandated activities performed" — meaning the SCO itself identified mandated work in the same records it otherwise characterized as inadequate. A standard that approves overtime documentation but rejects the identical regular-time documentation from the same employees in the same pay periods cannot be applied consistently or defensibly.

The Draft PD's holding that a $0 outcome is arbitrary when the record establishes that the mandated program was operating is a necessary corrective. The Commission should adopt it as the applicable standard for CAR program IRC review.

## III. The Draft PD Correctly Holds That Good Cause Activities Under Penal Code Section 278.7 Are Reimbursable

The Draft PD finds that the Controller's position that Good Cause costs are not reimbursable is "incorrect as a matter of law." Staff correctly reasoned that Penal Code section 278.7 defines the scope of the mandate — it does not create a non-reimbursable category of activity. The Ps&Gs authorize reimbursement for "all actions necessary" to enforce custody orders and for "utilizing any appropriate civil or criminal court

action to secure compliance." Good Cause evaluation is embedded in, not excluded from, those mandated activities.

The nature of Good Cause work makes this conclusion unavoidable in practice. A district attorney cannot evaluate whether to file criminal charges under Penal Code section 278.5 without simultaneously analyzing whether the taking parent has a valid Good Cause defense under Penal Code section 278.7. The malice element required under section 278.5 and the good-faith-and-reasonable-belief standard under section 278.7 are evaluated on the same evidentiary record, in the same case, at the same time. There is no practicable way to segregate those analyses — and the Ps&Gs nowhere require that they be segregated. They require only that counties document the mandated activities performed.

In Riverside County's case, the SCO disallowed all costs associated with Good Cause cases on the ground that "activities for PC section 278.7 are not identified in the parameters and guidelines." The Draft PD demonstrates why this reasoning is legally incorrect: the Ps&Gs' reimbursable activities encompass Good Cause evaluation as an integral part of the enforcement and court-action activities the program mandates. The Commission should adopt this holding without qualification.

## IV. The Commission's March 16, 2026 Jurisdictional Clarification Letter Provides Additional External Confirmation of the Draft PD's Holdings

The Commission's attention is respectfully directed to a development that postdates the filing of the Los Angeles IRC but provides additional confirmation of the Draft PD's legal analysis. On March 16, 2026, Commission Executive Director Juliana Gmur issued a signed jurisdictional clarification letter in 25-PGA-01 — the SCO's pending request to amend the CAR Ps&Gs. That letter confirmed that the Commission's jurisdiction in 25-PGA-01 is limited to the four specific amendments the SCO requested, none of which address documentation standards or Good Cause treatment. The letter further confirmed that any request to have the Commission address Good Cause treatment or documentation requirements would require a new, separate filing.

The legal implication of this ruling is precise: the Commission cannot address Good Cause treatment or documentation requirements within 25-PGA-01 because those subjects are not in the current Ps&Gs. A new filing would be required to put those questions before the Commission because the current Ps&Gs do not answer them. This is official, signed, published confirmation from the body with exclusive jurisdiction over this mandate that the two standards the SCO has applied in field audits of Los Angeles, Riverside, Sacramento, and Ventura Counties — a function-level documentation standard and a Good Cause exclusion — have no basis in the current Ps&Gs.

The Draft PD reaches the same conclusion through statutory interpretation. The Commission's March 16, 2026 letter reaches it through procedural ruling. Together, they confirm from two independent directions that the SCO invented and applied standards that the Commission itself has not adopted. The Commission should take note of this confirmation and incorporate it into the reasoning underlying the final Proposed Decision.

## V. Request for Consistent Application Across Pending CAR IRC Proceedings

The Commission currently has pending before it CAR IRC proceedings from Sacramento County (24-4237-I-04), Los Angeles County (25-4237-I-05), Ventura County (25-4237-I-06), and Riverside County. Each of these proceedings arises from SCO field audits applying the same documentation and Good Cause standards. The legal questions presented are identical.

Riverside County respectfully requests that the Commission adopt the Draft PD in full and that it apply the holdings therein — that program-level time sheets organized around the Ps&Gs' reimbursable activity categories are legally sufficient contemporaneous source documentation, that a $0 disallowance in the

face of substantial evidence of mandated program performance is arbitrary and capricious, and that Good Cause activities are reimbursable under the CAR program — consistently across all pending CAR IRC proceedings arising from the same audit period and the same SCO disallowance methodology.

Consistent application is both legally required and practically essential. The SCO applied a single disallowance methodology across multiple counties. The Commission should apply a single legal standard in evaluating that methodology. Piecemeal or inconsistent holdings across the pending IRCs would undermine the coherence of the Commission's precedent and leave the law unsettled for the dozens of counties that continue to file CAR claims annually.

## VI. Conclusion

The Draft Proposed Decision reflects a thorough, accurate, and legally well-grounded analysis of the CAR program's parameters and guidelines. Its holdings on contemporaneous source documentation, the arbitrariness of a $0 disallowance, and the reimbursability of Good Cause activities are correct as a matter of law and supported by the text of the Ps&Gs, the Commission's own subsequent jurisdictional ruling, and the documented experience of California counties that have implemented this mandate in good faith for decades.

Riverside County respectfully urges the Commission to adopt the Draft Proposed Decision in full and to apply its holdings consistently to all pending CAR incorrect reduction claims.

Respectfully submitted,

MICHAEL A. HESTRIN
District Attorney County of Riverside

JENNIFER GARCIA
Assistant District Attorney

Prepared with assistance from Government Consulting Partners, Inc. | bradburgess@gcp-inc.net | 916.595.2646

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

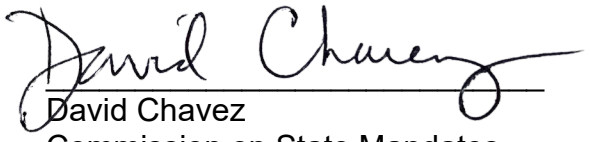
On May 14, 2026, I served the:

- **Current Mailing List dated May 13, 2026**
- **Claimant's Response to Draft Proposed Decision filed May 14, 2026**
- **County of Riverside's Comments in Support of Draft Proposed Decision Child Abduction and Recovery, 25-4237-I-05 County of Los Angeles, Claimant Hearing Date: August 14, 2026 | Comments Due: May 14, 2026 filed May 13, 2026**

  *Child Abduction and Recovery*, 25-4237-I-05
  Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988 Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
  County of Los Angeles, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on May 14, 2026 at Sacramento, California.



David Chavez
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 5/13/26

**Claim Number:** 25-4237-I-05

**Matter:** Child Abduction and Recovery

**Claimant:** County of Los Angeles

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Adaoha Agu**, *County of San Diego Auditor & Controller Department*
Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123
Phone: (858) 694-2129
Adaoha.Agu@sdcounty.ca.gov

**Rachelle Anema**, Assistant Auditor-Controller, *County of Los Angeles*
Accounting Division, 500 W. Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8321
RANEMA@auditor.lacounty.gov

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**Anna Barich**, Attorney, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Anna.Barich@csm.ca.gov

**David Bass**, Vice Mayor, *CIty of Rocklin*
3970 Rocklin Road, Rocklin, CA 95677
Phone: (916) 663-8504
David.Bass@rocklin.ca.us

**Ginni Bella Navarre**, Deputy Legislative Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8342
Ginni.Bella@lao.ca.gov

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Rica Mae Cabigas**, Chief Accountant, *Auditor-Controller*
Accounting Division, 500 West Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8309
rcabigas@auditor.lacounty.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Julissa Ceja Cardenas**, Legislative Analyst, *California State Association of Counties*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jcejacardenas@counties.org

**Ali Chemkhi**, Senior Supervising Accountant/Auditor, *County of San Bernardino*
Office of Auditor-Controller, 268 West Hospitality Lane, Fourth Floor, San Bernardino, CA 92415-0018
Phone: (909) 382-7035
ali.chemkhi@sbcountyatc.gov

**Annette Chinn**, Consultant, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Thomas Deak**, Senior Deputy, *County of San Diego*
Office of County Counsel, 1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-4810
Thomas.Deak@sdcounty.ca.gov

**Tim Flanagan**, CIO-Registrar of Voters, *County of Solano*
Registrar of Voters, 678 Texas Street, Suite 2600, Fairfield, CA 94533
Phone: (707) 784-3359
Elections@solanocounty.com

**Howard Gest**, Attorney, *Burhenn & Gest, LLP*
**Claimant Representative**
12401 Wilshire Blvd, Suite 200, Los Angeles, CA 90025
Phone: (213) 629-8787
hgest@burhenngest.com

**Juliana Gmur**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
juliana.gmur@csm.ca.gov

**Dominick Guidera**, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
dominick.guidera@dof.ca.gov

**Michael Hestrin**, District Attorney, *County of Riverside*
3960 Orange Street, Riverside, CA 92501
Phone: (951) 955-5400
mhestrin@rivcoda.org

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Ken Howell**, Senior Management Auditor, *State Controller's Office*
Audits, Compliance Audits Bureau, 3301 C Street, Suite 725A, Sacramento, CA 95816
Phone: (916) 323-2368
KHowell@sco.ca.gov

**Chuck Hughes**, Special Assistant District Attorney, *County of Ventura*
Office of the District Attorney, 800 South Victoria Avenue, Suite 300, Ventura, CA 93009
Phone: (805) 477-1635
Chuck.Hughes@venturacounty.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Emma Jungwirth**, Senior Legislative Advocate, *California State Association of Counties (CSAC)*
1100 K Street, Ste 101, Sacramento, CA 95814
Phone: (916) 650-8115
ejungwirth@counties.org

**Anne Kato**, Acting Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816

Phone: (916) 322-9891
akato@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Eric Lawyer**, Legislative Advocate, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 650-8112
elawyer@counties.org

**Kim-Anh Le**, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

**William Lee**, Chief Deputy District Attorney, *County of San Bernardino District Attorney's Office*
303 W. 3rd Street, San Bernardino, CA 92415-0502
Phone: (909) 382-3800
WLee@sbcda.org

**Anita Lee**, Assistant Program Budget Manager, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
anita.lee@dof.ca.gov

**Fernando Lemus**, Principal Accountant - Auditor, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
flemus@auditor.lacounty.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Kenneth Louie**, Chief Counsel , *Department of Finance*
1021 O. Street, Suite 3110, Sacramento, CA 95814
Phone: (916) 322-0971
Kenny.Louie@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Suresh Malkani**, Finance Director, *Town of Apple Valley*
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: (760) 240-7000
smalkani@applevalley.org

**Darryl Mar**, Manager, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Rosanna Nguyen**, Program Budget Manager, *Department of Finance*
Local Government Unit, 915 L. Street, Sacramento, CA 95814
Phone: (916) 445-3274
Rosanna.Nguyen@dof.ca.gov

**Andy Nichols**, Consultant, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Patricia Pacot**, Accountant Auditor I, *County of Colusa*
Office of Auditor-Controller, 546 Jay Street, Suite #202 , Colusa, CA 95932
Phone: (530) 458-0424
ppacot@countyofcolusa.org

**Arthur Palkowitz**, Attorney, *Law Offices of Arthur M. Palkowitz*
12807 Calle de la Siena, San Diego, CA 92130
Phone: (858) 259-1055
law@artpalk.onmicrosoft.com

**Kirsten Pangilinan**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-2446
KPangilinan@sco.ca.gov

**Trevor Power**, Accounting Manager, *City of Newport Beach*
100 Civic Center Drive, Newport Beach , CA 92660
Phone: (949) 644-3085
tpower@newportbeachca.gov

**Jonathan Quan**, Associate Accountant, *County of San Diego*
Projects, Revenue, and Grants Accounting, 5530 Overland Ave, Suite 410, San Diego, CA 92123
Phone: 6198768518
Jonathan.Quan@sdcounty.ca.gov

**Roberta Raper**, Director of Finance, *City of West Sacramento*
1110 West Capitol Ave, West Sacramento, CA 95691
Phone: (916) 617-4509
robertar@cityofwestsacramento.org

**Chad Rinde**, Director of Finance, *County of Sacramento*
700 H Street, Room 3650, Sacramento, CA 95814
Phone: (916) 874-7248
RindeC@SacCounty.gov

**Jessica Sankus**, Senior Legislative Analyst, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jsankus@counties.org

**Cindy Sconce**, Director, *Government Consulting Partners*
5016 Brower Court, Granite Bay, CA 95746

Phone: (916) 276-8807
cindysconcegcp@gmail.com

**Carla Shelton**, Senior Legal Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Paul Steenhausen**, Principal Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, , Sacramento, CA 95814
Phone: (916) 319-8303
Paul.Steenhausen@lao.ca.gov

**Oscar Valdez**, Auditor-Controller, *County of Los Angeles*
**Claimant Contact**
Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012
Phone: (213) 974-8302
ovaldez@auditor.lacounty.gov

**Alejandra Villalobos**, Management Services Manager, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, Forth Floor, San Bernardino, CA 92415
Phone: (909) 382-3191
alejandra.villalobos@sbcountyatc.gov

**Tiffany Walston**, County Counsel, *County of Los Angeles*
648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012-2713
Phone: (213) 974-1811
twalston@counsel.lacounty.gov

**Arthur Wylene**, General Counsel, *Rural County Representatives of California (RCRC)*
1215 K Street, Suite 1650, Sacramento, CA 95814
Phone: (916) 447-4806
awylene@rcrcnet.org

**Kaily Yap**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Kaily.Yap@dof.ca.gov

**Traci Young**, IS Project Director, *City and County of San Francisco*
San Francisco Public Utilities Commission (SFPUC), 525 Golden Gate Ave, San Francisco, CA 94102
Phone: (415) 653-2583
tmyoung@sfwater.org

**Helmholst Zinser-Watkins**, Associate Governmental Program Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-7876
HZinser-watkins@sco.ca.gov

**Exhibit F**

Commission on State Mandates
Filed Date
05/14/2026

BURHENN & GEST LLP
12401 WILSHIRE BOULEVARD
SUITE 200
LOS ANGELES, CALIFORNIA 90025
(213) 688-7715
FACSIMILE (424) 272-0094
WWW.BURHENNGEST.COM

WRITER'S DIRECT NUMBER
(213) 629-8787

WRITER'S E-MAIL ADDRESS
hgest@burhenngest.com

May 14, 2026

**VIA CSM DROPBOX**

Ms. Juliana F. Gmur
Executive Director
Commission on State Mandates
980 9th Street, Suite 300
Sacramento, CA 95814

Re: **Claimant's Response to Draft Proposed Decision**:
*Child Abduction and Recovery*, 25-4237-I-05
Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1983, Chapter 990; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
County of Los Angeles, Claimant

Dear Ms. Gmur:

Claimant County of Los Angeles supports the Draft Proposed Decision issued on April 23, 2026 in this matter. Specifically:

1. **The Finding is Correct that Claimant Timely Filed This Incorrect Reduction Claim Within Three Years From the Date the Claimant First Received From the Controller the Final State Audit Report.** The Draft Proposed Decision correctly finds that Claimant timely filed this Incorrect Reduction Claim within three years from its receipt of the Controller's final audit report. (Draft Proposed Decision at 73-74.)

2. **The Finding is Correct that the Controller's Audit of the Fiscal Year 2017-2088 Reimbursement Claim Was Untimely.** (Draft Proposed

Decision at 74-79.) As set forth in the Draft Proposed Decision, the deadlines in Government Code Section 17558.5(a) impose a statute of repose (Draft Proposed Decision at 74-75),[1] and the plain language of section 17558.5(a) provides that the deadline to initiate an audit is "no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later." (Draft Proposed Decision at 75.) The Draft Proposed Decision is correct in finding that the plain language of Section 17558.5(a) required the audit to be commenced within three years of the filing of the reimbursement claim. (Draft Proposed Decision at 77-79.)

**3. The Draft Proposed Decision Properly Finds that the Controller's Finding That the Claimants' Source Documentation for Salary and Benefit Costs Does Not Comply with the Parameters and Guidelines Is Incorrect as a Matter of Law.** As set forth in the Draft Proposed Decision, "the claimant's timesheets, when read in context with the instructions on the back, provide sufficient evidence of the time spent on the mandated activities and the time spent on the non-reimbursable criminal prosecution activities." (Draft Proposed Decision at 87.) The Draft Proposed Decision properly finds that Claimant's source documentation for salary and benefit costs complies with the Parameters and Guidelines. (Draft Proposed Decision at 79-89.)

**4. The Draft Proposed Decision Properly Finds that the Controller's Reduction of All Costs to $0 is Arbitrary and Capricious and Entirely Lacking in Evidentiary Support.** The Draft Proposed Decision properly finds that it was error to reduce all costs claimed to $0. As set forth in the Draft Proposed Decision, there is no dispute that the Claimant performed the mandated activities during the reimbursement period. It is therefore arbitrary and capricious and lacking in evidentiary support to reduce all claim costs to $0. (Draft Proposed Decision at 89-92.)

**5. The Draft Proposed Decision Properly Finds that "Good Cause Cases" Are Reimbursable.** The Draft Proposed Decision properly finds that good cause cases are reimbursable under the Parameters and Guidelines. (See Draft Proposed Decision at 92-97.)

Claimant further supports the other findings and conclusions in the Draft Proposed Decision.

[1] See *Inco Development Corp. v. Superior Court* (2005) 131 Cal.App.4th 1014, 1020; *Giest v. Sequoia Ventures, Inc.* (2000) 83 Cal.App.4th 300, 305.

I declare under penalty of perjury that the foregoing, signed on May 14, 2026, is true and correct to the best of my personal knowledge, information or belief.

/s/

Howard Gest
Claimant Representative
Burhenn & Gest LLP
12401 Wilshire Boulevard, Suite 200
Los Angeles, CA 90025
(213) 629-8787
Email: hgest@burhenngest.com

HDG:lr

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

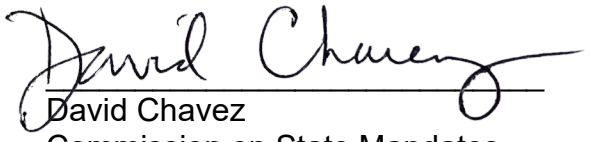
On May 14, 2026, I served the:

- **Current Mailing List dated May 13, 2026**
- **Claimant's Response to Draft Proposed Decision filed May 14, 2026**
- **County of Riverside's Comments in Support of Draft Proposed Decision Child Abduction and Recovery, 25-4237-I-05 County of Los Angeles, Claimant Hearing Date: August 14, 2026 | Comments Due: May 14, 2026 filed May 13, 2026**

  *Child Abduction and Recovery*, 25-4237-I-05
  Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988 Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
  County of Los Angeles, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on May 14, 2026 at Sacramento, California.



David Chavez
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 5/13/26

**Claim Number:** 25-4237-I-05

**Matter:** Child Abduction and Recovery

**Claimant:** County of Los Angeles

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Adaoha Agu**, *County of San Diego Auditor & Controller Department*
Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123
Phone: (858) 694-2129
Adaoha.Agu@sdcounty.ca.gov

**Rachelle Anema**, Assistant Auditor-Controller, *County of Los Angeles*
Accounting Division, 500 W. Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8321
RANEMA@auditor.lacounty.gov

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**Anna Barich**, Attorney, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Anna.Barich@csm.ca.gov

**David Bass**, Vice Mayor, *CIty of Rocklin*
3970 Rocklin Road, Rocklin, CA 95677
Phone: (916) 663-8504
David.Bass@rocklin.ca.us

**Ginni Bella Navarre**, Deputy Legislative Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8342
Ginni.Bella@lao.ca.gov

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Rica Mae Cabigas**, Chief Accountant, *Auditor-Controller*
Accounting Division, 500 West Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8309
rcabigas@auditor.lacounty.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Julissa Ceja Cardenas**, Legislative Analyst, *California State Association of Counties*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jcejacardenas@counties.org

**Ali Chemkhi**, Senior Supervising Accountant/Auditor, *County of San Bernardino*
Office of Auditor-Controller, 268 West Hospitality Lane, Fourth Floor, San Bernardino, CA 92415-0018
Phone: (909) 382-7035
ali.chemkhi@sbcountyatc.gov

**Annette Chinn**, Consultant, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Thomas Deak**, Senior Deputy, *County of San Diego*
Office of County Counsel, 1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-4810
Thomas.Deak@sdcounty.ca.gov

**Tim Flanagan**, CIO-Registrar of Voters, *County of Solano*
Registrar of Voters, 678 Texas Street, Suite 2600, Fairfield, CA 94533
Phone: (707) 784-3359
Elections@solanocounty.com

**Howard Gest**, Attorney, *Burhenn & Gest, LLP*
**Claimant Representative**
12401 Wilshire Blvd, Suite 200, Los Angeles, CA 90025
Phone: (213) 629-8787
hgest@burhenngest.com

**Juliana Gmur**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
juliana.gmur@csm.ca.gov

**Dominick Guidera**, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
dominick.guidera@dof.ca.gov

**Michael Hestrin**, District Attorney, *County of Riverside*
3960 Orange Street, Riverside, CA 92501
Phone: (951) 955-5400
mhestrin@rivcoda.org

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Ken Howell**, Senior Management Auditor, *State Controller's Office*
Audits, Compliance Audits Bureau, 3301 C Street, Suite 725A, Sacramento, CA 95816
Phone: (916) 323-2368
KHowell@sco.ca.gov

**Chuck Hughes**, Special Assistant District Attorney, *County of Ventura*
Office of the District Attorney, 800 South Victoria Avenue, Suite 300, Ventura, CA 93009
Phone: (805) 477-1635
Chuck.Hughes@venturacounty.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Emma Jungwirth**, Senior Legislative Advocate, *California State Association of Counties (CSAC)*
1100 K Street, Ste 101, Sacramento, CA 95814
Phone: (916) 650-8115
ejungwirth@counties.org

**Anne Kato**, Acting Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816

Phone: (916) 322-9891
akato@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Eric Lawyer**, Legislative Advocate, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 650-8112
elawyer@counties.org

**Kim-Anh Le**, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

**William Lee**, Chief Deputy District Attorney, *County of San Bernardino District Attorney's Office*
303 W. 3rd Street, San Bernardino, CA 92415-0502
Phone: (909) 382-3800
WLee@sbcda.org

**Anita Lee**, Assistant Program Budget Manager, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
anita.lee@dof.ca.gov

**Fernando Lemus**, Principal Accountant - Auditor, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
flemus@auditor.lacounty.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Kenneth Louie**, Chief Counsel , *Department of Finance*
1021 O. Street, Suite 3110, Sacramento, CA 95814
Phone: (916) 322-0971
Kenny.Louie@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Suresh Malkani**, Finance Director, *Town of Apple Valley*
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: (760) 240-7000
smalkani@applevalley.org

**Darryl Mar**, Manager, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Rosanna Nguyen**, Program Budget Manager, *Department of Finance*
Local Government Unit, 915 L. Street, Sacramento, CA 95814
Phone: (916) 445-3274
Rosanna.Nguyen@dof.ca.gov

**Andy Nichols**, Consultant, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Patricia Pacot**, Accountant Auditor I, *County of Colusa*
Office of Auditor-Controller, 546 Jay Street, Suite #202 , Colusa, CA 95932
Phone: (530) 458-0424
ppacot@countyofcolusa.org

**Arthur Palkowitz**, Attorney, *Law Offices of Arthur M. Palkowitz*
12807 Calle de la Siena, San Diego, CA 92130
Phone: (858) 259-1055
law@artpalk.onmicrosoft.com

**Kirsten Pangilinan**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-2446
KPangilinan@sco.ca.gov

**Trevor Power**, Accounting Manager, *City of Newport Beach*
100 Civic Center Drive, Newport Beach , CA 92660
Phone: (949) 644-3085
tpower@newportbeachca.gov

**Jonathan Quan**, Associate Accountant, *County of San Diego*
Projects, Revenue, and Grants Accounting, 5530 Overland Ave, Suite 410, San Diego, CA 92123
Phone: 6198768518
Jonathan.Quan@sdcounty.ca.gov

**Roberta Raper**, Director of Finance, *City of West Sacramento*
1110 West Capitol Ave, West Sacramento, CA 95691
Phone: (916) 617-4509
robertar@cityofwestsacramento.org

**Chad Rinde**, Director of Finance, *County of Sacramento*
700 H Street, Room 3650, Sacramento, CA 95814
Phone: (916) 874-7248
RindeC@SacCounty.gov

**Jessica Sankus**, Senior Legislative Analyst, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jsankus@counties.org

**Cindy Sconce**, Director, *Government Consulting Partners*
5016 Brower Court, Granite Bay, CA 95746

Phone: (916) 276-8807
cindysconcegcp@gmail.com

**Carla Shelton**, Senior Legal Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Paul Steenhausen**, Principal Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, , Sacramento, CA 95814
Phone: (916) 319-8303
Paul.Steenhausen@lao.ca.gov

**Oscar Valdez**, Auditor-Controller, *County of Los Angeles*
**Claimant Contact**
Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012
Phone: (213) 974-8302
ovaldez@auditor.lacounty.gov

**Alejandra Villalobos**, Management Services Manager, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, Forth Floor, San Bernardino, CA 92415
Phone: (909) 382-3191
alejandra.villalobos@sbcountyatc.gov

**Tiffany Walston**, County Counsel, *County of Los Angeles*
648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012-2713
Phone: (213) 974-1811
twalston@counsel.lacounty.gov

**Arthur Wylene**, General Counsel, *Rural County Representatives of California (RCRC)*
1215 K Street, Suite 1650, Sacramento, CA 95814
Phone: (916) 447-4806
awylene@rcrcnet.org

**Kaily Yap**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Kaily.Yap@dof.ca.gov

**Traci Young**, IS Project Director, *City and County of San Francisco*
San Francisco Public Utilities Commission (SFPUC), 525 Golden Gate Ave, San Francisco, CA 94102
Phone: (415) 653-2583
tmyoung@sfwater.org

**Helmholst Zinser-Watkins**, Associate Governmental Program Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-7876
HZinser-watkins@sco.ca.gov

**Exhibit G**

Commission on State Mandates
Filed Date
05/22/2026

MALIA M. COHEN
CALIFORNIA STATE CONTROLLER

May 22, 2026

Juliana F. Gmur, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Re: **Draft Proposed Decision, Schedule for Comments, and Notice of Hearing**
*Child Abduction and Recovery,* 25-4237-I-05
Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421;
Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988
Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
County of Los Angeles, Claimant

Dear Ms. Gmur:

The State Controller's Office is transmitting our response to the above-named draft proposed decision.

**The SCO disagrees with the Commission's conclusion that the Claimant's time documents are an adequate source document because the timesheets did not include enough information to validate actual costs through an audit**

The Commission's determination under Section IV(C)(1) of the proposed draft decision that the timesheets comply with the documentation requirements of the Parameters and Guidelines (Ps and Gs) as a matter of law is in direct conflict with the Controller's authority to audit reimbursement claims.

The proposed draft decision states that the timesheets submitted by the Claimant are sufficient under the Ps and Gs because, "when read in context … they describe the mandated activity or function performed and the actual number of hours devoted to

those functions."[1] The draft decision further concludes that we are required to presume the timesheets are accurate because they are "signed and certified to be accurate to the best of the employee and their supervisor's knowledge and there is no evidence to the contrary . . . ."[2] The Controller does not dispute that the Claimant performed mandated activities. However, the Controller reduced the claim because it was unable to validate the timesheets, and accordingly, any actual costs of performing such activities. If the decision in the proposed draft decision stands, it may render the Controller's audit authority all but meaningless in future claims for reimbursement.

The Controller is specifically authorized to audit claims for reimbursement under Government Code sections 17558.5 and 17561. The Controller's audit authority is rooted in the California Constitution,[3] and further confirmed by the Legislature under Government Code sections and 925.6 and 12410. The Controller's Constitutional audit authority may not be defeated or materially impaired by statute.[4] Accordingly, the Commission cannot interpret the Ps and Gs in such a manner as to defeat the Controller's audit authority. Despite any potential presumption that the Claimants timesheets are accurate, courts have found that a presumption such as this does "not become conclusive of those facts so as to deprive the controller of his duty to audit the claim and to refuse payment thereof if it appears to be illegal."[5]

The Controller audits reimbursement claims under the Custody of Minors-Child Abduction and Recovery (CAR) program for adherence with the CAR Ps and Gs. The CAR Ps and Gs, Section VII states that "Claimed costs must be identified to ***each*** reimbursable activity..." Additionally, "Direct costs are defined as costs that can be traced to ***specific*** goods, services, units, programs, activities, or functions." In relevant part, Section VII, states Salaries and Employee Benefits shall "describe the mandated functions performed", however, the Ps and Gs do not specify the level of detail required in the description of the mandated functions. Absent a specific description, the time record must meet the minimum requirements of a supporting document and must show the validity of the costs and the costs relationship to the reimbursable activities.

The SCO audit procedures include selecting a sample of time records to validate the accuracy of the time recorded by ensuring that the Claimant's employees 1) did not record time incorrectly, 2) did not claim time for unallowable activities, 3) did not misclassify unallowable activities as allowable activities, 4) did not claim budgeted or estimated time instead of actual time, and 5) did not included time worked on cases that were unrelated to the mandate.

---

[1] Commission on State Mandates, Draft Proposed Decision Child Abduction and Recovery, 25-4237-I-05, issued April 23, 2026, https://www.csm.ca.gov/matters/25-4237-I-05/doc7.pdf (accessed May 14, 2026), page 88.
[2] *Id.* at 89.
[3] Cal. Const. art. XVI, § 7. *See also Flournoy v. Priest*, 5 Cal. 3d 350, 354.
[4] *Hustedt v. Workers' Comp. Appeals Bd.*, (1981) 30 Cal.3d 329, 338.
[5] *Madden v. Riley*, (1942) 53 Cal.App.2d 814, 819.

The SCO was unable to test the validity of the time on the time records because the time recorded did not include a description of the specific activities or cases the employee worked on. Without this description on the time record there is no ascertainable way to determine the validity of the time because there is no traceable relationship between the hours claimed and the reimbursable activities. The Claimant's case files and case counts support that the Claimant performed some level of reimbursable activities, however, they cannot be used to validated the time reported on the employee's time record.

The Commission's determination that we are required to presume employees reported their time accurately where "there is no evidence to the contrary" also mischaracterizes the audit finding. The audit did not conclude that there is no evidence to the contrary. The audit concluded that due to the lack of sufficient description of activities/cases in the supporting time record, it is impossible to identify evidence to validate or refute the accuracy of the time sheets because there is no relationship or tracing of the time record to the work that supports the record. The Commission's presumption and determination that the Claimant's time records are compliant sets precedent that the auditor must conclude that all similar time records are accurate even if such time could have been found to have been grossly inaccurate had the Claimant included a description of the specific activities or cases in the supporting time record. The Commission reached the impossible conclusion that the Claimant's time records show the validity of the actual costs even though the Claimant's time records could not be used to validate the actual costs.

Additionally, as part of the audit sampling and testing procedures, the SCO identified the following deficiencies with the Claimant's time record documentation (attached to this response), including multiple instances of:

- Employees not signing and dating the time record
- The same employee signing as both the employee and the supervisor
- Employees signing and dating the time record at the beginning of the month
- Employees signing and dating the time record in the middle of the month
- Both employees and supervisors signing the time record anywhere from one to six months after the end of the month, and in other cases, just the supervisor signed late
- Time records with no supervisor signature or date
- Time records with a supervisor signature, but no date
- Employees signing the time record, but not providing a date of signature

Government Code section 17561(d) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state-mandated costs if the Controller determines that the claim is excessive or unreasonable. For the Commission to assume "employees reported their time accurately…and there is no evidence to the contrary…" is inaccurate. Our audit found multiple instances of non-contemporaneous time records (also discussed in the final audit report).

The Commission further states that "the Controller did not consider the evidence, supported by actual case files, that the claimant performed the mandate and, thus its decision to reduce the claimant's costs to $0 is arbitrary, capricious, and not supported by evidence in the record." This was also discussed in the final audit report, where the Bureau of Special Prosecutions provided the SCO auditors with CAR case file documents for eight sample cases. The Commission's assertion that the SCO auditors did not consider the evidence supported by actual case files is factually incorrect. Our review of the actual case files could not validate the accuracy of the time records provided by the Claimant.

**The Controller's reduction of all costs claimed to $0 is not arbitrary and capricious and entirely lacking in evidentiary support**

The Commission's determination under Section IV(C)(2) of the proposed draft decision that the Controller's reduction of claimed costs to $0 was arbitrary, capricious, and not supported by evidence in the record represents a clear circumvention of the Ps and Gs and a misapplication of the Commission's own stated standard of review. If the decision stands as written, the Commission's holding creates a troubling precedent wherein the Controller will be forced to guess at an amount of reimbursable costs merely because some reimbursable activities were performed.

The draft decision, at section IV(C)(2), finds that even if the Claimant's source documentation did not comply with the Ps and Gs, the Controller's decision to reduce the costs to $0 was arbitrary and capricious because "the claimant provided additional evidence that shows the claimant performed mandated activities during the period reimbursement at issue."[6] It is not entirely clear if the Commission means that the additional evidence alone was sufficient for approval of at least part of the claim, or if the claim should be partially approved because the Controller failed to consider the corroborating evidence in conjunction with non-compliant source documentation. In either case, the Controller's decision to reduce the claim to $0 was not arbitrary and capricious.

If the draft decision holds that the claim should not have been reduced to $0 solely because the Claimant provided additional evidence, the Controller could not have made this determination without circumventing the requirements of the Ps and Gs. Mandated costs are not due where mandated activities are simply performed. Instead, local governmental entities must submit a claim for reimbursement as required by the statutorily established procedures.[7] To this end, the Commission adopts Ps and Gs to establish the specific requirements for filing a claim for reimbursement for each

[6] Commission on State Mandates, Draft Proposed Decision Child Abduction and Recovery, 25-4237-I-05, issued April 23, 2026, https://www.csm.ca.gov/matters/25-4237-I-05/doc7.pdf (accessed May 14, 2026), page 89.
[7] Cal. Gov. Code § 17552.

mandated activity.[8] The Claimant bears the initial burden of providing evidence for its claim.[9] Where the Claimant fails to comply with the Ps and Gs, the Controller may reduce the claim to $0, as previously stated by the Commission.[10]

When the Controller reviews reimbursement claims under the Custody of Minors-Child Abduction and Recovery (CAR) program, the Controller must do so in accordance with the CAR Ps and Gs. In relevant part, Section V of the CAR Ps and Gs state:

> To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities.

Under this plain language of the Ps and Gs, only actual costs may be claimed for reimbursement, and those actual costs *must* be supported by source documents. In accordance with this requirement, the Claimant must provide source documents to meet the minimum requirements for any reimbursement.

Section V goes on to address corroborating evidence, but it clearly states that "corroborating documents cannot be substituted for source documents." Therefore, where the source documents are not compliant, the Controller cannot reasonably find allowable reimbursable costs based solely on additional or corroborating evidence. Therefore, the Controller's decision to reduce a claim to $0 where source documents are not compliant is not arbitrary and capricious. Rather, the decision is reasonable given that the Claimant has not established the bare minimum requirement for a reimbursement claim.

If the draft decision instead holds that the Controller incorrectly reduced the claim because the Controller failed to consider the corroborating evidence in conjunction with non-compliant source documentation, the Commission's finding is a misapplication of its own stated standard of review.

The draft proposed decision states that when reviewing the "Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely

---

[8] Cal. Gov. Code § 17557; See also *County of L.A. v. Comm'n on State Mandates*, 2023 Cal. Super. LEXIS 64056, *15. ("Once the Commission approves a test claim, it adopts "parameters and guidelines" which identify the reimbursable activities and requirements for filing a reimbursement claim with the Controller.").

[9] *Gilbert v. City of Sunnyvale*, (2005) 130 Cal. App. 4th 1264, 1274, 1275.

[10] Commission on State Mandates, Incorrect Reduction Claim Decision on *The Stull Act*, 14-9825-I-02, adopted July 27, 2018, https://csm.ca.gov/matters/documents/Decisionwebfinal_008.pdf (accessed May 12, 2026), pages 16-17.

lacking in evidentiary support."[11] The Commission compares this standard of review to the abuse of discretion standard, wherein the "scope of review is limited, out of deference to the agency's authority and presumed expertise: 'The court may not reweigh the evidence or substitute its judgment for that of the agency. [Citation.] . . . '"[12] Under this standard, the Commission's task on review is not to weigh the evidence to determine if the Controller's decision is the one it would have reached. Rather, the Commission must determine if the available evidence could support the Controller's decision.[13] This means the Controller's decision to reduce the claim to $0 is entitled to deference unless the decision is unsupported by the evidentiary record. Nonetheless, the Commission appears to substitute its own judgment for that of the Controller in finding the reduction decision to be arbitrary and capricious.

In discussing the additional evidence to which the Controller could have found reimbursable activity, the draft proposed decision points to, "a list of cases handled under the mandate during the audit period," "eight case files from the district attorneys," and "one case file from a child abduction case." Additionally, the draft proposed decision points to declarations that the Claimant "filed charges in 141 cases, declined to prosecute in 240 more," and declarations that the Claimant "handled 112 Hague cases and opened approximately 535 civil recovery order cases." In other words, the draft proposed decision explains that the Claimant provided a total of nine case files, and declarations that it handled over 1000 cases in which the Claimant performed mandated activities. Apparently in the Commission's view, the handful of case files along with self-serving declarations were sufficient proof that the Claimant performed mandated activities to warrant approval of the claim to some level of reimbursement greater than $0.

The Commission's determination that the additional evidence supports a finding that mandated activities were performed misses the mark. The Commission's task on review is not to determine whether substantial evidence shows that mandated activities were performed. Rather, the task is to determine if the Controller's decision to reduce the claim to $0 was supported by the evidence. The draft proposed decision points to the above-described additional evidence, but the draft proposed decision provides no indication as to how the additional evidence could have been used to calculate actual time spent performing mandated activities. In the absence of compliant source documents, the corroborating evidence that the Commission points to must be capable of conversion to a measurable cost. The Claimant provided no time studies to measure time purely on the number or type of cases handled. Moreover, there is no evidence that these cases are even capable of being measured in such a way. In the absence of any such measure, any costs allowed by the Controller would necessarily be an arbitrary amount. Accordingly, the reduction to $0 is the only reasonable conclusion the Controller could have reached in the absence of compliant source documents.

---

[11] Commission on State Mandates, Draft Proposed Decision Child Abduction and Recovery, 25-4237-I-05, issued April 23, 2026, https://www.csm.ca.gov/matters/25-4237-I-05/doc7.pdf (accessed May 14, 2026), page 73.
[12] *Stone v. Regents of University of California*, (1999) 77 Cal. App.4th 736, 745.
[13] *Id.*

The Commission's reliance on the prior IRC decision, The Stull Act, 14-9825-I-01, is also misplaced because the CAR program does not factually lend to a similar outcome. In that case, the Controller offered reimbursement for evaluations that lacked appropriate source documents for fiscal years 1997-98 through 2004-05 based on the average amount of time the Claimant's evaluators spent on each evaluation performed in 2006-07 and 2007-08.[14] Ultimately, the Commission concluded that the evidence in the record was sufficient to support this reimbursement, stating:

> The mandated program was not amended or increased, but remained the same. In addition, the Controller's finding of 30 minutes per evaluation was based on the claimant's time logs for fiscal year 2006-2007 that recorded the time spent on the mandate for all months in the fiscal year on one form; teacher evaluation forms provided by the claimant that disclosed 30 minutes of actual classroom observation; and the Controller's review of a sample of written evaluations for teachers at El Camino High School, Jefferson Middle School, and Mission Elementary School for fiscal years 2006-2007 and 2007-2008.[15]

The Commission held the Controller could reasonably find a way to measure reimbursable time costs based on this evidence, and accordingly, the Commission could find that the reduction to $0 was arbitrary and capricious. Unfortunately, similar evidence does not exist in this case. As noted above, the bare evidence that the Claimant performed mandated activities provides no meaningful way to measure the actual time spent on such mandated activities. In the absence of compliant source documents, the only reasonable conclusion is a reduction to $0.

The Controller finds the situation in the prior CAR consolidated IRC decision (08-4237-I-02 and 12-4237-I-03) to be more applicable to the case at hand.[16] In that case, the County claimed reimbursement for two full-time employees, relying primarily on payroll records, and a four-week time study.[17] The Controller reduced the costs for these employees to $0 because the actual time spent performing mandated activities could not be validated. The Controller first found that the payroll records did not comply with the Ps and Gs. Second, the Controller found the time study inadequate because the time spent varied from year to year and was not constant.[18] In reviewing the Controller's reduction decision, the Commission explained that it "cannot substitute its judgment for that of the Controller on audit decisions to reject the time study."[19] As a

---

[14] Commission on State Mandates, Incorrect Reduction Claim Decision on The Stull Act, 14-9825-I-01, adopted September 23, 2016, https://csm.ca.gov/matters/documents/Decisionwebfinal.pdf (accessed May 12, 2026), page 15.
[15] *Id.* at 24.
[16] Commission on State Mandates, Incorrect Reduction Claim Decision on Child Abduction and Recovery Program,( 08-4237-I-02 and 12-4237-I-03), adopted March 25, 2016, https://csm.ca.gov/matters/08-4237-I-02/doc20.pdf (May 21, 2026).
[17] *Id.* at pp. 13-14.
[18] *Id.* at p. 14.
[19] *Id.*

result, the Commission found the Controller's decision to reduce the costs to $0 where "the claimant did not comply with the documentation requirements of the parameters and guidelines" was "correct as a matter of law, and not arbitrary, capricious, or entirely lacking in evidentiary support".[20] Applying this same logic, the Commission cannot now find that the Controller's decision is arbitrary and capricious where source documents are non-compliant without undoing its own precedent.

In light of all of the above, the Controller asks the Commission to reconsider Section IV(C) of its draft proposed decision.

If you have any questions, please contact me by telephone at (916) 327-3138.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Sincerely,

*Lisa Kurokawa*

LISA KUROKAWA, Chief
Compliance Audits Bureau
Division of Audits

[20] *Id.*

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| Roy Alvarado | [redacted] | 2214A | January 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | H | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 2 | 3408(c) & 3408(d) | O | | | | | | | | | | | | | | | | | O | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | L | | | | | | | | | | | | | | | | | L | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | I | | | | | | | | | | | | | | |
| 5 | | D | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | D | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 6 | SUBTOTAL | A | | | | | | | | | | | | | | | | | A | | | | | | | | | | | | | | |
| 7 | | Y | | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | 8 | | | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | 16 |
| 13 | DAILY GRAND TOTAL | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | ~~152~~ 168 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE _____ DATE _____

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR _____ DATE _____

DA-1581-C—76C874—Rev 2/94

Employee did not sign and date the time record.

Supervisor signed but did not date the time record.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME: Rosa Alarcon | 2. EMPLOYEE NO. [redacted] | 3. ITEM: 9274 | 4. MONTH/YEAR: April 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | | | | | | | | | 1 | | | | | | | 2 | | | | 1 | | 2 | | | | | 1 | | 1 | | | 8 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | 8 | 3 | | | 5 | 4 | 6 | | 6 | | | 2 | 3 | 4 | 6 | 3 | | | 5 | 4 | | 7 | 4 | | 70 |
| 5 | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | SATURDAY | | | | | | | | |
| 6 | SUBTOTAL | | | | SUNDAY | | | | 8 | 4 | | SUNDAY | 5 | 4 | 10 | | 8 | | SUNDAY | 2 | 4 | 4 | 8 | 3 | | SUNDAY | 5 | 5 | | 8 | 4 | | 78 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 8 | | | | | | | | | | | 3 | 4 | 2 | 5 | | | | 4 | 4 | 4 | | | | | 3 | | 4 | | 4 | | 95 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | 8 | | | 8 | 8 | 8 | | 4 | | | | | | 3 | | | | 2 | | | | 5 | | | | 3 | 4 | | | 53 |
| 10 | *After Hours Duty | | | | | | | | | | | | | | | | | | | | 15 | | | | | | | | | | | | 5 |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 6 | 13 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 6 | 13 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Rosa Alarcon — SIGNATURE OF EMPLOYEE — 4/30/21 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

Rosa Alarcon — SIGNATURE OF SUPERVISOR — 7/23/21 — DATE

DA-1581-C—78C874—Rev. 2/94

Same signature for both the employee and the supervisor.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION |
|---|---|

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| Roy Alvarado | [redacted] | 2214A | November 2018 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | S | S | 8 | 8 | 6 | 8 | 8 | S | S | H | 8 | 8 | 8 | 8 | S | S | 8 | 8 | 8 | H | H | S | S | 8 | 8 | 8 | | 8 | | 84 M2 |
| 2 | 3408(c) & 3408(d) | | | A | U | | | | | | A | U | O | | | | | A | U | | | | O | O | A | U | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | T | N | | | | | | T | N | L | | | | | T | N | | | | L | L | T | N | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | I | | | | | | | | | | I | I | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | D | | | | | | | | | | D | D | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 6 | 8 | 8 | | | A | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | A | A | | | 8 | 8 | 8 | | 8 | | 142 |
| 7 | | | | | | | | | | | | | Y | | | | | | | | | | Y | Y | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 6 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | | | | | 8 | 8 | 8 | | 8 | | 142 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | 2 | | | | | 8 | | | | | | | | | | 8 | 8 | | | | | 8 | | | | 34 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

R G Alvarado — 11/3/18

SIGNATURE OF EMPLOYEE — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

317 — 12/6/18

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

Employees signed and dated the time record at the beginning of the month.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOY | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| MILLER, DENNIS | [redacted] | 2890-A | FEB. 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | S | S | R | 10 | V | V | V | S | S | R | V | ~~10~~ | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | - | - | - | ~~40~~ |
| 2 | 3408(c) & 3408(d) | | A | U | D | | A | A | A | A | U | D | A | | | | A | U | D | | | | | A | U | D | | | | | | | 120 |
| 3 | 3411(a) & 3421(c) | | T | N | O | | C | C | C | T | N | O | C | | | | T | N | O | | | | | T | N | O | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 10 | | | | 10 | | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | | | | 10 | | | | | | | | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | 10 | 10 | 10 | | | | 10 | | | | | | | | | | | | | | | | | | | | 40 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | - | - | - | ~~110~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Dennis Miller — SIGNATURE OF EMPLOYEE — 2-17-19 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[signature] — SIGNATURE OF SUPERVISOR — 02/28/19 — DATE

DA 1581 C 760874—Rev 2/94

Employee signed and dated the time record in the middle of the month.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME: Kahana Tal | 2. EMPLOYEE NO. [redacted] | 3. ITEM: 9273A | 4. MONTH/YEAR: MARCH 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III — DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 H&S | | | | | | | | | | | | | | | | 3 | 9 | | | | | 7 | 1 | | 1 | 1 | | | | | | 21 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 Court Appointed Attorney | | 2 | 1 | 2 | 2 | | | 2 | 2 | 1 | 2 | 2 | | | | | | 1 | 1 | | | | 2 | 2 | | 1 | | | | | | 23 |
| 5 | | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 2 | 1 | 2 | 2 | | | 2 | 2 | 1 | 2 | 2 | | | | 3 | 10 | 1 | 1 | | | 7 | 3 | 2 | 1 | 2 | | | | 0 | 0 | 44 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | 7 | 8 | 7 | 7 | | | 5 | 7 | 8 | 7 | 7 | | | | 6 | 1 | 8 | 8 | | | 6 | 6 | 7 | 8 | 7 | | | | 9 | 9 | 133 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 178 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | | 9 | 9 | 9 | 9 | | | 9 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 9 | 9 | | | 8 | 9 | 9 | 9 | 9 | | | | 9 | 9 | 178 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Kahana — SIGNATURE OF EMPLOYEE

5-1-2021 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[signature] — SIGNATURE OF SUPERVISOR

5/11/21 — DATE

CA 1581-C—76C874—Rev. 2.94

Both employee and supervisor signed and dated 1 month after the end of the month.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME: RODRIGUEZ, CLAUDIA | 2. EMPLOYEE NO. [redacted] | 3. ITEM: 2890 (a) | 4. MONTH/YEAR: JANUARY, 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 160 |
| 2 | 3408(c) & 3408(d) | O | A | V | D | | | | | H | V | O | | | | | H | V | O | | | | | A | V | D | | | | | A | V | |
| 3 | 3411(a) & 3421(c) | L | T | N | D | | | | | T | N | O | | | | | T | N | D | | | | | T | N | D | | | | | T | N | |
| 4 | 277, 278 & 278.5 | I | V | D | | | | | | U | D | | | | | | U | D | | | | | | U | I | | | | | | V | D | 0 |
| 5 | | L | R | A | | | | | | R | A | | | | | | R | A | | | | | | R | A | | | | | | A | A | |
| 6 | SUBTOTAL | A | C | Y | | 10 | 10 | 10 | 10 | D | Y | | 10 | 10 | 10 | 10 | U | Y | | 10 | 10 | 10 | 10 | U | Y | | 10 | 10 | 10 | 10 | D | Y | 160 |
| 7 | | Y | A | | | | | | | A | | | | | | | A | | | | | | | A | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | | | | | | Y | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | ~~160~~ 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE — DATE: 04-05-2021

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE: 04/06/21

Both employee and supervisor signed and dated 2 months after the end of the month.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME: DENNIS MILLER | 2. EMPLOYEE NO: [redacted] | 3. ITEM: 2890 A | 4. MONTH/YEAR: JANUARY 2021 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | H | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | 160 |
| 2 | 3408(c) & 3408(d) | O | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | | A | U | |
| 3 | 3411(a) & 3421(c) | L | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | | T | N | |
| 4 | 277, 278 & 278.5 | I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | A | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 7 | | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 160 |
| 12 | Vacation Time, Sick Leave, etc. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 170 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Dennis Miller — SIGNATURE OF EMPLOYEE

4-1-21 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

4/06/21 — DATE

DA-1581-C—76C874—Rev. 2/84

Both employee and supervisor signed and dated 2 months after the end of the month.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| DENNIS MILLER | [redacted] | 2890A | DECEMBER 2020 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | H | S | S | R | 10 | 10 | 10 | 180 |
| 2 | 3408(c) & 3408(d) | | | | | A | U | D | | | | | A | U | D | | | | | A | U | D | | | | O | A | U | D | | | | |
| 3 | 3411(a) & 3421(c) | | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | | L | T | N | O | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | I | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | D | | | | | | | |
| 6 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | A | | | | 10 | 10 | 10 | 120 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | | | | | 10 | 10 | 10 | 120 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | 10 | | | | | | | 10 |
| 13 | DAILY GRAND TOTAL | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Dennis Miller — SIGNATURE OF EMPLOYEE

1-1-21 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

04/06/21 — DATE

DA-1581-C—76C874—Rev 2/94

Both employee and supervisor signed and dated 3 months after the end of the month.

## LOS ANGELES COUNTY DISTRICT ATTORNEY

## CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME: LE, ANDY | 2. [redacted] | 3. ITEM: 2871A | 4. MONTH/YEAR: MARCH 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | 10 | 10 | 10 | 10 | B | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 10 | 10 | S | S | R | 10 | 10 | 160 |
| 2 | 3408(c) & 3408(d) | D | | | | | A | V | D | 10 | | | | A | V | D | | | | | A | V | D | | | | | A | V | D | | | |
| 3 | 3411(a) & 3421(c) | O | | | | | T | N | O | 10 | | | | T | N | O | | | | | T | N | O | | | | | T | N | O | | | |
| 4 | 277, 276 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 180 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | | 10 | | | 10 |
| 13 | DAILY GRAND TOTAL | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | 10 | 10 | 10 | ~~180~~ 190 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE: [signature] DATE: 09/08/21

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR: [signature] DATE: 10/18/2021

DA 1531-C 76CR74—Rev. 2/94

Both employee and supervisor signed and dated 5 - 6 months after the end of the month.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | | |
|---|---|---|---|---|
| 1. NAME | Ruth Trujillo | 2. EMPLOYEE NO. | 3. ITEM | Paralegal. |
| 4. MONTH/YEAR | February 2021. | | | |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | — | 8 | 8 | 8 | 8 | — | — | 8 | 8 | 8 | 8 | 8 | — | — | | | | 152 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | day | | | | | | | day | | day | | | | | day | | | | | | | day | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | 8 | 8 | day | day | | 8 | 8 | 8 | 8 | day | day | 8 | 8 | 8 | 8 | 8 | day | day | | | | 152 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | Holiday | | | | | Saturday | Sunday | | | | | | Saturday | Sunday | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | 152 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | 8 | | | | | | | | | | | | | | | | | 8 |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | | | | ~~152~~ 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Ruth Trujillo — SIGNATURE OF EMPLOYEE

2/26/2021 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

Rosa Rodriguez — SIGNATURE OF SUPERVISOR

6/11/21 — DATE

DA-1581-C—76C874—Rev. 2 94

Supervisor signed and dated 3 months after the end of the month.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION |
|---|---|

| 1. NAME | 2. EMPLOYEE N | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| CHRIS OPPENBORN | [redacted] | 2891A | MARCH 2019. |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | 10 | 10 | 10 | 10 6 | R | S | S | 10 | 10 | 10 | 10 | R | S | S | H | 10 | 10 | 10 | 12 | S | S | 159 146 |
| 2 | 3408(c) & 3408(d) | O | A | U | | | | | O | A | U | | | | | O | A | U | | | | | O | A | U | O | | | | O | A | U | |
| 3 | 3411(a) & 3421(c) | O | T | N | | | | | O | T | N | | | | | O | T | N | | | | | O | T | N | L | | | | O | T | N | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 6 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 146 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | | | ~ | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 6 | | | | 10 | 10 | 10 | 10 | | | | | 10 | 10 | 10 | | | | 146 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | 4 | | | | | | | | | | | 10 | | | | | | | 14 |
| 13 | DAILY GRAND TOTAL | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 10 | 10 | 10 | 10 | | | | 150 160 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

SIGNATURE OF EMPLOYEE — DATE: 03/28/19.

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR — DATE

DA-1581-C—76C874—Rev. 2/94

Time record with no supervisor signature or date.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

| PART I | EMPLOYEE INFORMATION | | |
|---|---|---|---|
| 1. NAME Ray Alvarado | 2. ID [redacted] | 3. ITEM 2214A | 4. MONTH/YEAR April 2021 |

PART II — INSTRUCTIONS ON BACK OF FORM

PART III DAILY TIME STUDY

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | — |
| 13 | DAILY GRAND TOTAL | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Ray Alvarado — SIGNATURE OF EMPLOYEE

4/16/21 — DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

SIGNATURE OF SUPERVISOR

DATE

DA-1581-C—75C874—Rev. 2/64

Time record with supervisor signature but no date.

**LOS ANGELES COUNTY DISTRICT ATTORNEY**

**CUSTODY OF MINOR TIME STUDY (Chapter 1399, Statutes of 1976)**

**PART I — EMPLOYEE INFORMATION**

| 1. NAME | 2. EMPLOYEE NO. | 3. ITEM | 4. MONTH/YEAR |
|---|---|---|---|
| Elizabeth Hardine | [redacted] | Paralegal | April 2019 |

**PART II — INSTRUCTIONS ON BACK OF FORM**

**PART III — DAILY TIME STUDY**

| | ACTIVITIES (By Section Number) | DAYS 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3130 - 3133 | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |
| 2 | 3408(c) & 3408(d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3411(a) & 3421(c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 277, 278 & 278.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | 8 | 8 | 8 | SATURDAY | SUNDAY | 8 | 8 | | 176 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 277/278/278.5 Non-Claimable | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | | 0 |
| 9 | OTHER — NON-CLAIMABLE (Briefly Explain Below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | SUBTOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |
| 12 | Vacation Time, Sick Leave, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | DAILY GRAND TOTAL | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | 8 | 8 | 8 | | | 8 | 8 | | 176 |

**EMPLOYEE** *I hereby certify that this is a true and accurate report of my time, and the function performed as shown above.*

Elizabeth Hardine
SIGNATURE OF EMPLOYEE

DATE

**SUPERVISOR** *I hereby certify the employee's daily time records have been examined and that, to the best of my knowledge and belief, this time record is true and correct, and the functions were performed as shown above.*

[signature]
SIGNATURE OF SUPERVISOR

5/15/19.
DATE

DA-1581-C—76C874—Rev. 2/94

Employee signed but did not date the time record.

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On May 26, 2026, I served the:

- **Current Mailing List dated May 13, 2026**
- **Controller's Comments on the Draft Proposed Decision, Schedule for Comments, and Notice of Hearing filed May 22, 2026**

  *Child Abduction and Recovery*, 25-4237-I-05
  Family Code Sections 3060-3064, 3130-3134.5, 3408, 3411, and 3421; Penal Code Sections 277, 278, and 278.5; Welfare and Institutions Code Section 11478.5; Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162; Statutes 1996, Chapter 988 Fiscal Years: 2017-2018, 2018-2019, 2019-2020, 2020-2021
  County of Los Angeles, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on May 26, 2026 at Sacramento, California.

David Chavez
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 5/13/26

**Claim Number:** 25-4237-I-05

**Matter:** Child Abduction and Recovery

**Claimant:** County of Los Angeles

**TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:**

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Adaoha Agu**, *County of San Diego Auditor & Controller Department*
Projects, Revenue and Grants Accounting, 5530 Overland Avenue, Ste. 410 , MS:O-53, San Diego, CA 92123
Phone: (858) 694-2129
Adaoha.Agu@sdcounty.ca.gov

**Rachelle Anema**, Assistant Auditor-Controller, *County of Los Angeles*
Accounting Division, 500 W. Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8321
RANEMA@auditor.lacounty.gov

**Lili Apgar**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-0254
lapgar@sco.ca.gov

**Socorro Aquino**, *State Controller's Office*
Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 322-7522
SAquino@sco.ca.gov

**Aaron Avery**, Legislative Representative, *California Special Districts Association*
1112 I Street Bridge, Suite 200, Sacramento, CA 95814
Phone: (916) 442-7887
Aarona@csda.net

**Anna Barich**, Attorney, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Anna.Barich@csm.ca.gov

**David Bass**, Vice Mayor, *CIty of Rocklin*
3970 Rocklin Road, Rocklin, CA 95677
Phone: (916) 663-8504
David.Bass@rocklin.ca.us

**Ginni Bella Navarre**, Deputy Legislative Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, Sacramento, CA 95814
Phone: (916) 319-8342
Ginni.Bella@lao.ca.gov

**Guy Burdick**, Consultant, *MGT Consulting*
2251 Harvard Street, Suite 134, Sacramento, CA 95815
Phone: (916) 833-7775
gburdick@mgtconsulting.com

**Allan Burdick**,
7525 Myrtle Vista Avenue, Sacramento, CA 95831
Phone: (916) 203-3608
allanburdick@gmail.com

**Rica Mae Cabigas**, Chief Accountant, *Auditor-Controller*
Accounting Division, 500 West Temple Street, Los Angeles, CA 90012
Phone: (213) 974-8309
rcabigas@auditor.lacounty.gov

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 324-5919
ECalderonYee@sco.ca.gov

**Julissa Ceja Cardenas**, Legislative Analyst, *California State Association of Counties*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jcejacardenas@counties.org

**Ali Chemkhi**, Senior Supervising Accountant/Auditor, *County of San Bernardino*
Office of Auditor-Controller, 268 West Hospitality Lane, Fourth Floor, San Bernardino, CA 92415-0018
Phone: (909) 382-7035
ali.chemkhi@sbcountyatc.gov

**Annette Chinn**, Consultant, *Cost Recovery Systems, Inc.*
705-2 East Bidwell Street, #294, Folsom, CA 95630
Phone: (916) 939-7901
achinncrs@aol.com

**Thomas Deak**, Senior Deputy, *County of San Diego*
Office of County Counsel, 1600 Pacific Highway, Room 355, San Diego, CA 92101
Phone: (619) 531-4810
Thomas.Deak@sdcounty.ca.gov

**Tim Flanagan**, CIO-Registrar of Voters, *County of Solano*
Registrar of Voters, 678 Texas Street, Suite 2600, Fairfield, CA 94533
Phone: (707) 784-3359
Elections@solanocounty.com

**Howard Gest**, Attorney, *Burhenn & Gest, LLP*
**Claimant Representative**
12401 Wilshire Blvd, Suite 200, Los Angeles, CA 90025
Phone: (213) 629-8787
hgest@burhenngest.com

**Juliana Gmur**, Executive Director, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
juliana.gmur@csm.ca.gov

**Dominick Guidera**, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
dominick.guidera@dof.ca.gov

**Michael Hestrin**, District Attorney, *County of Riverside*
3960 Orange Street, Riverside, CA 92501
Phone: (951) 955-5400
mhestrin@rivcoda.org

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, 8th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
Chris.Hill@dof.ca.gov

**Tiffany Hoang**, Associate Accounting Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-1127
THoang@sco.ca.gov

**Ken Howell**, Senior Management Auditor, *State Controller's Office*
Audits, Compliance Audits Bureau, 3301 C Street, Suite 725A, Sacramento, CA 95816
Phone: (916) 323-2368
KHowell@sco.ca.gov

**Chuck Hughes**, Special Assistant District Attorney, *County of Ventura*
Office of the District Attorney, 800 South Victoria Avenue, Suite 300, Ventura, CA 93009
Phone: (805) 477-1635
Chuck.Hughes@venturacounty.gov

**Angelo Joseph**, Supervisor, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
AJoseph@sco.ca.gov

**Emma Jungwirth**, Senior Legislative Advocate, *California State Association of Counties (CSAC)*
1100 K Street, Ste 101, Sacramento, CA 95814
Phone: (916) 650-8115
ejungwirth@counties.org

**Anne Kato**, Acting Chief, *State Controller's Office*
Local Government Programs and Services Division, 3301 C Street, Suite 740, Sacramento, CA 95816

Phone: (916) 322-9891
akato@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 327-3138
lkurokawa@sco.ca.gov

**Eric Lawyer**, Legislative Advocate, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 650-8112
elawyer@counties.org

**Kim-Anh Le**, Deputy Controller, *County of San Mateo*
555 County Center, 4th Floor, Redwood City, CA 94063
Phone: (650) 599-1104
kle@smcgov.org

**William Lee**, Chief Deputy District Attorney, *County of San Bernardino District Attorney's Office*
303 W. 3rd Street, San Bernardino, CA 92415-0502
Phone: (909) 382-3800
WLee@sbcda.org

**Anita Lee**, Assistant Program Budget Manager, *Department of Finance*
Education Systems, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-0328
anita.lee@dof.ca.gov

**Fernando Lemus**, Principal Accountant - Auditor, *County of Los Angeles*
Auditor-Controller's Office, 500 West Temple Street, Room 603, Los Angeles, CA 90012
Phone: (213) 974-0324
flemus@auditor.lacounty.gov

**Erika Li**, Chief Deputy Director, *Department of Finance*
915 L Street, 10th Floor, Sacramento, CA 95814
Phone: (916) 445-3274
erika.li@dof.ca.gov

**Kenneth Louie**, Chief Counsel , *Department of Finance*
1021 O. Street, Suite 3110, Sacramento, CA 95814
Phone: (916) 322-0971
Kenny.Louie@dof.ca.gov

**Everett Luc**, Accounting Administrator I, Specialist, *State Controller's Office*
3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0766
ELuc@sco.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
Jill.Magee@csm.ca.gov

**Suresh Malkani**, Finance Director, *Town of Apple Valley*
14955 Dale Evans Parkway, Apple Valley, CA 92307
Phone: (760) 240-7000
smalkani@applevalley.org

**Darryl Mar**, Manager, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 323-0706
DMar@sco.ca.gov

**Rosanna Nguyen**, Program Budget Manager, *Department of Finance*
Local Government Unit, 915 L. Street, Sacramento, CA 95814
Phone: (916) 445-3274
Rosanna.Nguyen@dof.ca.gov

**Andy Nichols**, Consultant, *Nichols Consulting*
1857 44th Street, Sacramento, CA 95819
Phone: (916) 455-3939
andy@nichols-consulting.com

**Patricia Pacot**, Accountant Auditor I, *County of Colusa*
Office of Auditor-Controller, 546 Jay Street, Suite #202 , Colusa, CA 95932
Phone: (530) 458-0424
ppacot@countyofcolusa.org

**Arthur Palkowitz**, Attorney, *Law Offices of Arthur M. Palkowitz*
12807 Calle de la Siena, San Diego, CA 92130
Phone: (858) 259-1055
law@artpalk.onmicrosoft.com

**Kirsten Pangilinan**, Specialist, *State Controller's Office*
Local Reimbursements Section, 3301 C Street, Suite 740, Sacramento, CA 95816
Phone: (916) 322-2446
KPangilinan@sco.ca.gov

**Trevor Power**, Accounting Manager, *City of Newport Beach*
100 Civic Center Drive, Newport Beach , CA 92660
Phone: (949) 644-3085
tpower@newportbeachca.gov

**Jonathan Quan**, Associate Accountant, *County of San Diego*
Projects, Revenue, and Grants Accounting, 5530 Overland Ave, Suite 410, San Diego, CA 92123
Phone: 6198768518
Jonathan.Quan@sdcounty.ca.gov

**Roberta Raper**, Director of Finance, *City of West Sacramento*
1110 West Capitol Ave, West Sacramento, CA 95691
Phone: (916) 617-4509
robertar@cityofwestsacramento.org

**Chad Rinde**, Director of Finance, *County of Sacramento*
700 H Street, Room 3650, Sacramento, CA 95814
Phone: (916) 874-7248
RindeC@SacCounty.gov

**Jessica Sankus**, Senior Legislative Analyst, *California State Association of Counties (CSAC)*
Government Finance and Administration, 1100 K Street, Suite 101, Sacramento, CA 95814
Phone: (916) 327-7500
jsankus@counties.org

**Cindy Sconce**, Director, *Government Consulting Partners*
5016 Brower Court, Granite Bay, CA 95746

Phone: (916) 276-8807
cindysconcegcp@gmail.com

**Carla Shelton**, Senior Legal Analyst, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
carla.shelton@csm.ca.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*
980 9th Street, Suite 300, Sacramento, CA 95814
Phone: (916) 323-3562
camille.shelton@csm.ca.gov

**Paul Steenhausen**, Principal Fiscal and Policy Analyst, *Legislative Analyst's Office*
925 L Street, Suite 1000, , Sacramento, CA 95814
Phone: (916) 319-8303
Paul.Steenhausen@lao.ca.gov

**Oscar Valdez**, Auditor-Controller, *County of Los Angeles*
**Claimant Contact**
Auditor-Controller's Office, 500 West Temple Street, Room 525, Los Angeles, CA 90012
Phone: (213) 974-8302
ovaldez@auditor.lacounty.gov

**Alejandra Villalobos**, Management Services Manager, *County of San Bernardino*
Office of Auditor-Controller, 222 West Hospitality Lane, Forth Floor, San Bernardino, CA 92415
Phone: (909) 382-3191
alejandra.villalobos@sbcountyatc.gov

**Tiffany Walston**, County Counsel, *County of Los Angeles*
648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012-2713
Phone: (213) 974-1811
twalston@counsel.lacounty.gov

**Arthur Wylene**, General Counsel, *Rural County Representatives of California (RCRC)*
1215 K Street, Suite 1650, Sacramento, CA 95814
Phone: (916) 447-4806
awylene@rcrcnet.org

**Kaily Yap**, Budget Analyst, *Department of Finance*
Local Government Unit, 915 L Street, Sacramento, CA 95814
Phone: (916) 445-3274
Kaily.Yap@dof.ca.gov

**Traci Young**, IS Project Director, *City and County of San Francisco*
San Francisco Public Utilities Commission (SFPUC), 525 Golden Gate Ave, San Francisco, CA 94102
Phone: (415) 653-2583
tmyoung@sfwater.org

**Helmholst Zinser-Watkins**, Associate Governmental Program Analyst, *State Controller's Office*
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 700, Sacramento, CA 95816
Phone: (916) 324-7876
HZinser-watkins@sco.ca.gov

STATE OF CALIFORNIA
GEORGE DEUKMEJIAN, Governor

**COMMISSION ON STATE MANDATES**
1414 K Street, Suite 315
SACRAMENTO, CA 95814
(916) 323-3562

**Exhibit H**

March 2, 1990

Mr. Glenn Haas, Assistant Chief
Division of Accounting
State Controller's Office (B-8)
3301 C Street, Room 503
Sacramento, CA 95816

Re: Amendments to Parameters and Guidelines and
State Controller's Claiming Instructions
1. Chapter 1357, Statutes of 1976
Guardianship and Conservatorship Filings
2. Chapter 1399, Statutes of 1976
Custody of Minors
3. Chapter 991, Statutes of 1979
Committed Mentally Disordered Sex Offenders:
Extended Commitments
4. Chapter 644, Statutes of 1980
Judicial Court Commitments: Mentally Retarded

Dear Mr. Haas:

Amendments to the parameters and guidelines and/or State Controller's claiming instructions for the above-entitled mandated programs were adopted by the Commission on State Mandates at its February 22, 1990, hearing. The amended parameters and guidelines are enclosed. In addition, amendments to the claiming instructions for the above-entitled mandated programs should be made as follows:

1) Chapter 1357, Statutes of 1976

At "Reimbursement Limitations":

"Costs related to 'court operations' as defined in the Government Code Section 77003 are not reimbursable when the county opts into the Trial Court Funding Program pursuant to Section 77300. [illegible] In light of Government Code Section 77003, the costs associated with court appointed investigators and any costs for a jury trial shall not be claimed if the county is participating in the Trial Court Funding Program. Pursuant to Section 77203, block grant disbursements to the county shall be in lieu of any reimbursement of state-mandated local programs for trial courts during those fiscal years in which it is a participant of the program. This provision does not apply to the first half of the 1988-89 fiscal year."

2) Chapter 991, Statutes of 1979

At "Reimbursement Limitations":

"Costs related to 'court operations' as defined in the Government Code Section 77003 are not reimbursable when the county opts into the Trial Court Funding Program pursuant to Section 77300. ~~Costs/of/trial/and/juror/fees/are/mandated/by/the/definition/of/'court/operations'/~~ In light of Government Code Section 77003, the cost of trial and juror fees shall not be claimed if the county is participating in the Trial Court Funding Program. Pursuant to Section 77203, block grant disbursements to the county shall be in lieu of any reimbursement of state-mandated local programs for trial courts during those fiscal years in which it is a participant of the program. This provision does not apply to the first half of the 1988-89 fiscal year."

3) Chapter 644, Statutes of 1980

At "Reimbursement Limitations", first item under part 5:

"costs incurred for investigation, preparation for, and conduct of such proceedings (These costs shall not be claimed if the county is participating in the Trial Court Funding Program, unless they are incurred by the District Attorney.);"

Finally, as you are aware, it is not necessary to address the issue of statewide cost estimate surveys for these programs because sufficient funding is currently provided through the Commission's Local Assistance budget item.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

ROBERT W. EICH
Executive Director

RWE:DFD:cm:0611d
Enclosure: Amended Parameters and Guidelines
cc:w/encl.
Mr. Jim Apps, Department of Finance
Mr. Glen Beatie, State Controller's Office
Mr. Richard Frank, Attorney General's Office
Mr. Juliet Musso, Legislative Analyst's Office
Mr. Allan Burdick, County Supervisors Association of California
Mr. Andrea Hix, David M. Griffith & Associates
Mr. Stan Collis, Administrative Office of the Courts
Mr. Ray Harter, County of Stanislaus

Date Adopted: 1/21/81
Date Amended: 7/19/84
Date Amended: 7/25/87
Date Amended: 10/26/89
Date Amended: 2/22/90

# PARAMETERS AND GUIDELINES
# CHAPTER 1399, STATUTES OF 1976
# CUSTODY OF MINORS

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976 added Sections 4600.1 and 4604 to and amended Sections 5157, 5160 and 5169 of the Civil Code, added Sections 278 and 278.5 to the Penal Code, and amended Sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interest in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional "tools" were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983 amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

## II. BOARD OF CONTROL DECISION

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, contained a reimbursable state mandate upon counties by requiring

district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceedings with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

## III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate are eligible to claim reimbursement of those costs.

## IV. PERIOD OF REIMBURSEMENT

Chapter 1399, Statutes of 1976 became effective July 1, 1977. Section 17557 of the Government Code (GC) states that a test claim must be submitted on or before November 30th following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Section 17561(d)(3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by GC Section 17564.

## V. REIMBURSABLE COSTS

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the

district attorney: actively assist in the resolution of child custody and visitation problems; the enforcement of custody and visitation decrees; take all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and comply with other court orders relating to child custody or visitation, as provided in Civil Code Section 4604, with the exception of those activities listed in Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, the following cost items are reimbursable:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation degrees.

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child.

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with decrees or court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

(1) Travel expenses, food, lodging, and transportation for the escort and child.

(2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation decrees from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Civil Code Sections 5150 through 5174) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

a. District Attorney cost of notifications sent if jurisdiction is refused.

b. Cost of providing foster home care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

c. Cost of transporting the child to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child.

(2) Other personal necessities for the child. All such items purchased must be itemized. Costs recovered from any party, individual or agency must be shown and used as an offset against costs reported in this section.

3. Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

   a. Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

   b. Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having physical custody. The number of days for foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

4. Return of an illegally obtained or concealed child to the legal custodian or agency.

   a. Cost of food, lodging, transportation and other personal necessities for the child from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

   b. Cost of an escort for the child, including costs of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's apprehension, surrender or first appearance, for offenses defined in Sections 277, 278 and 278.5 of the Penal Code.B.Costs associated with locating an offender and serving a warrant related to either criminal or civil proceedings defined in Sections 277, 278 and

278.5 of the Penal Code wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

C. Governing Authority

The costs for the salary and expenses of the governing authority, as defined by the (Federal) Office of Management and Budget Circular A-87, such costs occur as an integral part of "general government" and, therefore, are not increased or decreased by mandated programs.

## VII. CLAIM PREPARATION AND SUBMISSION

A. Filing

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a listing of each reimbursable activity for which reimbursement is claimed under this mandate.

B. Supporting Documentation

Claimed costs should be supported by the following:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s), involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract service performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with the claim.

3. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed.

Expenditures will be categorized in accordance with the State Controller manual entitled "Accounting Standards and Procedures for Counties." Compensation for use of equipment is allowable through a use allowance or depreciation charge for the period it is assigned to the mandate; however, the cost is normally claimable through an indirect cost rate. If such cost is directly charged, a supporting schedule showing how this cost was computed must be attached.

4. Allowable Overhead Cost

Indirect costs may only be claimed through an indirect cost rate proposal prepared in accordance with the provisions of (Federal) Office of Management and Budget Circular A-87. Normally, the indirect cost rate will be a percentage of direct salary and benefit costs. Indirect costs may include cost of space, equipment, utilities, insurance, administration, etc. (i.e., those elements of indirect costs incurred as a result of the mandate, origination in the performing unit and the cost of central administrative services not otherwise treated as direct cost). The indirect cost rate must be shown on the report.

5. Reimbursements

On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

6. Mileage and Travel

Local entities will be reimbursed according to the rules of the local jurisdiction.

VIII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of and the validity of such costs. These documents must be kept on file by the agency submitting

the claim for a period of no less than three (3) years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from this claim.

X. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct;

THAT Sections 1090 through 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with;

and

THAT I am the person authorized by the local agency to file claims for funds with the State of California.

_____ _____

Signature of Authorized Representative — Date

_____ ( )_____

Title — Telephone No.

WP 0612d

Date Adopted: 1/21/81
Date Amended: 7/19/84
Date Amended: 7/25/87
Date Amended: 10/26/89
Date Amended: 2/22/90
Date Amended: 7/22/93

# PARAMETERS AND GUIDELINES
# CIVIL CODE SECTIONS 4600.1, 4604, 5157, 5160, AND 5169
# PENAL CODE SECTIONS 278 AND 278.5
# WELFARE AND INSTITUTIONS CODE SECTION 11478.5
# CHAPTER 1399, STATUTES OF 1976
# CHILD ABDUCTION AND RECOVERY

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160 and 5169 of the Civil Code, added Sections 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interest in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional "tools" were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

## II. BOARD OF CONTROL DECISION

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of

child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceedings with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

## III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandated program is eligible to claim reimbursement of those costs.

## IV. PERIOD OF REIMBURSEMENT

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30th following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561(d)(3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by GC Section 17564.

## V. REIMBURSABLE COSTS

### A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation decrees; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child

custody or visitation, as provided in Civil Code Section 4604, with the exception of those activities listed in Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, the following cost items are reimbursable:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation decrees.

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with decrees or court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child(ren). All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation decrees from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Civil Code Sections 5150 through 5174) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

   a. District Attorney's cost of notifications sent if jurisdiction is refused.

   b. Cost of providing foster home care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

      Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

   c. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child(ren). All such items purchased must be itemized. Costs recovered from any party I individual or agency must be shown and used as an offset against costs reported in this section.

      (3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

         a. Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure

appearance in accordance with the arrest warrant or order.

b. Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having physical custody. The number of days for foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor,

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

a. Cost of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

b. Cost of an escort for the child(ren), including costs of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's apprehension, surrender or first appearance, for offenses defined in Sections 277, 278 and 278.5 of the Penal Code.

B. Costs associated with locating an offender and serving a warrant related to either criminal or civil

proceedings defined in Sections 277, 278 and 278.5 of the Penal Code wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

C. Governing Authority

The costs for the salary and expenses of the governing authority, as defined by the (Federal) Office of Management. and Budget Circular A-87, such costs occur as an integral part of "general government? and, therefore, are not increased or decreased by mandated programs.

## VII. CLAIM PREPARATION AND SUBMISSION

A. Filing

'Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a listing of each reimbursable activity for which reimbursement is claimed under this mandate.

B. Supporting Documentation

Claimed costs should be supported by the following:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract service performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with the claim.

3. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed. Expenditures will be categorized in accordance with the State Controller manual entitled "Accounting Standards and Procedures for Counties." Compensation for use of equipment is allowable through a use allowance or depreciation charge for the period it is assigned to the mandate; however, the cost is normally claimable through an indirect cost rate. If such cost is directly charged, a supporting schedule showing how this cost was computed must be attached.

4. Allowable Overhead Cost

Indirect costs may only be claimed through an indirect cost rate proposal prepared in accordance with the provisions of (Federal) Office of Management and Budget Circular A-87, Normally, the indirect cost rate will be a percentage of direct salary and benefit costs. Indirect costs may include cost of space, equipment, utilities, insurance, administration, etc. (i.e., those elements of indirect costs incurred as a result of the mandate, origination in the performing unit and the cost of central administrative services not otherwise treated as direct cost). The indirect cost rate must be shown on the report.

5. Reimbursements

On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

6. Mileage and Travel

Local entities will be reimbursed according to the rules of the local jurisdiction.

VIII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of and the validity of such costs. These documents must be kept on file by the agency submitting the claim for a period of no less than three (3) years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from this claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

G:\PG\CHILD1.PG

## DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On October 30, 2025, I served the:

- **Current Mailing List dated October 29, 2025**
- **Notice of Complete Request for Parameters and Guidelines Amendment, Schedule for Comments, and Notice of Tentative Hearing Date issued October 30, 2025**
- **Request for Parameters and Guidelines Amendment filed by the State Controller's Office on October 24, 2025**

  *Custody of Minors - Child Abduction and Recovery*, 25-PGA-01
  Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421
  Penal Code Sections 277, 278, and 278.5
  Welfare And Institutions Code Section 11478.5
  Statutes 1976, Chapter 1399; Statutes 1992, Chapter 162;
  Statutes 1996, Chapter 988
  State Controller's Office, Requester

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on October 30, 2025 at Sacramento, California.

Jill Magee

Jill Magee
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

STATE OF CALIFORNIA GRAY DAVIS, Governor

COMMISSION ON STATE MANDATES
1300 I STREET, SUITE 950
SACRAMENTO, CA 95814
PHONE: (916) 323-3562
FAX: (916) 445-0278
E-mail: csminfo@csm.ca.gov

August 16, 1999

Mr. Frank McGuire
Deputy District Attorney
county of Yolo
Child Abduction Unit
729 Main Street
Woodland, CA 95695

*And Affected State Agencies and Interested Parties (See Enclosed Mailing List)*

Re: August 26, 1999 Hearing, Item 6
Proposed Amendment to Parameters and Guidelines
*Child Abduction and Recovery*- 98-4237-PGA-11

The enclosed Proposed Amendment to Parameters and Guidelines is scheduled for the August 26, 1999, Commission hearing beginning at 9:45 a.m. in Room 437 of the State Capitol. This item will be included on the proposed consent calendar.

Staff made minor revisions to the proposal submitted by your office to incorporate some of the format and language for parameters and guidelines recently adopted by the Commission. We believe the amendments proposed by staff accomplish the objectives discussed at the prehearing conference that was held on June 29, 1999.

Please contact Piper Rodrian or Shirley Opie at (916) 323-3562 if you have any questions.

Sincerely,

PAULA HIGASHI
Executive Director

Enclosure
C: Mailing List

f:\mandates\1998\pga\pga-11\pgatrans

MAILED: 1st FAXED:
DATE: 8/6/99 INITIAL:
CHRON: FILE:
WORKING BINDER:

Hearing Date: August 26, 1999
File Number: CSM 98-4237-PGA- 11
f: /mandates/1998/PGA/PGA11/pgasa
Document Date: August 16, 1999

# ITEM # 6

## STAFF ANALYSIS

Proposed Amendment to Parameters and Guidelines

Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421
Penal Code Section 277, 278, and 278.5
Welfare and Institutions Code Section 11478.5

Statutes of 1976, Chapter 1399
Statutes of 1992, Chapter 162
Statutes of 1996, Chapter 988

*Custody of Minors-Child Abduction and Recovery*

---

### Executive Summary

Local agencies, school districts, or state agencies may request the Comrnission amend, modify, or supplement parameters and guidelines, [1] The State Controller's Office is required to issue revised claiming instructions within 60 days after receiving revised adopted parameters and guidelines. Eligible claimants have 120 days following the issuance date of the revised claiming instructions to file a claim.[2]

The County of Yolo Child Abduction Unit requested an amendment to the Parameters and Guidelines for the *Custody of Minors-Child Abduction and Recovery* program. The test claim statute'changed the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest, and increased access to locator and other information maintained by county and state agencies.

A prehearing was held on June 29, 1999 at the County's request. Representatives from the County, the State Controller's Office, and the Department of Finance attended. The County subsequently submitted a revised proposal for amending the Parameters and Guidelines (see Exhibit B).

### County's Proposed Amendments

The County proposes to revise the current Parameters and Guidelines to provide a more definitive list of allowable direct costs specific to salaries and benefits for District Attorney employees; equipment, including but not limited to vehicles, office equipment, and

---

[1] Gov. Code § 17557, subd. (d).
[2] Gov. Code § 17558 subd. (c) and §17560 subd. (c).



0001

0004

The summary of the decision of the Board of Control in the current Parameters and Guidelines specifically states that the test claim statutes "imposed a reimbursable state mandate upon counties by requiring *district attorney offices* to actively assist in the resolution of child custody problems. " Therefore, staff finds: 1) that salaries and benefits for *District Attorney* employees are reimbursable to the extent they can be traced to specific reimbursable activities, and 2) it is not necessary to further amend the Parameters and Guidelines to specify that these costs are reimbursable. For purposes of determining which costs are reimbursable, the Parameters and Guidelines must be read as a whole.

The SCO recommends that "boilerplate" language regarding materials and supplies recently adopted by the Commission be added to the Parameters and Guidelines. Staff agrees and recommends that specific items (vehicles, office equipment, communication devices, memberships, subscriptions, and publications) be cited as examples of the types of cost elements that may be reimbursable as suggested by the County.

Travel and training are not specifically addressed in the current Parameters and Guidelines. Thus, staff agrees with the County that amendments are appropriate. Staff recommends the addition of language recently adopted by the Commission for these cost elements. Further, staff recommends adding examples of the types of training that may be reimbursed as requested by the County.

The proposed amendments pertaining to indirect costs are consistent with the methodology specified for computing indirect costs recently adopted by the Commission. This methodology was identified in workshops attended by claimants' representatives, Commission staff, State Controller's Office staff and Department of Finance staff. Staff also recommends that the Parameters and Guidelines be further amended to require claims to be submitted within 120 days of when the Controller issues claiming instructions to be consistent with existing law.

**Staff Recommendation**

Staff recommends the Commission approve the amendment to the Parameters and Guidelines requested by the County of Yolo Child Abduction Unit, as modified by staff (see Exhibit A). Staff's amendments to the County's revised proposal are shown in double strike though (deletions) and underline (additions).

**Requester**

County of Yolo Child Abduction Unit

**Chronology**

| | |
|---|---|
| 09/19/79 | Board of Control determined that the test claim statutes contained a reimbursable mandate |
| 01/21/81 | Original Parameters and Guidelines adopted |
| 07/19/84 | Parameters and Guidelines amended |
| 07/25/87 | Parameters and Guidelines amended |
| 02/25/99 | Amendments to the Parameters and Guidelines proposed by Yolo County Child Abduction Unit |
| 05/12/99 | County of Yolo requests an extension of time to rebut comments from the State Controller's Office |
| 04/20/99 | State Controller's Office and Department of Finance file comments |
| 04/30/99 | Attorney General's Office files comments |
| 06/29/99 | Prehearing Conference |
| 07/13/99 | Yolo County Child Abduction Unit submits revised proposal |
| 08/10/99 | State Controller's Office files comments |

**Staff Analysis**

Local agencies, school districts, or state agencies may request the Commission amend, modify, or supplement parameters and guidelines .[4] The State Controller's Office is required to issue revised claiming instructions within 60 days after receiving revised adopted parameters and guidelines. Eligible claimants have 120 days following the issuance date of the revised claiming instructions to file a claim.'

The County of Yolo Child Abduction Unit requested an amendment to the Parameters and Guidelines for the *Custody of Minors-Child Abduction and* Recovery program. The County alleges that the current Parameters and Guidelines do not provide enough definition of allowable costs which has "resulted in confusion as to whether some necessary costs, such as training and subscriptions to periodicals are reimbursable under the mandate."

The test claim statute was enacted in 1976. It changed the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest, and increased access to locator and other information maintained by county and state agencies .[6]

[4] See footnote 1.

[5] See footnote 2.

[6] Statutes of 1992, Chapter 162, repealed sections 4600.1, 4604, 5 157, 5 160, and 5 169 of the Civil Code and enacted sections 3060 to 3064, 3 130 to 3134.5, 3408, 3411, and 3421 of the Family Code. Statutes of 1996, Chapter 988 repealed Penal Code sections 277, 27% and 278.5 and enacted Penal Code sections 277,278 and 278.5.

On September 19, 1979, the Board of Control determined that the test claim statute imposed a reimbursable state mandate by requiring district attorneys to actively assist in the resolution of child custody problems, including visitation disputes, and the enforcement of child custody orders, orders to appear and any other order of the court in a custody proceeding. Reimbursable activities include locating and returning children that are illegally detained or concealed, proceeding with civil court action, and guaranteeing the appearance of the offenders in court actions.

A prehearing was held on June 29, 1999 at the County's request. Representatives from the County, the State Controller's Office, and the Department of Finance attended. The County subsequently submitted a revised proposal for amending the Parameters and Guidelines (see Exhibit B).

**County's Proposed Amendments**

The County proposes the following changes to the current Parameters and Guidelines:

- Add language describing the changes in law that occurred since the original statute was enacted and update references accordingly.
- Provide a more definitive list of allowable direct costs specific to salaries and benefits for District Attorney employees; equipment, including but not limited to vehicles, office equipment, and communication devices; training; and research material, including publications and subscriptions.
- Replace existing language in the "Allowable Overhead Costs" section with the "Indirect Costs" language recently adopted by the Commission that defines indirect costs and describes the procedures that must be used to calculate the indirect rate (OMB Circular A-87).
- Make other non-substantive amendments for clarity.

**State Agency Comments**

State Controller's Office

In response to the original request made by the County, the State Controller's Office (SCO) commented in their letter dated April 20, 1999 that the current Parameters and Guidelines clearly identify the activities and costs that are reimbursable under the mandate and, therefore, no amendments are necessary. The SCO submitted comments in a letter dated August 10, 1999 suggesting amendments to the County's amended proposal for the purpose of clarifying that claimed costs must be directly related to the mandate. The SCO suggested additional amendments to clarify that the equipment costs must be required for the mandate and suggests that language be added to limit training seminars/workshops that may be reimbursed to a "reasonable number." It is also recommended that the language for services and supplies be amended to be consistent with the "boilerplate" language used for other mandates. The SCO contends that the cost of membership in civic, business, technical, and professional organizations is optional, and not essential to carrying out the mandate. (See Exhibit C.)

Department of Finance

In their letter dated April 20, 1999, the Department of Finance deferred to the State Controller (see Exhibit D).

Office of the Attorney General

On April 30, 1999, the Attorney General (AG) submitted a letter expressing strong support for amending the Parameters and Guidelines (see Exhibit E). The AG noted that there is confusion as to which costs are reimbursable to district attorneys under the mandate. Recently, training costs which had been previously reimbursed were denied.

District Attorneys

Letters of support for amending the Parameters and Guidelines were received from ten District Attorneys (see Exhibit F).

**Issue: Should the Commission approve the County of Yolo Child Abduction Unit's proposed amendments to the Parameters and Guidelines?**

Staff reviewed the County's proposed amendments to the Parameters and Guidelines and finds the following:

Section I. Summary of the Mandate

The updates to statutory references proposed by the County merely reflect changes in law that pertain to the original mandate. Statutes of 1992, Chapter 162 repealed provisions in the Civil Code and enacted them in the Family Code to establish a comprehensive scheme relating to family law, adoption procedures, and the prevention of domestic violence. Statutes of 1996, Chapter 988, the Parental Kidnapping Prevention Act, eliminated the distinction between cases with and cases without a pre-existing child custody order. Updates are made in other sections of the Parameters and Guidelines as appropriate.

Section IV. Period of Reimbursement

Staff recommends that the Parameters and Guidelines be further amended to update provisions for claiming costs. The existing language is obsolete. Current Government Code section 17561 (d)(3) requires claims to be submitted within 120 days of when the Controller issues claiming instructions.

Section V. Reimbursable Costs, Paragraph B. Reimbursable Activities

The County also proposes to add language to the Reimbursable Activities (Section V) of the Parameters and Guidelines that relates to direct and indirect costs associated with salaries and benefits of District Attorney employees, equipment, research material and training. Staff recommends that these modifications be addressed in "Claim Preparation and Submission" (Section VII) of the Parameters and Guidelines to distinguish between what *activities* are reimbursable from what *cost elements* can be claimed.

The summary of the decision of the Board of Control in the current Parameters and Guidelines specifically states that the test claim statutes "imposed a reimbursable state mandate upon counties by requiring *district attorney offices* to actively assist in the resolution of child custody problems. " Therefore, staff finds: 1) that salaries and benefits for *District Attorney*

employees are reimbursable to the extent they can be traced to specific reimbursable activities, and 2) it is not necessary to further amend the Parameters and Guidelines to specify that these costs are reimbursable. For purposes of determining which costs are reimbursable, the Parameters and Guidelines must be read as a whole.

Section VII. Claim Preparation and Submission, Paragraph A, Direct Costs

The SCO recommends that "boilerplate" language regarding materials and supplies recently adopted by the Commission be added to the Parameters and Guidelines. Staff agrees and recommends that specific items (vehicles, office equipment, communication devices, memberships, subscriptions, and publications) be cited as examples of the types of cost elements that may be reimbursable as suggested by the County.

Travel and training are not specifically addressed in the current Parameters and Guidelines, Thus, staff agrees with the County that amendments are appropriate. Staff recommends the addition of language adopted by the Commission for these cost elements. Further, staff recommends adding examples of the types of training that may be reimbursable as recornmended by the County.

Section VII. Claim Preparation and Submission, Paragraph B, Indirect Costs

The proposed amendments to the Parameters and Guidelines are consistent with the methodology for computing indirect costs recently adopted by the Commission.' This methodology was identified in workshops attended by claimants, representatives, Commission staff, and staff from the State Controller's Office and the Department of Finance. Recent amendments to other parameters and guidelines included this change. As noted by the State Controller's Office, the language regarding services and supplies should be revised to be consistent with "boilerplate" language used more recently in parameters and guidelines adopted by the Commission.

Technical Changes. Staff made other non-substantive changes.

**Staff Recommendation**

Staff recommends the Commission approve the amendments to the Parameters and Guidelines as requested by the County of Yolo Child Abduction Unit as modified by staff (see Exhibit A). Staff's amendments to the County's revised proposal are shown in Exhibit A in double strike through (deletions) and underline (additions),

[7] See footnote 3.

Hearing Date: August 26, 1999
File: f:\mandates\1998\pga\pga11\pga082699a
Adopted: January 21, 1981
Amended: July 19, 1984
Amended: July 25, 1987
Document Date: August 13, 1999

**CLAIMANT'S PROPOSED AMENDED PARAMETERS AND GUIDELINES AS MODIFIED BY STAFF**

PARAMETERS AND GUIDELINES
~~CIVIL CODE SECTIONS 4600.1, 4604 5157, 5160, AND 5169~~
FAMILY CODE SECTIONS 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, AND 3421
PENAL CODE SECTIONS 277,278, AND 278.5
WELFARE AND INSTITUTIONS CODE SECTION 11478.5
CHAPTER 1399, STATUTES OF 1976
CHAPTER 162, STATUTES OF 1992
CHAPTER 988, STATUTES OF 1996
CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY

I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5 157, 5 160, and 5 169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters, Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5 157, 5 160, and 5 169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3 130 to ~~3133~~, 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277,278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order,

II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate is eligible to claim reimbursement of those costs.

IV. PERIOD OF REIMBURSEMENT

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30th following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561 (d) (3) of the Government Code (CC), all claims for reimbursement of costs shall be submitted within 120 days of -issuance of the claiming instructions by the State Controller ~~of the enactment of the claim bill~~.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by GC Section 17564.

V. REIMBURSABLE COSTS

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation ~~decrees~~ orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in ~~Civil Code Section 4604~~ Family Code Sections 3 130 to 3 134.5, with the exception of those activities listed in Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, all direct and indirect costs of labor, materials and supplies, training and travel for the following-- activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation ~~decrees~~ orders, including:

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance,

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with ~~decrees or~~ court orders.

      (3)

      (4) Process services and attendant court fees and costs.

      (5) Depositions.

c. Physically recovering the child(ren).

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation ~~decrees~~ orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act ~~(Civil Code Sections 5150 through 5174)~~ (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

a. ~~District Attorney=s cost of notifications sent if jurisdiction is refused.~~ Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the 'legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

~~3. For eligible claimants the following costs expended pursuant to this mandate are reimbursable:~~

~~a. Salaries and benefits for District Attorney employees.~~

~~(1) Salaries and benefits for employee exclusively used pursuant to this mandate, shall be completely reimbursed.~~

~~(2) Salaries and benefits for employee partially used pursuant to this mandate, shall be proportionally reimbursed for that time actually spent performing mandated activities.~~

~~b. Cost of equipment including but not limited to vehicles, office equipment, and communication devices.~~

~~(1) Equipment used exclusively in the performance of this mandate, shall be completely reimbursed.~~

~~(2) Equipment used partially to perform mandated activities, shall be reimbursed for the proportion of time used performing mandated activities relative to its overall use.~~

~~c. ost of child abduction training, including tuition, travel, and per diem shall be fully reimbursable. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training reasonably related to child abduction and this mandate.~~

~~d. Cost of research material, including but not limited to, publications and subscriptions.~~

~~(1) esearch material used exclusively in the performance of this mandate, shall be completely reimbursed.~~

~~(2) Research material used partially to perform mandated activities, shall be reimbursed for the proportion of time used performing mandated activities relative to its overall use.~~

~~e. Cost of memberships, subscriptions, and professional activities in furtherance of this mandate.~~

## VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's ~~apprehension, surrender or~~ first appearance in a California court, for offenses defined in Sections ~~277,~~ 278 or 278.5 of the Penal Code~~, wherein the~~ missing,~~-~~

abducted, or concealed child(ren) has been returned to the lawful person or agency.

B Costs associated with locating an offender and serving a warrant related to either criminal or civil proceedings defined in Sections 277, 278 and 278.5 of the Penal Code wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

C. Governing Authority

The cost for the salary and expenses of the governing authority, as defined by the (Federal) Office of Management and Budget Circular A-87, such costs occur as an integral part of "general government" and, therefore, are not increased or decreased by mandated programs.

VII. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section V of this document.

A. iling

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a listing of each reimbursable activity for which reimbursement is claimed under this mandate.

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods. services, units. programs, activities or functions.

Claimed costs shall be supported by the following: cost element information:

B. Supporting Documentation

Claimed costs should be supported by the following:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to

each function may be claimed if supported by a documented time study. Benefits are reimbursable; however benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with the claim.

3. ~~Services~~ Materials and Supplies

Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to,, vehicles, office equipment, communication devices, memberships, subscriptions, publications, ~~training registration fees, can~~ may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied. ~~Expenditures will be categorized in accordance with the State Controller manual entitled "Accounting Standards and Procedures for Counties." Compensation for use of equipment is allowable through a use allowance or depreciation charge for the period it is assigned to the mandate; however, the cost is normally claimable through an indirect cost rate. If such cost is directly charged, a supporting schedule showing how this cost was computed must be attached.~~

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended? and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per

diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

~~4.~~B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

~~4. Allowable Overhead Costs~~

~~Indirect costs may only be claimed through an indirect cost rate proposal prepared in accordance with the provisions of (Federal) Office of Management and Budget Circular A-87. Normally, the indirect cost rate will be a percentage of direct salary and benefit costs. Indirect costs may include costs of space, equipment, utilities, insurance, administration, etc. (i.e., those elements of indirect costs incurred as a result of the mandate, origination in the performing unit and the cost of central administration services not otherwise treated as direct cost). The indirect cost rate must be shown on the report.~~

~~5.~~ 1. Reimbursements

On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost

summary form.

In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

Any amount received by a county and forwarded directly to the state, must be reported on the cost summary form, but will not reduce the amount of the claim.

~~6.~~ 2. Mileage and Travel

Local entities will be reimbursed according to the rules of the local jurisdiction.

~~7. Training~~

~~Local entities will be reimbursed for training conducted pursuant to section V. B. 3. c., herein.~~

VIII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of and the validity of such costs. These documents must be kept on file by the agency submitting the claim for a period specified in Government Code section 17558.5. ~~of no less than three (3) years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.~~

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from the claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

# Commission on State Mandates

**Originated:** 03/05/1999 **Mailing Information**

# Mailing List

**CSM/SB #** 98-4237-PGA-11 **Claimant** Amendment to Parameters and Guidelines

**Government Code Section**

**Chapters** 1399176

**Issue** Custody of Minors/ Child Abduction and Recovery Mandate

Mr. James Apps (A-15),
Department of Finance

9 15 L Street Room 8020 *Tel:* (916) 445-8913
SACRAMENTO CA 958 14 *FAX:* (916) 327-0225

Mr. Allan Burdick,
DMG-MAXIMUS

4320 Auburn Blvd. Suite 2000 Tel: (916) 485-8102
SACRAMENTO CA 95841 *FAX: (916) 485-011* 1

Ms. Barbara Dotta,
Fresno County Office

2220 Tulare Street, Suite 1000 *Tel: (559) 488-1657*
FRESNO CA *FAX: (559) 488-6723*

Ms. Marcia C. Faulkner, Manager, Reimbursable Projects
County of San Bernadino
Office of the Auditor/Controller
222 W. Hospitality Lane, 4th Floor *Tel: (909) 386-8850*
SAN BERNARDINO CA 92415-0018 *FAX: (909) 386-8830*

Mr. Raymond Hatter, Senior Investigator/ Unit Manager
District Attorney's Office

*817* 10th Street 2nd Floor *Tel: (209) 558-8405*
MODESTO CA 95354 *FAX: (209) 558-8838*

Mr. Dennis Jones, Chief Deputy Director
Administrative Office of the Courts

303-2nd St., South Tower *Tel:* (415) 865-4200
SAN FRANCISCO *FAX:* (415) 865-2444

Mr. Leonard Kaye, Esq.,
County of Los Angeles
Auditor-Controller's Office
30 W. Temple Street, Room 603 *Tel: (213) 974-8564*
LOS ANGELES CA 900 12 *FAX: (213)* 617-8106

**CSM/SB #** 98-4237-PGA-11 **Claimant** Amendment to Parameters and Guidelines

**Government Code Section**

**Chapters** **1399176**

**Issue** Custody of Minors/ Child Abduction and Recovery Mandate

Mr. Frank J. McGuire, Deputy District Attorney
The County of Yolo

Child Abduction Unit 729 Main Street
WOODLAND CA 95695

*Tel;* (530) 666-8400
*FAX:* (530) 666-8399

Mr. Paige Vorhies (B-S), Bureau Chief
State Controller's Office
Division of Accounting & Reporting
*3301 C* Street Suite 500
SACRAMENTO CA 958 16

*Tel:* (916) 445-8756
*FAX:* (916) 323-4807

Mr. David Wellhouse,
Wellhouse & Associates

9175 Kiefer Blvd Suite 12 1
SACRAMENTO CA 95826

*Tel:* (916) 368-9244
*FAX:* (916) 368-5723

MINUTES
COMMISSION ON STATE MANDATES
Thursday, August 26, 1999
State Capitol, Room 437
Sacramento, California

Present: Chairperson Annette Porini
Representative of the Director of the Department of Finance
Vice Chair Bruce Van Houten
Representative of the State Treasurer
Member Millicent Gomes
Representative of the Director of the Office of Planning and Research
Member Michael Foulkes
Representative of the State Controller
Member Albert Beltrami
Public Member
Member Joann Steinmeier
Representative of School Boards

## I. CALL TO ORDER AND ROLL CALL

Chairperson Porini called the meeting to order at 9:15 a.m.

## II. CLOSED EXECUTIVE SESSION PURSUANT TO GOVERNMENT CODE SECTION 11126.

Pending Litigation

To confer with and receive advice from legal counsel, for consideration and action, as necessary and appropriate, upon the following matters pursuant to Government Code section 11126, subdivision (e)(1):

- *Carmel Valley Fire Protection District et al.* v. *State of California et al*., Case Number S078828, California Supreme Court.
- *County of San Bernardino* v. *State of California, et al.,* Case Number SCV52190, in the Superior Court of the State of California, County of Los Angeles.
- *Gary D. Hori* v. *Commission on State Mandates, et al*., Case Number 99AS01517, in the Superior Court of the State of California, County of Sacramento.
- *Goff* v. *Commission on State Mandates, County of Sacramento et al.,* remanded to Superior Court by the Court of Appeal, Third District, Case Number 95CS01215.
(Re: County of Sacramento's First SB 1033 Application.)

To confer with and receive advice from legal counsel, for consideration and action, as necessary and appropriate, upon the following matter pursuant to Government Code section 11126, subdivision (e)(2):

- Based on existing facts and circumstances, there is a specific matter which presents a significant exposure to litigation against the Commission on State Mandates, its members and/or staff (Gov. Code, § 11126, subd. (e)(2)(B)(i).)

The Commission met in closed executive session from 9:15 a.m. to 9:45 a.m.

III. REPORT FROM CLOSED EXECUTIVE SESSION

At 9:45 a.m., Chairperson Porini reported that, as noticed under Section II of the Notice and Agenda, the Commission met in closed executive session pursuant to Government Code section 11126 to confer with and receive advice from legal counsel for consideration and action as necessary and appropriate upon pending litigation listed on the published notice and agenda.

IV. APPROVAL OF MINUTES (action)

Item 1 July 29, 1999

Upon motion by Member Steinmeier and second by Member Gomes, the minutes were adopted unanimously. Member Van Houten abstained.

V. PROPOSED CONSENT CALENDAR

The Consent Calendar consisted of Items 3, 4, 6, 7, and 8. Upon motion by Member Beltrami and second by Member Steinmeier, the Consent Calendar was adopted unanimously.

VI. HEARING PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 2, CHAPTER 2.5, ARTICLE 7

A. TEST CLAIM (action)

Item 2 *Peace Officers Procedural Bill of Rights* – CSM-4499
City of Sacramento, Claimant
Statutes of 1976, Chapter 465
Statutes of 1978, Chapters 775, 1173, 1174, 1178
Statutes of 1979, Chapter 405
Statutes of 1980, Chapter 1367
Statutes of 1982, Chapter 944
Statutes of 1983, Chapter 964
Statutes of 1989, Chapter 1165
Statutes of 1990, Chapter 675

Camille Shelton of Commission staff introduced this item. She noted that this test claim legislation, the Peace Officers Procedural Bill of Rights (POBOR), provides procedural protection to peace officers employed by local agencies and school districts when a peace officer is interrogated by the employee, is facing punitive action, or receives an adverse comment. All parties agree that the test claim legislation imposes some of the notice and hearing protections to employees required by the due process clause of the United States and California Constitutions. The Commission staff analyzed the due process clause and the test claim legislation to determine if the activities required by the legislation constitute a new program or higher level of service and if those activities impose costs mandated by the state. The parties dispute the staff's analysis

regarding the extent that the procedural protections are already covered under the due process clause and when the requirements of the test claim legislation kick in.

Parties were represented as follows: Pamela Stone, Dee Contreras, Director of Labor Relations, and Edward Takach, Labor Relations Officer, all for the City of Sacramento; Allan Burdick for California Cities' SB 90 Service; Elizabeth Stein, Staff Counsel for the State Personnel Board; and, Joseph Shinstock and Jim Apps for the Department of Finance. The witnesses were sworn in.

Ms. Contreras provided detailed testimony of the effects of the legislation on the City of Sacramento. She explained that, in the State of California, with the exception of peace officers, you do not have the right to tape somebody without their permission. If a police officer, and his/her attorney, decides to tape an interview and the City does not, they have a record that the City does not have, or the City must rely on a tape made by the employee it is investigating. (Ms. Contreras submitted that *all* police officers being interviewed tape the session.) If the City takes notes rather than tapes, its record will be inferior. Before reinterviewing an employee, the city is required to transcribe the tapes and provide the employee with a copy. She submitted that the test claim legislation requires the City to provide additional rights to people, which impacts staff, time, documentation, and record-keeping for all of those activities.

Ms. Contreras concurred with staff's recommendation to the extent that it acknowledges the additional burden placed on local government, but was still concerned that the issue of at-will employees is not recognized in its totality. In other words, under the City's system, at-will employees have no right to appeal or respond to discipline because they have no property interest in their management jobs. However, the test claim legislation gives them that right.

Ms. Stein submitted the following:

- In *Stanton* v. *State Personnel Board*, there is clear language that due process rights are covered by POBOR and that POBOR is consummate with due process protections. On this point, Ms. Stein agreed with staff's analysis.
- Though she understood the problems local governments have regarding tape recordings, Ms. Stein noted that case law says that if the activity is not mandated, it is not reimbursable.
- Ms. Stein disagreed with staff's consideration of POBOR as it existed when the test claim was enacted and submitted that it was inherently wrong not to recognize the amendment to the statute, which limits the right to an administrative appeal to public safety officers who have successfully completed the probationary period.
- Regarding disciplinary transfer cases, Ms. Stein submitted that the State regularly has cases of transfers clearly designated as disciplinary. In those cases, the State does provide due process protections.

Ms. Shelton explained staff's interpretation of the *Runyon* and *Howell* cases relating to due process rights for transfers. Ms. Stein disagreed with staff's analysis.

Member Beltrami thought the Personnel Board made an interesting argument that the City should like this legislation because it tightens up things and should therefore save money in the long run. Ms. Contreras responded that, "To the extent anybody thinks that this law, in particular, or that legislation, in general, creates harmony and improves processes, they are naïve in the extreme."

Member Steinmeier agreed with most of staff's analysis. However, even if the law says "may", she submitted that taping is required by the nature of doing business—the employer must have its own record if the employee tapes. Regarding the issue on written reprimands, Member Steinmeier submitted that it flows from the Federal Constitution. Ms. Stone disagreed.

In response to Member Foulkes, the parties explained the distinction between "adverse comment" and "written reprimand." Ms. Shelton clarified that, in its analysis, staff acknowledged two different steps: The first step is an adverse comment, and if that results in another disciplinary action, then the next steps required for that stage are followed. These steps may be duplicative.

In response to Member Beltrami, Ms. Shelton explained that the 1998 amendment regarding administrative appeals became effective on January 1, 1999. However, probationary and at-will employees were entitled to an administrative appeal until December 31, 1998.

Member Foulkes asked whether additional duties were being added regarding the notice of interrogation. Ms. Shelton replied that staff found that was a new program or higher level of service since notice is required *before* any misconduct is charged. This is a requirement before they even get into due process rights. If the interrogation results in a disciplinary action, the employer would still be required to send another notice for the disciplinary action.

In response to Member Gomes, Ms. Contreras explained how a higher burden is created by the notice of interrogation since the employee knows what is going to be happening during the investigation.

Ms. Shelton explained to Member Beltrami that staff broke down its analysis on adverse comments by entity because prior law was different for each type of entity.

Mr. Burdick expressed his hope that, if any areas are unclear, they can be left on the table to be dealt with during the parameters and guidelines. Ms. Shelton agreed that the activities in the parameters and guidelines will be more detailed, but the activities in staff's analysis are required to be analyzed by the Commission to first determine if there is a reimbursable state mandated program. She noted that the issue regarding written reprimands needs to be determined today, though the questions on scope and extent could be left to the parameters and guidelines. Mr. Burdick submitted that the Commission could leave those questions if they wanted to. Ms. Shelton disagreed.

Member Steinmeier moved staff's recommendation, with the additional finding that the activity of tape recording the interrogation when the employee records the interrogation constitutes a reimbursable state mandated activity. Member Beltrami seconded the motion. The motion passed 5-1, with the Chair voting "No."

B. ADOPTION OF PROPOSED STATEMENT OF DECISION (action)

Item 3 *Annual Parent Notification - Staff Development* – CSM-97-TC-24
Irvine Unified School District, Claimant
Education Code Section 48980
Statutes of 1997, Chapter 929

This item was adopted on consent.

VII. INFORMATIONAL HEARING PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 2, CHAPTER 2.5, ARTICLE 8.

A. ADOPTION OF PARAMETERS AND GUIDELINES (action)

Item 4 *Very High Fire Hazard Severity Zones* – CSM-97-TC-13
City of Redding, Claimant
Government Code Sections 51175 through 51189
Health and Safety Code Sections 13108.5 & 13132.7
Statutes of 1992, Chapter 1188
Statutes of 1994, Chapter 843
Statutes of 1995, Chapter 333

This item was adopted on consent.

B. REQUESTS TO AMEND PARAMETERS AND GUIDELINES (action)

Item 5 *Mandate Reimbursement Process – Amendment*
CSM-4485-PGA-98-01
Statutes of 1975, Chapter 486
Statutes of 1984, Chapter 1459
Statutes of 1995, Chapter 303 (Budget Act of 1995)
Statutes of 1996, Chapter 162 (Budget Act of 1996)
Statutes of 1997, Chapter 282 (Budget Act of 1997)
Statutes of 1998, Chapter 324 (Budget Act of 1998)
Statutes of 1999, Chapter 50 (Budget Act of 1999)

Piper Rodrian of Commission staff introduced this item. These parameters and guidelines allow claimants to seek reimbursement for costs incurred during the mandate process. The original parameters and guidelines were adopted in 1986. Since 1995, staff has updated them annually to include the language in that year's Budget Act. Ms. Rodrian noted that the Education Mandated Cost Network (EMCN) and California State Association of Counties (CSAC) requested further amendment to include reimbursement for participation in workshops, rulemaking proceedings, and similar Commission business. Staff disagreed because these activities are not required, nor are they tied to the resolution of a successful test claim.

Parties were represented as follows: Leonard Kaye for the County of Los Angeles; Carol Berg for EMCN; Allan Burdick for CSAC; Marcia Faulkner for San Bernardino County; and, Jim Cunningham for San Diego Unified School District.

Mr. Burdick explained that claimants and representatives often participate in workshops or proceedings to give input from local government to assist the Commission in improving or developing processes. Though these workshops are not tied to specific claims, Mr. Burdick contended that participation should be included as part of the mandate process.

Ms. Berg alleged that participation in such proceedings fits under the section entitled, "Scope of the Mandate." From the current parameters and guidelines, she cited the sentences reading, "Locals cannot be made whole unless these things are included," and "Since local costs would not have been incurred for test claims and reimbursement claims but for the implementation of state imposed mandates, all resulting costs are recoverable." Ms. Berg further noted that this request is not new—training was added as a reimbursable activity.

Mr. Kaye submitted that participation in workshops and proceedings should fall under training because they are designed to assist claimants in identifying and correctly preparing state-required documentation. He noted that the parameters and guidelines do not contain a specific exclusion.

Member Gomes commented that "similar business" seems somewhat vague and asked for clarification from claimants. Mr. Burdick and Ms. Berg explained that they included that phrase so that, if the Commission says "special meeting," or some term other than "workshop" or "rulemaking proceeding," it would be clear to the State Controller's Office that participation is still reimbursable.

Ms. Higashi explained that the term "workshop" is typically used to define a session that is informal in nature and all interested parties are invited to attend. In response to Member Gomes, she noted that participation is voluntary.

Mr. Cunningham disagreed that participation is voluntary. He submitted that many times the subject matter is critical to claimants' constitutional rights to reimbursement.

Ms. Steinmeier encouraged claimants to participate. She warned the Commission that, if claimants are not reimbursed, the Commission might get a skewed representation at workshops. In other words, smaller districts may not be able to afford it, or claimants further away from Sacramento may not show because it imposes more of a cost (travel, accommodations). She noted that claimants are reimbursed for training to understand the mandate reimbursement process, so this request is not much of a stretch. She thought the Commission should consider it as a possible addition.

Ms. Faulkner submitted that participation is critical to her ability to pursue successful test claims and reimbursement claims. She believed that the parameters and guidelines workshops, though not tied to specific claims, have resulted in savings for everyone. Ms. Faulkner contended that, though technically optional, if claimants fail to participate in the process, they could be punished in the form of having their test claims or reimbursement claims denied.

Mr. Cunningham submitted that this is just an interpretation of the test claim finding in the parameters and guidelines, so there is a legal basis for this action.

Member Gomes agreed with Member Steinmeier, though she wanted "similar business" eliminated.

Member Foulkes agreed with staff's analysis. He noted that sometimes Commision staff might be pressured by the claimants to hold a workshop. Down the road, the Commission may be in a difficult position as to having to define whether a workshop is for required purposes or just because people want to have a meeting.

Mr. Burdick clarified that claimants are not trying to be reimbursed for participation in the legislative process. Rather, they are trying to get reimbursement for the implementation of statutes that are in place.

Ms. Higashi suggested adding reimbursement for "workshops convened by the Commission" under the "Training" section.

Member Steinmeier noted that it might not be appropriate to include rulemaking proceedings because any interested person has a right to attend.

Ms. Higashi suggested continuing the item to the next hearing. Mr. Cunningham and

Ms. Berg agreed. However, Mr. Cunningham submitted that rulemaking proceedings should be included. The Chair said that might be pushing too far. She directed staff to work on the language and bring it back next month.

Item 6 *Custody of Minors-Child Abduction and Recovery* – CSM-98-PGA-4237-11
(Civil Code Sections 4600.1, 4604, 5157, 5160, and 5169)
Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare and Institutions Code Section 11478.5
Statutes of 1976, Chapter 1399

This item was adopted on consent.

C. ADOPTION OF STATEWIDE COST ESTIMATES (action)

Item 7 *Domestic Violence Treatment Services – Authorization and Case Management* – CSM-96-281-01
County of Los Angeles, Claimant
Penal Code Section 273.5, Subdivisions (e), (f), (g), (h) and (i)
Penal Code Sections 1000.93, 1000.94 and 1000.95
Penal Code Section 1203.097
Statutes of 1992, Chapters 183 and 184
Statutes of 1994, Chapter 28X
Statutes of 1995, Chapter 641

This item was adopted on consent.

Item 8 *Airport Land Use Commissions/Plans* - CSM 4507
County of San Bernardino, Claimant
Public Utilities Code Sections 21670 and 21670.1
Statutes of 1994, Chapter 644
Statutes of 1995, Chapters 66 and 91

This item was adopted on consent.

VIII. EXECUTIVE DIRECTOR'S REPORT

Item 9 Proposed Policy on Ethics Orientation (action)

Paula Higashi introduced this item, explaining that the Legislature recently enacted a new law requiring state agencies to offer an orientation course on ethics statutes and regulations governing the conduct of state officials. The orientation consists of viewing the specified training video or Internet documents and a list of statutory conflicts of interest imposed on state officials, if applicable. The requirement must be completed by the end of this year and applies only to Commission Members, the Executive Director, and Chief Legal Counsel.

Since the Commission is their appointing authority, Ms. Higashi requested the Members adopt the proposed Incompatible Activities Statement, applicable to the Executive Director and Chief Legal Counsel, and modeled after the Attorney General's office.

Member Beltrami questioned a few of the items on the list. Ms. Jorgensen replied that it is part of the state law and cannot be changed without statutory amendment. Ms. Shelton added that the video gives examples to clarify.

Member Gomes moved for adoption of the proposed policy. With a second by Member Beltrami, the item passed unanimously.

Item 10 Legislation, Workload, and September Agendas

Paula Higashi reported the following:

- AB 1679. Possible proposed amendments include: 1) removal of the provision setting a six-month statute of limitations for the Commission to complete its work on incorrect reduction claims, and 2) addition of a provision giving the Controller's Office 90 days to review an incorrect reduction claim.
- AB 1110. The local claims bill is set for hearing Monday in the Senate Appropriations Committee.
- SB 1033 Application. Butte County approved filing of reapplication and passed their resolution. The application should be in next week. The members were given a revised tentative schedule.
- Workload. The E.D. Report includes the Incorrect Reduction Claims workload data on file in the Commission office at the time agenda materials were prepared. Staff met with claimants' representatives regarding the projected numbers of claims they anticipate filing within the next year. Staff subsequently met with representatives of the State Controller's Office (SCO).

  At these meetings, staff discussed their plan to address the current incorrect reduction claim (IRC) workload and the assistance it needs from claimants. Claimants agreed to 1) identify Open Meetings claims with issues similar to the San Diego claim and, 2) identify a representative sample of claims to act as leads for cities, counties, small school districts, and special districts. The Commission will determine remaining issues and send the representative claims to the SCO. The remaining claims will also be sent to the SCO for comment, though the SCO may be allowed to delay comments on those claims until the lead claims are resolved.

  Claimants have agreed to meet in informal conferences with the SCO, though the SCO is still considering that option.

The Open Meetings lead claims will be sent to the SCO to start the comment period. Once the records are closed, staff will come back to the Commission with recommendations.

Ms. Higashi reported an informal conference with Jim Cunningham, the lead claimant on the Graduation Requirements IRC regarding the administrative record. Staff may convene an informal conference including the SCO to identify the issues and determine if additional briefing is warranted before a determination can be made.

- Budget Change Proposal (BCP). The Commission's BCP will be based on the workload numbers presented, expectations for new workload, and staff's experience with past workload. Following today's meeting, Ms. Higashi will meet with representatives to discuss workload, priorities, and scheduling.
- Commission Office Move. The Department of General Services has identified a space, which is still under consideration. Staff should know more within the next few weeks.

The Chair acknowledged the claimants' and representatives' frustrations and noted that the Commission is trying to develop expedited processes for all claimants.

IX. PUBLIC COMMENT

None.

X. ADJOURNMENT

Hearing no further business, Chairperson Porini adjourned the hearing at 11:58 a.m.

PAULA HIGASHI
Executive Director

f:\meetings\minutes\1999\082699

State of California

RECEIVED
October 20, 2023
Commission on
State Mandates

# Mandated Cost Manual For Local Agencies

September 1, 2019

BETTY T. YEE
California State Controller's Office

# FOREWORD

This manual is issued to assist claimants in preparing mandated cost claims for submission to the State Controller's Office. The information contained in this manual is based on the State of California's statutes, regulations, and the parameters and guidelines (Ps & Gs) adopted by the Commission on State Mandates. As each mandate is unique, it is imperative that claimants refer to the claiming instructions and Ps & Gs of each program for updated data on established policies, procedures, eligible reimbursable activities, and revised forms.

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the following address:

State Controller's Office
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

# TABLE OF CONTENTS


| SECTION A. | Appropriations Information | Page |
|---|---|---|
| 1. | Appropriations for Payment of Mandate Claims for Costs Incurred through the 2017-18 Fiscal Year (FY) | 1 |
| 2. | Appropriations for Expired and Repealed Mandates | 3 |
| 3. | Reimbursable State-Mandated Cost Programs for FY 2018-19 | 3 |
| 4. | Programs in the State Mandates Apportionment System | 4 |
| 5. | Suspended Mandates for FY 2018-19 | 4 |
| 6. | Suspended Mandates for FY 2019-20 | 6 |
| 7. | Programs Set Aside by the Commission on State Mandates | 8 |
| 8. | Programs Canceled by the Commission on State Mandates | 9 |
| 9. | Programs Eliminated, Repealed, Permissive, or Consolidated | 9 |
| 10. | Programs Ended | 9 |

| SECTION B. | Filing a Claim | |
|---|---|---|
| 1. | Introduction | 1 |
| 2. | Types of Claims | 1 |
| 3. | Minimum Claim Amount | 2 |
| 4. | Filing Deadline for Claims | 2 |
| 5. | Payment of Claims | 3 |
| 6. | State Mandates Apportionment System | 4 |
| 7. | Direct Costs | 5 |
| 8. | Indirect Costs | 11 |
| 9. | Time Study Guidelines | 15 |
| 10. | Reduction to State-Mandated Costs | 17 |
| 11. | Notice of Claim Adjustment | 19 |
| 12. | Audit of Costs | 19 |
| 13. | Source Documents | 19 |
| 14. | Claim Forms and Instructions | 19 |
| 15. | Retention of Claiming Instructions | 20 |
| 16. | Retention of Claim Records and Supporting Documentation | 20 |

# TABLE OF CONTENTS
# (Continued)

**SECTION C. Reimbursable State-Mandated Cost Programs for the 2018-19 Fiscal Year**


| Program Name | Chapter/ Statute | Program Number |
|---|---|---|
| Accounting for Local Revenue Realignments | 162/03 | 359 |
| Administrative License Suspension – Per Se | 1460/89 | 246 |
| Allocation of Property Tax Revenues | 697/92 | 152 |
| Countywide Tax Rates | 921/87 | 90 |
| Crime Victim's Domestic Violence Incident Reports | 1022/99 | 262 |
| Custody of Minors-Child Abduction and Recovery | 1399/76 | 13 |
| Domestic Violence Arrest Policies and Standards | 246/95 | 167 |
| Domestic Violence Arrests and Victim Assistance | 698/98 | 274 |
| Domestic Violence Treatment Services – Authorization and Case Management | 183/92 | 177 |
| Health Benefits for Survivors of Peace Officers and Firefighters | 1120/96 | 197 |
| Local Agency Employee Organizations: Impasse Procedures II | 314/12 | 371 |
| Local Agency Ethics | 700/05 | 334 |
| Local Elections: Consolidation | 1013/81 | 259 |
| Local Government Employee Relations | 901/00 | 298 |
| Medi-Cal Beneficiary Probate | 102/81 | 43 |
| Medi-Cal Eligibility of Juvenile Offenders | 657/06 | 361 |
| Peace Officer Personnel Records: Unfounded Complaints and Discovery | 630/78 | 264 |
| Peace Officers Procedural Bill of Rights | 465/76 | 187 |
| Peace Officers Procedural Bill of Rights II | 465/76 | 356 |
| Pesticide Use Reports | 1200/89 | 121 |
| Rape Victims Counseling Center Notice | 999/91 | 127 |
| Sexually Violent Predators | 762/95 | 175 |
| State Authorized Risk Assessment Tool for Sex Offenders | 336/06 | 360 |
| Threats Against Peace Officers | 1249/92 | 163 |
| Tuberculosis Control | 676/93 | 345 |
| U Visa 918 Form, Victims of Crime: Nonimmigrant Status | 721/15 | 372 |

# Appropriations Information

## Appropriations for Payment of Mandate Claims for Costs Incurred through the 2017-18 Fiscal Year

Source of state-mandated cost appropriations – Budget Act of 2019 (Ch. 23/19)
Item 8885-295-0001, Schedule (1)

| Program Number | Chapter/ Statute(s) | Schedule Number | Program Name | Amount Appropriated |
|---|---|---|---|---|
| | | | | **$36,994,000** |
| 359 | 162/03 | (a) | Accounting for Local Revenue Realignments | 0 |
| 152 | 697/92 | (b) | Allocation of Property Tax Revenues | 622,000 |
| 353 | 463/92 | (c) | California Public Records Act | 0 |
| 262 | 1022/99 | (d) | Crime Victim's Domestic Violence Incident Reports | 168,000 |
| 13 | 1399/76 | (e) | Custody of Minors-Child Abduction and Recovery | 12,730,000 |
| 167 | 246/95 | (f) | Domestic Violence Arrest Policies and Standards | 9,141,000 |
| 274 | 698/98, 702/98 | (g) | Domestic Violence Arrests and Victim Assistance | 2,210,000 |
| 177 | 183/92 | (h) | Domestic Violence Treatment Services – Authorization and Case Management | 3,474,000 |
| 197 | 1120/96 | (i) | Health Benefits for Survivors of Peace Officers and Firefighters | 2,606,000 |
| 334 | 700/05 | (j) | Local Agency Ethics | 5,000 |
| 43 | 102/81, 1163/81 | (k) | Medi-Cal Beneficiary Probate | 8,000 |
| 361 | 657/06 | (l) | Medi-Cal Eligibility of Juvenile Offenders | 4,000 |
| 264 | 630/78 | (m) | Peace Officer Personnel Records: Unfounded Complaints and Discovery | 822,000 |
| 127 | 999/91 | (n) | Rape Victims Counseling Center Notice | 529,000 |
| 175 | 762/95, 763/95 | (o) | Sexually Violent Predators | 3,184,000 |
| 360 | 336/06, 337/06, 886/06 | (p) | State Authorized Risk Assessment Tool for Sex Offenders (SARATSO) | 789,000 |
| 163 | 1249/92 | (q) | Threats Against Peace Officers | 0 |
| 345 | 676/93 | (r) | Tuberculosis Control | 351,000 |
| 90 | 921/87 | (s) | Countywide Tax Rates | 351,000 |
| 363 | Title 2 | (t) | Post Election Manual Tally | 0 |
| 364 | 22/09 | (u) | Sheriffs Court-Security Services | 0 |

**Appropriations for Payment of Mandate Claims for Costs Incurred through the 2017-18 Fiscal Year (continued)**

Source of state-mandated cost appropriations – Budget Act of 2019 (Ch. 23/19) Item 8885-295-0001, Schedule (2), for costs incurred in fiscal years 2005-06 through 2017-18:

| Program Number | Chapter/ Statute | Program Name | Amount Appropriated |
|---|---|---|---|
| 187 | 675/90 | Peace Officers Procedural Bill of Rights | $0 |

Source of state-mandated cost appropriations – Budget Act of 2019 (Ch. 23/19) Item 8885-295-0001, Schedule (3), for costs incurred in fiscal years 2002-03 through 2017-18:

| Program Number | Chapter/ Statute | Program Name | Amount Appropriated |
|---|---|---|---|
| 356 | 465/76 | Peace Officers Procedural Bill of Rights II | $0 |

Source of state-mandated cost appropriations – Budget Act of 2019 (Ch. 23/19) Item 8885-295-0001, Schedule (4) for costs incurred in fiscal years 2001-02 through 2017-18:

| Program Number | Chapter/ Statute | Program Name | Amount Appropriated |
|---|---|---|---|
| 298 | 901/00 | Local Government Employee Relations | $0 |

Source of state-mandated cost appropriations – Budget Act of 2019 (Ch. 23/19) Item 8885-295-0044, Department of Motor Vehicles, for costs incurred through fiscal year 2017-18:

| Program Number | Chapter/ Statute | Schedule Number | Program Name | Amount Appropriated |
|---|---|---|---|---|
| 246 | 1460/89 | (1) | Administrative License Suspension – Per Se | $2,275,000 |

Source of state-mandated cost appropriations – Budget Act of 2019 (Ch. 23/19) Item 8885-295-0106, Department of Pesticide Regulation, for costs incurred through fiscal year 2017-18:

| Program Number | Chapter/ Statute | Schedule Number | Program Name | Amount Appropriated |
|---|---|---|---|---|
| 121 | 1200/89 | (1) | Pesticide Use Reports | $65,000 |

**Appropriations for Expired and Repealed Mandates: For payment of the following expired and repealed mandate claims and for interest owed on those claims.**

Source of state-mandated cost appropriations – Budget Act of 2019 (Ch. 23/19)
Item 8885-295-0001, Schedule (6)

| Program Number | Chapter/ Statute(s) | Schedule Number | Program Name | Amount Appropriated |
|---|---|---|---|---|
| | | | | **$15,100,000** |
| 284 | 906/00 | (a) | Binding Arbitration | |
| 283 | 993/89 | (b) | Fire Safety Inspections of Care Facilities | |
| 285 | 777/01 | (c) | Local Recreational Areas: Background Screenings | |
| 282 | 684/00 | (d) | Racial Profiling: Law Enforcement Training | |

**Reimbursable State-Mandated Cost Programs for FY 2018-19**

Local agencies may file claims with the State Controller's Office for the costs incurred for the following programs. These programs are listed in alphabetical order by program name.

| Program Number | Program Name | Counties | Cities | Special Districts |
|---|---|---|---|---|
| 359 | Accounting for Local Revenue Realignments | x | | |
| 246 | Administrative License Suspension – Per Se | x | x | |
| 152 | Allocation of Property Tax Revenues | x | | |
| 90 | Countywide Tax Rates | x | | |
| 262 | Crime Victim's Domestic Violence Incident Reports | x | x | |
| 13 | Custody of Minors-Child Abduction and Recovery | x | | |
| 167 | Domestic Violence Arrest Policies and Standards | x | x | |
| 274 | Domestic Violence Arrests and Victim Assistance | x | x | |
| 177 | Domestic Violence Treatment Services – Authorization and Case Management | x | | |
| 197 | Health Benefits for Survivors of Peace Officers and Firefighters | x | x | x |
| 371 | Local Agency Employee Organizations: Impasse Procedures II | x | x | x |
| 334 | Local Agency Ethics | x | | x |
| 259 | Local Elections: Consolidation | x | | |
| 298 | Local Government Employee Relations | x | x | x |
| 43 | Medi-Cal Beneficiary Probate | x | | |
| 361 | Medi-Cal Eligibility of Juvenile Offenders | x | | |
| 264 | Peace Officers Personnel Records: Unfounded Complaints and Discovery | x | x | |
| 187 | Peace Officers Procedural Bill of Rights | x | x | x |
| 356 | Peace Officers Procedural Bill of Rights II | x | x | x |

**Reimbursable State-Mandated Cost Programs for FY 2018-19 (continued)**

| Program Number | Program Name | Counties | Cities | Special Districts |
|---|---|---|---|---|
| 121 | Pesticide Use Reports | x | x | |
| 127 | Rape Victims Counseling Center Notice | x | x | |
| 175[1] | Sexually Violent Predators | x | | |
| 360 | State Authorized Risk Assessment Tool for Sex Offenders (SARATSO) | x | x | |
| 163 | Threats Against Peace Officers | x | x | x |
| 345 | Tuberculosis Control | x | x | |
| 372 | U Visa 918 Form, Victims of Crime: Nonimmigrant Status | x | x | |

**Programs in the State Mandates Apportionment System**

| Program Number | Chapter/ Statute | Program Name |
|---|---|---|
| 67 | 1304/80 | Conservatorship: Developmentally Disabled Adults |
| 88 | 498/77 | Coroners' Costs |
| 66 | 1253/80 | Mentally Retarded Defendants: Diversion |
| 18 | 1242/77 | Senior Citizen Property Tax Postponement |

[1] This program has a Mandate Redetermination pending with the Commission on State Mandates (CSM). The original test claim decision may be superseded by a new decision adopted by CSM. Upon the resolution of the Mandate Redetermination, the State Controller's Office will notify eligible claimants of any revisions to the claiming instructions and forms for the impacted fiscal years.

**Suspended Mandates for FY 2018-19**

Source of state-mandated program suspensions – Budget Act of 2018 (Ch. 29/18)
Item 8885-295-0001, Schedule (5)

| Program Number | Chapter/ Statute(s) | Schedule Number | Program Name |
|---|---|---|---|
| 2 | 77/78 | (a) | Absentee Ballots |
| 248 | 697/99 | (b) | Absentee Ballots – Tabulation by Precinct |
| 73 | 1088/88 | (c) | Search Warrant: AIDS |
| 178 | 644/94 | (d) | Airport Land Use Commission/Plans |
| 213 | 752/98 | (e) | Animal Adoption |
| 6 | 391/88 | (f) | Brendon Maguire Act |
| 67 | 1304/80 | (g) | Conservatorship: Developmentally Disabled Adults |
| 88 | 498/77 | (h) | Coroners' Costs |
| 310 | 1172/89 | (i) | Crime Statistics Reports for the Department of Justice |
| 306 | 483/01 | (j) | Crime Victims' Domestic Violence Incident Reports II |
| 87 | 694/75 | (k) | Developmentally Disabled Attorneys' Services |
| 266 | 822/00 | (l) | DNA Database & Amendments to Postmortem Examinations: Unidentified Bodies |
| 322 | 713/01 | (m) | Domestic Violence Background Checks |
| 15 | 1609/84 | (n) | Domestic Violence Information |
| 205 | 444/97 | (o) | Elder Abuse, Law Enforcement Training |
| 204 | 267/98 | (p) | Extended Commitment, Youth Authority |
| 257 | 590/95 | (q) | False Reports of Police Misconduct |
| 293 | 578/99 | (r) | Firearm Hearings for Discharged Inpatients |
| 227 | 1170/96 | (s) | Grand Jury Proceedings |
| 358 | 958/77 | (t) | Interagency Child Abuse and Neglect (ICAN) Investigation Reports |
| 321 | 956/00 | (u) | Identity Theft |
| 289 | 445/00 | (v) | In-Home Supportive Services II |
| 126 | 1579/88 | (w) | Inmate AIDS Testing |
| 35 | 644/80 | (x) | Judiciary Proceedings |
| 193 | 126/93 | (y) | Law Enforcement Sexual Harassment Training |
| 37 | 1330/76 | (z) | Local Coastal Plans |
| 318[1] | 486/75 | (aa), (bb) | Mandate Reimbursement Process I and II |
| 281 | 228/89 | (cc) | Mentally Disordered Offenders: Treatment as a Condition of Parole |
| 203 | 435/91 | (dd) | Mentally Disordered Offenders' Extended Commitments Proceedings |
| 39 | 1036/78 | (ee) | Mentally Disordered Sex Offenders' Recommitments |

[1] The suspension of Mandate Reimbursement Process I, Program 41, and Mandate Reimbursement Process II, Program 315, includes the suspension of Mandate Reimbursement I and II, Program 318.

**Suspended Mandates for FY 2018-19 (continued)**

| Program Number | Chapter/ Statute(s) | Schedule Number | Program Name |
|---|---|---|---|
| 203 | 435/91 | (dd) | Mentally Disordered Offenders' Extended Commitments Proceedings |
| 39 | 1036/78 | (ee) | Mentally Disordered Sex Offenders' Recommitments |
| 66 | 1253/80 | (ff) | Mentally Retarded Defendants Representation |
| 81 | 1456/88 | (gg) | Missing Persons Report |
| 323 | 898/00 | (hh) | Modified Primary Election |
| 200 | 1114/79 | (ii) | Not Guilty by Reason of Insanity |
| 219 | 641/86 | (jj) | Open Meetings Act/Brown Act Reform |
| 122 | 961/92 | (kk) | Pacific Beach Safety: Water Quality and Closures |
| 124 | 1603/90 | (ll) | Perinatal Services |
| 324 | 922/01 | (mm) | Permanent Absent Voters II |
| 24 | Title 8 | (nn) | Personal Safety Alarm Devices |
| 215 | 875/85 | (oo) | Photographic Record of Evidence |
| 8 | 1334/87 | (pp) | CPR Pocket Masks |
| 279 | 943/01 | (qq) | Post Conviction: DNA Court Proceedings |
| 255 | 284/00 | (rr) | Postmortem Examinations: Unidentified Bodies, Human Remains |
| 128 | 820/91 | (ss) | Prisoner Parental Rights |
| 18 | 1242/77 | (tt) | Senior Citizens Property Tax Postponement |
| 220 | 502/92 | (uu) | Sex Crime Confidentiality |
| 217 | 908/96, 909/96 | (vv) | Sex Offenders: Disclosure by Law Enforcement Officers |
| 110 | 955/89 | (ww) | SIDS Autopsies |
| 125 | 268/91 | (xx) | SIDS Contacts by Local Health Officers |
| 180 | 1111/89 | (yy) | SIDS Training for Firefighters |
| 120 | 337/90 | (zz) | Stolen Vehicle Notification |
| 64 | Title 8 | (aaa) | Structural and Wildland Firefighter's Safety Clothing and Equipment |
| 181 | 1188/92 | (bbb) | Very High Fire Hazard Severity Zones |
| 331 | 260/00 | (ccc) | Voter Identification Procedures |
| 56 | 704/75 | (ddd) | Voter Registration Procedures |

**Suspended Mandates for FY 2019-20**

Source of state-mandated program suspensions – Budget Act of 2019 (Ch. 23/19)
Item 8885-295-0001, Schedule (5)

| Program Number | Chapter/ Statute(s) | Schedule Number | Program Number |
|---|---|---|---|
| 2 | 77/78 | (a) | Absentee Ballots |
| 248 | 697/99 | (b) | Absentee Ballots – Tabulation by Precinct |
| 73 | 1088/88 | (c) | AIDS/Search Warrant |
| 178 | 644/94 | (d) | Airport Land Use Commission/Plans |
| 213 | 752/98 | (e) | Animal Adoption |
| 6 | 391/88 | (f) | Brendon Maguire Act |
| 67 | 1304/80 | (g) | Conservatorship: Developmentally Disabled Adults |
| 88 | 498/77 | (h) | Coroners' Costs |
| 310 | 1172/89 | (i) | Crime Statistics Reports for the Department of Justice |
| 306 | 483/01 | (j) | Crime Victims' Domestic Violence Incident Reports II |
| 87 | 694/75 | (k) | Developmentally Disabled Attorneys' Services |
| 266 | 822/00 | (l) | DNA Database & Amendments to Postmortem Examinations: Unidentified Bodies |
| 322 | 713/01 | (m) | Domestic Violence Background Checks |
| 15 | 1609/84 | (n) | Domestic Violence Information |
| 205 | 444/97 | (o) | Elder Abuse, Law Enforcement Training |
| 204 | 267/98 | (p) | Extended Commitment, Youth Authority |
| 257 | 590/95 | (q) | False Reports of Police Misconduct |
| 293 | 578/99 | (r) | Firearm Hearings for Discharged Inpatients |
| 227 | 1170/96 | (s) | Grand Jury Proceedings |
| 358 | 958/77 | (t) | Interagency Child Abuse and Neglect (ICAN) Investigation Reports |
| 321 | 956/00 | (u) | Identity Theft |
| 289 | 445/00 | (v) | In-Home Supportive Services II |
| 126 | 1579/88 | (w) | Inmate AIDS Testing |
| 35 | 644/80 | (x) | Judiciary Proceedings |
| 193 | 126/93 | (y) | Law Enforcement Sexual Harassment Training |
| 37 | 1330/76 | (z) | Local Coastal Plans |
| 318[1] | 486/75 | (aa), (bb) | Mandate Reimbursement Process I and II |

[1] The suspension of Mandate Reimbursement Process I, Program 41, and Mandate Reimbursement Process II, Program 315, includes the suspension of Mandate Reimbursement I and II, Program 318.

**Suspended Mandates for FY 2019-20 (continued)**

| Program Number | Chapter/ Statute(s) | Schedule Number | Program Name |
|---|---|---|---|
| 281 | 228/89 | (cc) | Mentally Disordered Offenders: Treatment as a Condition of Parole |
| 203 | 435/91 | (dd) | Mentally Disordered Offenders' Extended Commitments Proceedings |
| 39 | 1036/78 | (ee) | Mentally Disordered Sex Offenders' Recommitments |
| 66 | 1253/80 | (ff) | Mentally Retarded Defendants Representation |
| 81 | 1456/88 | (gg) | Missing Persons Report |
| 323 | 898/00 | (hh) | Modified Primary Election |
| 200 | 1114/79 | (ii) | Not Guilty by Reason of Insanity |
| 219 | 641/86 | (jj) | Open Meetings Act/Brown Act Reform |
| 122 | 961/92 | (kk) | Pacific Beach Safety: Water Quality and Closures |
| 124 | 1603/90 | (ll) | Perinatal Services |
| 324 | 922/01 | (mm) | Permanent Absent Voters II |
| 24 | Title 8 | (nn) | Personal Safety Alarm Devices |
| 215 | 875/85 | (oo) | Photographic Record of Evidence |
| 8 | 1334/87 | (pp) | CPR Pocket Masks |
| 279 | 943/01 | (qq) | Post Conviction: DNA Court Proceedings |
| 255 | 284/00 | (rr) | Postmortem Examinations: Unidentified Bodies, Human Remains |
| 128 | 820/91 | (ss) | Prisoner Parental Rights |
| 18 | 1242/77 | (tt) | Senior Citizens Property Tax Postponement |
| 220 | 502/92 | (uu) | Sex Crime Confidentiality |
| 217 | 908/96, 909/96 | (vv) | Sex Offenders: Disclosure by Law Enforcement Officers |
| 110 | 955/89 | (ww) | SIDS Autopsies |
| 125 | 268/91 | (xx) | SIDS Contacts by Local Health Officers |
| 180 | 1111/89 | (yy) | SIDS Training for Firefighters |
| 120 | 337/90 | (zz) | Stolen Vehicle Notification |
| 64 | Title 8 | (aaa) | Structural and Wildland Firefighter's Safety Clothing and Equipment |
| 181 | 1188/92 | (bbb) | Very High Fire Hazard Severity Zones |
| 331 | 260/00 | (ccc) | Voter Identification Procedures |
| 56 | 704/75 | (ddd) | Voter Registration Procedures |

**Programs Set Aside by the Commission on State Mandates**

Note: Claims will not be accepted by SCO for programs set aside.

| Program Number | Chapter/ Statute | Program Name |
|---|---|---|
| 207[1] | 784/95 | County Treasury Oversight Committees |
| 161[2] | 783/95 | Investment Reports |
| 138[1] | 1105/92 | Misdemeanors: Booking and Fingerprinting |
| 28[3] | 494/79 | Physically Handicapped Voter Accessibility |
| 52[1] | 48/87 | Property Taxation: Family Transfers |
| 245[1] | 39/98 | Redevelopment Agencies – Tax Disbursement Reporting |
| 82[1] | 1051/83 | Senior Citizens' Mobilehome Property Tax Postponement Program |
| 174[1] | 1297/94 | Two-Way Traffic Signal Communications |

**Programs Canceled by the Commission on State Mandates**

Note: Claims will not be accepted by SCO for canceled programs.

| Program Number | Chapter/ Statute | Program Name |
|---|---|---|
| 23[4] | 1568/82 | Firefighter's Cancer Presumption |
| 118[1] | 1171/89 | Peace Officers' Cancer Presumption |
| 55[5] | 1143/80 | Regional Housing Need Determination |

**Programs Eliminated, Repealed, Permissive, or Consolidated**

Note: Claims will not be accepted by SCO for eliminated, repealed, permissive, or consolidated programs.

| Program Number | Chapter/ Statute | Program Name |
|---|---|---|
| 283[6] | 993/89 | Fire Safety Inspections of Care Facilities |
| 21[7] | 845/78 | Filipino Employee Survey |
| 273[8] | 1747/84 | Handicapped and Disabled Students (HDS), HDS II and Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services |
| 300[9] | 761/00 | Local Agency Formation Commissions |
| 285[10] | 777/01 | Local Recreational Areas: Background Screenings |

[1] On 9/27/2005, the Commission on State Mandates adopted a special notice to set aside these programs.
[2] This program has been set aside, effective 9/29/2004, pursuant to Ch. 889/04 (AB 2853).
[3] On 1/26/2006, the Commission on State Mandates adopted a special notice to set aside this program.
[4] These programs were canceled, effective 7/1/2008, pursuant to Ch. 78/06 (AB 1805).
[5] This program was canceled, effective 8/16/2004, pursuant to Ch. 227/04 (SB 1102).
[6] Reimbursement for this program ended, effective 6/30/2012, pursuant to Ch. 12/09 (ABX4 12).
[7] This program was repealed, effective with the 2012-13 fiscal year, pursuant to Ch. 32/12 (SB 1006).
[8] Ch. 43/11 (AB 114) eliminated the mandated programs for counties and transferred responsibility to school districts, effective 7/1/2011.
[9] This program ended, effective 6/29/2011. The reimbursable activities became permissive pursuant to Ch. 31/11 (AB 119).
[10] This program ended, effective 6/30/2011, pursuant to Ch. 719/10 (SB 856).

**Programs Eliminated, Repealed, Permissive, or Consolidated (Continued)**

| Program Number | Chapter/ Statute | Program Name |
|---|---|---|
| 41[1] | 486/75 | Mandate Reimbursement Process I |
| 315[8] | 890/04 | Mandate Reimbursement Process II |
| 222[2] | 18/99 | Presidential Primaries 2000 |

**Programs Ended**

Note: Claims will not be accepted by SCO for programs ended.

| Program Number | Chapter/ Statute | Program Name |
|---|---|---|
| 353[3] | 463/92 | California Public Records Act |
| 8[4] | 1334/87 | CPR Pocket Masks |
| 314[5] | N/A | Municipal Storm Water and Urban Runoff Discharges |
| 219[6] | 641/86 | Open Meetings Act/Brown Act Reform |
| 83[7] | 1422/82 | Permanent Absent Voters |
| 363[8] | Title 2 | Post Election Manual Tally |
| 364[9] | 22/09 | Sheriff Court-Security Services |

[1] The Mandate Reimbursement Process (MRP) I and MRP II (programs 41, 315, respectively) were consolidated, effective 6/30/2011, changing the name to MRP I and MRP II (program 318). The MRP I and MRP II program was suspended in the 2011-12 fiscal year.
[2] This program is repealed, effective 7/19/2005, pursuant to Ch. 72/05 (AB 138)
[3] This program ended, effective 6/4/2014, pursuant to Proposition 42, which amended Section 3 of Article I and Section 6 of Article XIII B of the California Constitution.
[4] This program ended, effective 7/1/2013, pursuant to Ch. 28/13 (SB 71), which amended Penal Code section 13518.1, making the program optional.
[5] This program, with reference to the storm water permit (Permit CAS004001), ended 12/28/2012. The issuance of the National Pollution Discharge Elimination System Permit (NPDES Permit No. R4-2012-0175) in December 2012, superseded Permit CAS004001.
[6] This program ended, effective 11/7/2012, pursuant to Proposition 30, which added Section 36, Article XIII to the California Constitution.
[7] This program ended, effective 6/30/2010.
[8] This program had a reimbursable period of 10/20/2008 through 11/28/2008 only.
[9] This program had a reimbursable period of 7/28/2009 through 6/27/2012 only.

# B. Filing a Claim

## 1. Introduction

Government Code (GC) sections 17500 through 17617 provide for the reimbursement of costs incurred by local agencies for costs mandated by the State. These are costs that local agencies are required to incur after July 1, 1980, as a result of any statute enacted after January 1, 1975, or any executive order implementing such statute which mandates a new program or higher level of service of an existing program.

Reimbursement claims are defined as any claim filed with the State Controller's Office (SCO) for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim. All claims received by SCO will be reviewed to verify all actual costs claimed. An adjustment of the claim will be made if the amount claimed is determined to be excessive, improper, or unreasonable.

If a claimant is using an indirect cost rate that exceeds 10%, documentation to support the indirect cost rate must be submitted with the claim. A detailed explanation of the indirect cost methods can be found in Section B., Filing a Claim, page 11, Indirect Costs. Documentation to support actual costs must be kept on hand by the claimant and made available to SCO upon request as explained in Section B., Filing a Claim, page 20, Retention of Claim Records and Supporting Documentation.

SCO is authorized to make payments for costs of mandated programs from amounts appropriated by the State Budget Act, by the State Mandates Claims Fund, or by specific legislation. In the event the appropriation is insufficient to pay claims in full, claimants will receive prorated payments in proportion to the dollar amount of approved claims for the program. Balances of prorated payments will be made when supplementary funds become available.

## 2. Types of Claims

Claimants may file a claim for reimbursement of actual costs incurred in prior fiscal years for a state-mandated program. The types of claims, as defined in GC section 17522, are as follows:

a) Initial Reimbursement Claim

A claim filed with SCO for costs to be reimbursed for the fiscal years specified in the first claiming instructions issued by SCO pursuant to GC section 17558(b).

b) Annual Reimbursement Claim

A claim filed with SCO for actual costs incurred in a prior fiscal year for which appropriations are made to SCO for this purpose.

c) Entitlement Claim

A claim filed with the SCO for the purpose of establishing or adjusting a base-year entitlement. All entitlement claims are subject to GC section 17616.

### 3. Minimum Claim Amount

For initial claims and annual claims filed, if the total costs for a given year do not exceed $1,000, no reimbursement will be allowed except as otherwise authorized by GC section 17564. Combined claims may be filed only when the county is the fiscal agent for the claimant. The county will determine if the submission of a combined claim is economically feasible and will be responsible for disbursing the funds to each claimant. A combined claim must show the individual claim costs for each eligible claimant. All subsequent claims based upon the same mandate must be filed in the combined form only unless a special district provides to the county and to SCO, at least 180 days prior to the deadline for filing the claim, a written notice of its intent to file a separate claim.

### 4. Filing Deadline for Claims

a) Initial Reimbursement Claims

Each claimant, to which the mandate is applicable, shall submit claims for the costs of the initial fiscal years to SCO within 120 days of the issuance date of the claiming instructions, pursuant to GC section 17561(d)(1)(A). Any claim for initial reimbursement filed after the filing deadline will be reduced by 10% of the amount that would have been allowed had the claim been timely filed, with no limitation. SCO may withhold payment of any late claim for initial reimbursement until the next payment deadline for funded claims unless sufficient funds are available to pay the claim after all timely filed claims have been paid. Amended initial claims filed after the deadline will be reduced by 10% of the increased amount of the initial costs, with no limitation. For the purpose of computing a late penalty, claims for all initial fiscal years required to be filed on their initial filing date for a program shall be considered one claim. In no case may a reimbursement claim be paid if submitted more than one year after the filing deadline specified in the SCO's claiming instructions.

b) Annual Reimbursement Claims

Each claimant must submit a claim to SCO by February 15 following the fiscal year in which costs were incurred, pursuant to GC section 17560. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed $10,000. Amended claims filed after the deadline will be reduced by 10% of the increased amount, not to exceed $10,000. In no case may a reimbursement claim be paid if submitted more than one year after the filing deadline, pursuant to GC section 17561(d)(3).

c) Entitlement Claims

When a mandated program has been included in the State Mandates Apportionment System (SMAS), SCO will determine a base-year entitlement amount for each claimant that has submitted reimbursement claims (or entitlement claims) for three consecutive fiscal years. An entitlement claim should not contain nonrecurring or initial start-up costs. There is no statutory deadline for the filing of entitlement claims, pursuant to GC section 17615.5(b). However, these claims should be filed by February 15 following the third fiscal year used to develop the entitlement claim, to permit an orderly processing of claims.

## 5. Payment of Claims

In order for SCO to authorize the payment of a claim, the Certification of Claim, Form FAM-27, must be properly filled out, signed in blue ink, and dated by the agency's authorized officer. Pursuant to GC section 17561(d), reimbursement claims are paid by October 15 or 60 days after the date the appropriation for the claim is effective, whichever is later. In the event the amount appropriated by the Legislature is not sufficient to pay the approved amount in full for a program, claimants will receive a prorated payment in proportion to the amount of approved claims timely filed and on hand at the time of proration.

a) Initial Reimbursement Claims

When paying a timely filed claim for initial reimbursement, SCO shall withhold 20% of the amount of the claim until the claim is audited to verify the actual amount of the mandated costs, pursuant to GC section 17561(d)(C)(3).

The payment of an initial reimbursement claim by SCO shall include accrued interest at the Pooled Money Investment Account (PMIA) rate, if the payment is made more than 365 days after adoption of the statewide cost estimate for an initial claim. Interest shall begin to accrue as of the 366th day after the adoption of the statewide cost estimate for the initial claim, pursuant to GC section 17561.5.

b) Annual Reimbursement Claims

A claimant is entitled to receive accrued interest at the PMIA rate for any unpaid subsequent claim amount remaining on August 15 following the filing deadline. Interest shall begin to accrue on August 16 following the filing deadline.

c) Entitlement Claims

Initial apportionments are made on an individual program basis. After the initial year, all apportionments are made by November 30, pursuant to GC section 17615.3. The amount to be apportioned is the base-year entitlement adjusted by annual changes in the Implicit Price Deflator (IPD) for cost of goods and services to governmental agencies as determined by the Department of Finance (DOF).

When SCO has made a payment on claims prior to the Commission's approval of the program for inclusion in the SMAS, the payment shall be adjusted in the next apportionment to the amount which would have been subvened to the claimant for that fiscal year had the SMAS been in effect at the time of the initial payment, pursuant to GC section 17615.2.

SCO reports the amounts of insufficient appropriations to the Director of DOF, the Chairperson of the Joint Legislative Budget Committee, and the Chairperson of the respective fiscal committee in each House of the Legislature. Any balances remaining on these claims will be paid if supplementary funds become available.

**5. Payment of Claims (continued)**

Unless specified in the statutes, regulations, or Parameters and Guidelines (Ps & Gs), the determination of allowable and unallowable costs for mandates is based on the Ps & Gs adopted by the Commission on State Mandates (CSM). Allowable costs are those direct and indirect costs, less applicable credits, considered eligible for reimbursement. In order for costs to be allowable and thus eligible for reimbursement, the costs must meet the following general criteria:

- The cost is necessary and reasonable for proper and efficient administration of the mandate and not a general expense required in carrying out the overall responsibilities of government;
- The cost is allocable to a particular cost objective identified in the Ps & Gs; and
- The cost is net of any applicable credits that offset or reduce expenses of items allocable to the mandate.

SCO has identified certain costs that should not be claimed as direct program costs unless specified as reimbursable under the program's Ps & Gs. These costs include, but are not limited to, subscriptions, depreciation, memberships, conferences, workshops, general education, and travel costs.

**6. State Mandates Apportionment System (SMAS), GC sections 17615 – 17617**

Chapter 1534, Statutes of 1985, established the SMAS. It is the intent of the Legislature to streamline the reimbursement process for costs mandated by the State by creating a system of state mandate apportionments to fund the costs of certain programs mandated by the State. This method is utilized whenever a program has been approved for inclusion in the SMAS by CSM.

Once CSM approves a mandate for inclusion in the SMAS, SCO will determine a base-year entitlement amount for each claimant that has submitted reimbursement claims (or entitlement claims) for three consecutive fiscal years. A base-year entitlement amount is determined by averaging the approved reimbursement claims (or entitlement claims) for any three consecutive fiscal years. The amounts are first adjusted by any change in the IPD, which is applied separately to each year's costs for the three years that comprise the base period. The base period is the three fiscal years succeeding CSM's approval.

When the claims are approved and a base-year entitlement amount is determined, the claimant will receive an apportionment reflective of the program's current-year costs. The apportionment amount is adjusted annually for any change in the IPD. If the mandated program was included in the SMAS after January 1, 1988, the annual apportionment is adjusted for any change in both the IPD and the workload.

SCO will perform this computation for each claimant that has filed claims for three consecutive years. If a claimant has incurred costs for three consecutive years but has not filed a claim in each of those years, the claimant may file an entitlement claim, Form FAM-43, to establish a base-year entitlement. The Form FAM-43 is included in the claiming instructions for SMAS programs.

**6. State Mandates Apportionment System (SMAS), GC sections 17615 – 17617 (continued)**

If a SMAS program is discontinued or made permissive, SCO shall determine the amount of the entitlement attributable to that mandate according to GC section 17615.6. If the program is modified or amended by the Legislature or an executive order and the modification or amendment significantly affects the program, as determined by CSM, the program shall be removed from the SMAS and the payments reduced accordingly, pursuant to GC section 17615.7.

In the event CSM determines that the apportionment amount or base-year entitlement does not accurately reflect costs incurred by the claimant of all mandates upon which that apportionment is based, CSM shall direct SCO to adjust the apportionment as set forth in GC section 17615.8(c).

**7. Direct Costs**

A direct cost is a cost that can be identified specifically with a particular program or activity. Documentation to support direct costs must be kept on hand, unless otherwise specified in the claiming instructions, and made available to SCO upon request.

It is the responsibility of the claimant to maintain documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

Costs typically classified as direct costs are:

a) Employee Wages, Salaries, and Fringe Benefits

A productive hourly rate may be computed by the claimant for each employee or classification whose labor is directly related to the claimed reimbursable cost. For each of the reimbursable mandated activities performed, list the names of the employees, job classifications, hours worked on the mandate, and rate of pay.

A claimant has the option of using one of the following methods: (1) Actual Annual Productive Hourly Rate (per employee); or (2) Weighted-Average Annual Productive Hourly Rate (per classification). The claimant must maintain documentation of how the hours were computed for either option.

(1) <u>Actual Annual Productive Hourly Rate</u>

The annual productive hours (APH) to be used is 1,800 for the computation of the productive hourly rate. APH must exclude employee time for paid holidays, vacation earned, used sick leave, informal time off, jury duty, and used military leave.

**7. Direct Costs (continued)**

There are two methods to compute actual annual productive hourly rate (PHR):

(a) Employee's Annual Salary (EAS) + Actual Fringe Benefits Costs (Benefits) Method

To illustrate the computation of PHR, assuming that the employee's compensation was $26,000 and $8,099 for annual salary and fringe benefits, respectively; using the formula shown in Table 1 below, this method would yield a PHR of $18.94.

**Table 1: Employee's Annual Salary + Actual Fringe Benefits Costs Method**

| **Formula:** [(EAS + Benefits) ÷ APH] = PHR |
|---|
| [($26,000 + $8,099)] ÷ 1,800 = 18.94 |

- To convert a biweekly salary to an annual salary, multiply the biweekly salary by 26.
- To convert a monthly salary to an annual salary, multiply the monthly salary by 12.
- Use the same methodology to convert other salary periods.

(b) Percent of Salary Method

To compute PHR using this method, the claimant should first determine the benefit rates (BR).

**Table 2: Percent of Salary Method**

**Example:**

**Step 1:** Benefits as a Percent of Salary

| | |
|---|---|
| Retirement | 15.00 % |
| Social Security & Medicare | 7.65 |
| Health & Dental Insurance | 5.25 |
| Workers' Compensation | 3.25 |
| **Total** | **31.15** % |

**Step 2:** Productive Hourly Rate

**Formula:** [(EAS x (100% + BR)) ÷ APH] = PHR

[($26,000 x (1.3115)) ÷ 1,800 ] = $18.94

**7. Direct Costs (continued)**

As illustrated in Table 1 and Table 2, both methods produce the same PHR.

Reimbursement for personnel services includes, but is not limited to, compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include employer's contributions for social security, pension plans, insurance, worker's compensation insurance, and similar payments. These benefits are eligible for reimbursement as long as they are distributed equitably to all activities. Whether these costs are allowable is based on the following presumptions:

- The amount of compensation is reasonable for the service rendered;
- The compensation paid and benefits received are appropriately authorized by the governing board;
- Amounts charged for personnel services are based on payroll documents that are supported by time and attendance or equivalent records for individual employees; and
- The methods used to distribute personnel services produce an equitable distribution of direct and indirect allowable costs.

For each of the employees included in the claim, the claimant must use reasonable rates and hours in computing the wage cost. If a person of a higher-level job position performs an activity which normally would be performed by a lower-level position, reimbursement for time spent is allowable at the average salary range for the lower-level position. The salary rate of the person at the higher-level position may be claimed if it can be shown that it was more cost effective in comparison to the performance by a person at the lower-level position under normal circumstances and conditions. The number of hours charged to an activity should reflect the time expected to complete the activity under normal circumstances and conditions. The number of hours in excess of normal expected hours is not reimbursable.

(2) Weighted-Average Annual Productive Hourly Rate

Those instances for which the claiming instructions allow a unit as a basis of claiming costs, the direct labor component of the unit cost should be expressed as an average productive hourly rate and can be determined as follows:

**7. Direct Costs (continued)**

**Table 3: Calculating an Average Productive Hourly Rate**

| | Time Spent | Productive Hourly Rate | Total Cost by Employee |
|---|---|---|---|
| Employee A | 1.25 hrs | $6.00 | $7.50 |
| Employee B | 0.75 hrs | $4.50 | $3.38 |
| Employee C | 3.50 hrs | $10.00 | $35.00 |
| Total | 5.50 hrs | | $45.88 |
| Average Productive Hourly Rate is $45.88 ÷ 5.50 hrs = $8.34 | | | |

b) Employer's Benefits Contribution (Optional)

A claimant has the option of claiming actual employer's fringe benefit contributions or computing an average fringe benefit cost for the employee's job classification and claiming it as a percentage of direct labor. The same time base should be used for both salary and fringe benefits when computing a percentage. For example, if health and dental insurance payments are made annually, use an annual salary. After the percentage of salary for each fringe benefit is computed, total them.

For example:

| Employer's Contribution | % of Salary |
|---|---|
| Retirement | 15.00 |
| Social Security & Medicare | 7.65 |
| Health & Dental Insurance | 5.25 |
| Workers' Compensation | 0.75 |
| Total | 28.65% |

c) Materials and Supplies

Only actual expenses may be claimed for materials and supplies that were acquired and consumed specifically for the purpose of a mandated program. The claimant must list the materials and supplies that were used to perform the mandated activity, the number of units consumed, the cost per unit, and the total dollar amount claimed. Materials and supplies purchased to perform a particular mandated activity should be reasonable in quality, quantity, and cost. Purchases in excess of reasonable quality, quantity, and cost are not reimbursable. Materials and supplies withdrawn from inventory and charged to the mandated activity must be based on a recognized method of pricing, consistently applied. Purchases must be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant.

**7. Direct Costs (continued)**

(1) Calculating a Unit Cost for Materials and Supplies

In those instances for which the Ps & Gs suggest that a unit cost be developed for use as a basis of claiming costs mandated by the State, the materials and supplies component of the unit cost should be expressed as a unit cost of materials and supplies as shown in Table 4 or Table 5:

**Table 4: Calculating a Unit Cost for Materials and Supplies**

| **Supplies** | Cost Per Unit | Amount of Supplies Used Per Activity | Unit Cost of Supplies Per Activity |
|---|---|---|---|
| Paper | 0.02 | 4 | $0.08 |
| Files | 0.10 | 1 | 0.10 |
| Envelopes | 0.03 | 2 | 0.06 |
| Photocopies | 0.10 | 4 | 0.40 |
| | | | $0.64 |

**Table 5: Calculating a Unit Cost for Materials and Supplies**

| **Supplies** | Amount of Supplies Used Per Activity | Unit Cost of Supplies Per Activity |
|---|---|---|
| Paper ($10.00 for 500 sheet ream) | 250 Sheets | $5.00 |
| Files ($2.50 for box of 25) | 10 Folders | 1.00 |
| Envelopes ($3.00 for box of 100) | 50 Envelopes | 1.50 |
| Photocopies ($0.05 per copy) | 40 Copies | 2.00 |
| | | $9.50 |

If the number of reimbursable instances is 25, then the unit cost of supplies is $0.38 per reimbursable instance ($9.50 ÷ 25).

d) Contract Services

The cost of contract services is allowable if the claimant lacks the staff resources or necessary expertise, or it is economically feasible to hire a contractor to perform the mandated activity. The claimant must keep documentation on hand to support the name of the contractor, the reason for hiring a contractor, the mandated activities performed, the dates the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate must not exceed the rate specified in the Ps & Gs for the mandated program.

**7. Direct Costs (continued)**

The contractor's invoice or statement must include an itemized list of costs for activities performed. A copy of the contract must be included with the submitted claim.

e) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the Ps & Gs for the particular mandate. Equipment rentals used solely for the mandate are reimbursable to the extent that such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must maintain documentation to support the purpose and use of the equipment, the time period for which the equipment was rented, and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the rental costs may be claimed.

f) Fixed Assets

Capital outlay for land, buildings, equipment, furniture, and fixtures may be claimed if the Ps & Gs specify them as allowable. If they are allowable, the Ps & Gs for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities may be claimed.

g) Travel Expenses

Travel expenses are normally reimbursable in accordance with the travel rules and regulations of the local jurisdiction. For some programs, however, the Ps & Gs may specify certain limitations on expenses, or expenses may be reimbursed only in accordance with the Department of Human Resources travel standards. When claiming travel expenses, the claimant must maintain documentation to support the purpose of the trip, the names and addresses of the persons incurring the expense, the date and time of departure and return, a description of each expense claimed, the cost of transportation, the number of private auto miles traveled, and the cost of tolls and parking. Receipts are required for charges over $10.00.

h) Documentation

It is the responsibility of the claimant to make available to SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

## 8. Indirect Costs

Indirect costs are (a) incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services, and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases, which produce an equitable result, related to the benefits derived by the mandate.

Items of cost that are unallowable are stated in the cost principles set forth in the Office of Management and Budget Circular (OMB) Circular 2 CFR, Chapter I and Chapter II, Part 200 et al., formerly the OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments. A cost that is necessary for proper and efficient administration of a program and is identifiable to that program is eligible for consideration as an allocable indirect cost. Allocable costs for time spent on programs must be supported by time record.

Claimants have the option of using 10% of direct labor as indirect costs or claiming indirect costs through a department's Indirect Cost Rate Proposal (ICRP) for the program, prepared in accordance with the provisions of the OMB Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. An ICRP must be prepared if the claim for indirect costs is in excess of 10% of direct salaries and the ICRP must be submitted with the claim.

a) Fixed 10% Rate Method

Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. The use of the 10% rate may benefit small agencies for which it is inefficient to prepare an ICRP.

| Direct Costs Incurred By: | On Behalf of: | |
|---|---|---|
| Auditor | Welfare Administration | Health Department |
| Warrant Writing: | | |
| A. Salary of employee working | $5,000 | $1,000 |
| B. Benefits of above | 800 | 200 |
| C. Cost of paper | 350 | 100 |
| D. First-line supervision (salaries) | 3,000 | 500 |
| E. Indirect cost 10% of A + D | 800 | 150 |
| Total amount charged to benefited departments for warrant writing services | $9,950 | $1,950 |

**8. Indirect Costs (continued)**

| Direct Costs Incurred By: | On Behalf of: | |
|---|---|---|
| Building & Grounds Department | Welfare Administration | Health Department |
| Maintenance of Buildings: | | |
| A. Salary of employees performing maintenance | $1,000 | $500 |
| B. Benefits of above | 200 | 100 |
| C. Cleaning supplies | 250 | 150 |
| D. First-line supervision (salaries) | 500 | 200 |
| E. Indirect cost 10% of A + D | 150 | 70 |
| Total amount charged to benefited departments for building maintenance services | $2,100 | $1,020 |

Any claimant using this method for claiming costs must submit a statement similar to the example above and with supporting data. The cost data required for desk audit purposes are described in the claiming instructions for that mandated program under Salaries and Employee Benefits, Materials and Supplies, Contract Services, Travel Expenses, etc.

b) Indirect Cost Rate Proposal Method

If a claimant elects not to utilize the 10% fixed rate method but wants to claim indirect costs, it must prepare an ICRP for the program. The proposal must follow the provisions of the OMB Circular 2 CFR, Chapter I and Chapter II, Part 200 et al., formerly OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments. The development of the indirect cost rate proposal requires that the indirect cost pool include only those costs which are incurred for a common or joint purpose that benefit more than one cost objective. The indirect cost pool may include only costs that can be shown to provide benefits to the program. In addition, total allocable indirect costs may include only costs that cannot be directly charged to an identifiable cost center (i.e., program).

A method for preparing a departmental indirect cost rate proposal for programs is presented as Table 6. Only this format is acceptable under the SCO reimbursement requirements. If more than one department is involved in the reimbursement program, each department must have its own indirect cost rate proposal for the program.

## 8. Indirect Costs (continued)

**Table 6:**

**INDIRECT COST RATE PROPOSAL**
**PUBLIC DEFENDER'S OFFICE INVESTIGATION PROGRAM**
**FISCAL YEAR 20___-20___**

| (a) Description of Costs | Total Costs | (b) Excludable Unallowable Costs | (c) Allowable Indirect Costs | (d) Allowable Direct Costs | Identifiable Program Costs: Investigation PC 987.9 | Identifiable Program Costs: All Others |
|---|---|---|---|---|---|---|
| Salaries & Benefits | | | | | | |
| Salaries & Wages | $ 1,150,000 | $ 50,000 (f) | $ 150,000 | $ 950,000 (f) | $ 100,000 | $ 850,000 |
| Overtime | 20,000 | 0 | 20,000 | 0 | 0 | 0 |
| Benefits | 230,000 | 10,000 | 30,000 | 190,000 | 20,000 | 170,000 |
| Total | $ 1,400,000 | $ 60,000 | $ 200,000 | $ 1,140,000 | $ 120,000 | $ 1,020,000 |
| Services & Supplies | | | | | | |
| Office Expense | $ 200,000 | $ 10,000 | $ 20,000 | $ 170,000 | $ 10,000 | $ 160,000 |
| Communications | 100,000 | 2,000 | 10,000 | 88,000 | 1,000 | 87,000 |
| Transportation | 120,000 | 5,000 | 0 | 115,000 | 5,000 | 110,000 |
| Special Dept Expense (Contracts) | 250,000 | 0 | 0 | 250,000 | 0 | 250,000 |
| Other, Pass Through Program | 800,000 | 800,000 | 0 | 0 | 0 | 0 |
| Total | $ 1,470,000 | $ 817,000 | $ 30,000 | $ 623,000 | $ 16,000 | $ 607,000 |
| Capital Expenditures | $ 100,000 | $ 100,000 | | | | |
| Total Budgetary Expenditures | $ 2,970,000 | $ 977,000 | $ 230,000 | $ 1,763,000 | $ 136,000 | $ 1,627,000 |
| Distribution Base | | | | | | |
| Cost Plan Costs | | | | | | |
| Building Use (Each line item | $ 50,000 | $ 2,000 | $ 6,000 | $ 42,000 | $ 2,000 | $ 40,000 |
| Equipment Use should be reviewed | 30,000 | 1,000 | 3,000 | 26,000 | 1,000 | 25,000 |
| Data Processing to see if it benefits | 50,000 | 5,000 | 30,000 | 15,000 | 0 | 15,000 |
| Auditor the mandate to | 20,000 | 0 | 20,000 | 0 | 0 | 0 |
| Personnel insure a fair and equitable | 10,000 | 1,000 | 1,000 | 8,000 | 1,000 | 7,000 |
| Roll Forward distribution.) | 10,000 | 0 | 10,000 | 0 | 0 | 0 |
| Total | $ 170,000 | (e) $ 9,000 | $ 70,000 | $ 91,000 | $ 4,000 | $ 87,000 |
| Total Allowable Indirect Costs | | | $ 300,000 (f) | | | |
| Distribution of Allocable Indirect Costs | | | | | | |
| Based on Salaries & Wages (g) | | $ 15,000 | $ (300,000) | $ 285,000 | $ 30,000 | $ 255,000 |
| Totals | $ 3,140,000 | $ 1,001,000 | $ 0 | $ 2,139,000 | $ 170,000 | $ 1,969,000 |

*Notes to Table 6 (page 14)

**8. Indirect Costs (continued)**

(1) Notes to Table 6*

Any claimant using this method for claiming costs, must submit a schedule as shown in Table 6, using the same column headings: Description of Costs, Total Costs, Excludable Unallowable Costs (may be combined or separated), Allowable Indirect Costs, and Allowable Direct Costs (which are further allocated to identifiable programs and other). Any supporting data such as invoices, receipts, contacts, documents, etc., must also be submitted.

(a) Description of costs incurred. Examples include: Salaries and Benefits, Services and Supplies, Cost Plan Costs, etc.

(b) Excluded costs are all costs that are unallowable and not allocable according to specific guidelines (the OMB Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. and state laws). Examples of excluded costs: Contributions and donations, cost of amusement; social activities and related incidental costs such as meals, beverages, lodging, rentals, transportation and gratuities; and pass-through revenues to another unit or organization

(c) Allocable indirect costs are costs that are not identifiable to a specific program or cost pool and indirectly benefit all cost pools.

(d) Direct costs are costs that benefit a specific program or cost pool.

(e) Overhead costs are distributed to the department in the cost allocation plan, which was prepared in accordance with the OMB Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. To develop the ICRP, claimants should use the cost allocation plan from the year for which the ICRP is being prepared. Do not include a roll-forward adjustment when the program is in its initial year.

(f) Distribution base for the computation of the indirect cost rate is total direct salaries and wages (S&W).

| | |
|---|---|
| Total Allowable Direct Costs (direct S&W) | $950,000 |
| Excludable Unallowable Costs (direct S&W) | 50,000 |
| Distribution Base | $1,000,000 |

Therefore, the Indirect Cost Rate for the program is:

$$\text{ICRP} = \frac{\text{Allowable Indirect Costs}}{\text{Total Salaries and Wages}} = \frac{\$300,000}{\$1,000,000} = 30.00\%$$

(g) Indirect costs are then distributed at 30% multiplied by the salaries and wages.

## 9. Time Study Guidelines

Two methods are acceptable for documenting employee time charged to mandated cost programs: a) Actual Time Reporting, and b) Time Study. These methods are described below. Application of time study results is restricted. As explained in the Time Study Results section below, the results may be projected forward a maximum of two years or applied retroactively to initial claims, current-year claims, and late-filed claims, provided certain criteria are met.

a) Actual Time Reporting

Each program's Ps & Gs define reimbursable activities for each mandated cost program. When employees work on multiple activities, a distribution of their salaries or wages must be supported by personnel activity reports or equivalent documentation that must:

(1) Reflect an after-the-fact (contemporaneous) distribution of the actual activity of each employee:

(2) Account for the total activity for which each employee is compensated.

(3) Be prepared at least monthly and must coincide with one or more pay periods.

(4) Be signed by the employee.

Budget estimates or other distribution percentages determined before services are performed do not qualify as support for time distribution.

b) Time Study

In certain cases, a time study may be used to substitute for continuous records of actual time spent on multiple activities and/or programs. An effective time study requires that an activity be a task that is repetitive in nature. Activities that require a varying level of effort are not appropriate for time studies.

(1) Time Study Plan

The claimant must develop a plan before the time study is conducted. The claimant must retain the time study plan for audit purposes. The plan must identify the following:

(a) Time period(s) to be studied – The plan must show that all time periods selected are representative of the fiscal year, and the results can be reasonably projected to approximate actual costs;

(b) Activities and/or programs to be studied – For each mandated program included, the time study must separately identify each reimbursable activity defined in the mandated program's Ps & Gs, which are derived from the program's Statement of Decision. If a reimbursable activity in the Ps & Gs identifies separate and distinct sub-activities, these sub-activities must also be treated as individual activities;

**9. Time Study Guidelines (continued)**

For example, sub-activities (a), (b), and (c) under Reimbursable Activity (B)(1) of the claimant's Domestic Violence Treatment Services: Authorization and Case Management program relate to information to be discussed during victim notification by the probation department and therefore are not separate and distinct activities. It is not necessary to separately study these sub-activities;

(c) Process used to accomplish each reimbursable activity – Use flowcharts or similar analytical tools and/or written desk procedures to describe the process for each activity;

(d) Employee universe – The employee universe used in the time study must include all positions for which salaries and wages are to be allocated by means of the time study;

(e) Employee sample selection methodology – The plan must show that employees selected are representative of the employee universe, and the results can be reasonably projected to approximate actual costs. In addition, the employee sample size should be proportional to the variation in time spent to perform a task. The sample size should be larger for tasks with significant time variations; and

(f) Time increments to be recorded – The time increments used should be sufficient to recognize the number of different activities performed and the dynamics of these responsibilities. Very large increments (such as one hour or more) might be used for employees performing only a few functions that change very slowly over time. Very small increments (a number of minutes) may be needed for employees performing more short-term tasks.

Random-moment sampling is not an acceptable alternative to continuous time records for mandated cost claims. Random moment sampling techniques are most applicable to situations in which employees perform many different types of activities on a variety of programs with small time increments throughout the fiscal year.

(2) Time Study Documentation

Time studies must:

(a) Be supported by time records that are completed contemporaneously;

(b) Report activities on a daily basis;

(c) Be sufficiently detailed to reflect all mandated activities and/or programs performed during a specific time period; and

(d) Coincide with one or more pay periods.

**9. Time Study Guidelines (continued)**

Time records must be signed under penalty of perjury by the employee (electronic signatures are acceptable) and be supported by corroborating evidence, which validates that the work was actually performed. As with actual time reporting, budget estimates or other distribution percentages determined before services are performed do not qualify as valid time studies

(3) Time Study Results

Claimants must summarize time study results to show how the time study supports the costs claimed for each activity. Any variations from the procedures identified in the original time study plan must be documented and explained. Current-year costs must be used to prepare a time study. Claimants may project time study results to no more than two subsequent fiscal years. A claimant may not apply time study results retroactively.

(a) Annual Reimbursement Claims – Claimants may use time studies to support costs incurred on or after January 1, 2005. Claimants may not use time studies for the period of July 1, 2004, through December 31, 2004, unless (a) the program's Ps & Gs specifically allows time studies; and (b) the time study is prepared based on mandated activity occurring between July 1, 2004, and December 31, 2004.

(b) Initial Reimbursement Claims – When filing an initial claim for new mandated programs, claimants may use time study results for costs incurred on or after January 1, 2005 only. Claimants may not use time studies to support costs incurred before January 1, 2005, unless (a) the program's Ps & Gs specifically allow time studies; and (b) the claimant prepares separate time studies for each fiscal year preceding January 1, 2005, based on mandated activity occurring during those years.

When projecting time study results, the claimant must certify that there have been no significant changes between years in either (a) the requirements of each mandated program activity; or (b) the processes and procedures used to accomplish the activity. For all years, the claimant must maintain documentation that shows the mandated activity was actually performed. Time study results used to support claims are subject to the recordkeeping requirements for those claims.

**10. Reduction to State-Mandated Costs**

As noted previously, allowable costs are defined as those direct and indirect costs, less applicable credits, considered eligible for reimbursement. When all or part of the costs of a mandated program are specifically reimbursable from local assistance revenue sources (e.g., state, federal, foundation, etc.), only that portion of any increased costs payable from local agency funds is eligible for reimbursement under the provisions of GC section 17561.

**10. Reduction to State-Mandated Costs (continued)**

a) Example 1:

As illustrated in Table 7, this example shows how the *Ineligible Costs Reduction* is determined for a claimant receiving block grant revenues not based on 100% program cost funding.

**Table 7: Reduction to State-Mandated Costs**
**100% Program Cost Funding**
**Claimant's Cost Share of Total Program Costs is Zero**

| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|
| **Program Costs** | | | | **State-Mandated Costs** | | |
| Total Program Costs[1] | Claimant's Cost Share | Actual Program Assistance Funding Received | Net Program Costs[2] | Claimed State-Mandated Costs[1] | Ineligible Costs Reduction | Claimable State-Mandated Costs |
| | | [(a) – (b)] – (c) | | | | (e) – (f) |
| 1 $100,000 | - | $95,000 | $5,000 | $2,500 | - | $2,500 |
| 2 100,000 | - | 97,000 | 3,000 | 2,500 | - | 2,500 |
| 3 100,000 | - | 98,000 | 2,000 | 2,500 | 500 | 2,000 |
| 4 100,000 | - | 99,200 | 800 | 2,500 | 1,700 | 800[3] |

**Table Footnotes:**

[1] For Illustrative Purposes *Total Program Costs* are $100,000 and the *Claimed State-Mandated Costs* are $2,500.
[2] Total Program Costs Net of *Claimants Cost Share* and/or *Non-Local Agency Revenues Received*.
[3] Claim is less than $1,001 and is ineligible for reimbursement.

b) Example 2:

As illustrated in Table 8, this example shows how the *Ineligible Costs Reduction* is determined for a claimant's receiving special project funds based on partially approved funding.

**Table 8: Reduction to State-Mandated Costs**
**Partial Program Cost Funding**
**Claimant's Cost Share of Total Program Costs is the First $25,000**

| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|
| **Program Costs** | | | | **State-Mandated Costs** | | |
| Total Program Costs[1] | Claimant's Cost Share | Actual Program Assistance Funding Received | Net Program Costs[2] | Claimed State-Mandated Costs[1] | Ineligible Costs Reduction | Claimable State-Mandated Costs |
| | | [(a) – (b)] – (c) | | | | (e) – (f) |
| 1 $100,000 | $25,000 | $73,500 | $1,500 | $2,500 | $1,000 | $1,500 |
| 2 100,000 | 25,000 | 60,000 | 15,000 | 2,500 | - | 2,500 |
| 3 100,000 | 25,000 | 74,500 | 500 | 2,500 | 2,000 | 500[3] |

**Table Footnotes:**

[1] For Illustrative Purposes *Total Program Costs* are $100,000 and the *Claimed State-Mandated Costs* are $2,500.
[2] Total Program Costs Net of *Claimants Cost Share* and/or *Local Assistance Revenues Received*.
[3] Claim is less than $1,001 and is ineligible for reimbursement.

### 11. Notice of Claim Adjustment

Claims are reviewed to determine if the claim was prepared in accordance with the claiming instructions. Claimants will receive a Notice of Claim Adjustment detailing any adjustment made by SCO.

### 12. Audit of Costs

Pursuant to GC section 17558.5(b), SCO may conduct a field review of any claim after it has been submitted to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, a Notice of Claim Adjustment specifying the claim activity adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

### 13. Source Documents

Costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records, time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### 14. Claim Forms and Instructions

Claim forms provided with the claiming instructions should be duplicated or printed from the SCO website (http://www.sco.ca.gov/ard_mancost.html) and used by the claimant to file reimbursement claims. A claimant may submit computer generated forms in substitution of Form 1 and Form 2, provided that the format of the forms and data fields contained within are identical to the claim forms included with the claiming instructions. SCO will revise the manual and claim forms as necessary.

a) Form 2, Activity Cost Detail

This form is used to segregate the detail costs by claim activity. In some mandates, specific reimbursable activities have been identified for each activity. The expenses reported on this form must be supported by the official financial records of the claimant. All documents used to support the reimbursable activities must be retained by the claimant, unless required to be submitted with the claim, and must be made available to SCO upon request.

**14. Claim Forms and Instructions (continued)**

b) Form 1, Claim Summary

This form is used to summarize direct costs by activity, compute allowable indirect costs for the mandate, and summarize any applicable offsetting revenues and/or other reimbursements received. The direct costs summarized on this form are derived from Form 2 and are carried forward to Form FAM-27.

c) Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized officer of the entity. All applicable information from Form 1 must be carried forward to this form in order for SCO to process the claim for payment. An original and one copy of the Form FAM-27 are required. Submit a signed original Form FAM-27 and one copy with required documents.

**Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated cost claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Please use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

**15. Retention of Claiming Instructions**

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. This manual should be retained for future reference, and the forms should be duplicated to meet your filing requirements. Annually, new or revised forms, instructions, and any other information claimants may need to file claims will be placed on the SCO's website: www.sco.ca.gov/ard_mancost.html**.**

**16. Retention of Claim Records and Supporting Documentation**

Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to the initiation of an audit by SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit shall begin from the date of initial payment of the claim. In any case an audit will be completed not later than two years after the date that the audit was commenced.

**16. Retention of Claim Records and Supporting Documentation (continued)**

All documents used to support the reimbursable activities must be retained during the period subject to audit. If SCO has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2014-05

Accounting for Local Revenue Realignments – Program No. 359

April 30, 2014

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Accounting for Local Revenue Realignments (ALRR) program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On September 27, 2013, CSM adopted a Statement of Decision finding that the test claim statutes impose a partially reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county or city and county, as defined in GC section 17515, that incurs increased costs as a result of this mandate, is eligible to claim for reimbursement, with the following exception:

Beginning fiscal year 2006-07, the Revenue and Taxation Code section 97.75 authorizes counties to charge cities fees in an amount sufficient to pay for the administrative costs of the two reimbursable activities – the Vehicle License Fund (VLF) Swap and the Triple Flip. Therefore, reimbursement for the VLF Swap and Triple Flip must end in fiscal year 2006-07 for all counties. However, the City and County of San Francisco is not relieved of any incurred costs by the operation of the fee authority provided to the counties. The City and County of San Francisco continues to be eligible for reimbursement during and after the fiscal year 2006-07 for the VLF Swap and the Triple Flip.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the

retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: January 24, 2014

# PARAMETERS AND GUIDELINES

Health & Safety Code Sections 33681.12, 33681.13, 33681.14, 33681.15; Revenue & Taxation Code Sections 97.68, 97.70, 97.71, 97.72, 97.73, 97.75

Statutes 2003, Chapter 162; Statutes 2004, Chapter 211; Statutes 2004, Chapter 610

*Accounting for Local Revenue Realignments*

05-TC-01

County of Los Angeles, Claimant

## I. SUMMARY OF THE MANDATE

On September 27, 2013, the Commission on State Mandates (Commission) adopted a test claim statement of decision finding that the test claim statutes impose a partially reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

The test claim statutes shifted and swapped revenue in three areas: the Educational Revenue Augmentation Fund (ERAF) established by each county; the Vehicle License Fund (VLF) Swap, which was made permanent; and the "triple flip" of sales and use taxes to service debt payments on State Economic Recovery Bonds, "back-filled" from the ERAF, which was in turn replaced by direct subventions from the General Fund. The end result was a savings to the state of $1.3 billion.[1] The three revenue realignment programs created by the test claim statutes imposed reimbursable activities upon counties to establish new accounts within the treasury of the county, and to reduce and reallocate funds as directed by the statutes, and in amounts identified by the Department of Finance or the Controller, respectively. The test claim statutes do not, by the plain language, require counties to calculate, or to verify, the amounts required to be reduced during the 2004-2005 and 2005-2006 fiscal years, but the VLF Swap does require counties to calculate the adjustment amount beginning in the 2006-2007 fiscal year. None of the statutory exclusions from reimbursement found in section 17556 are applicable to these activities in the 2004-2005 and 2005-2006 fiscal years, but beginning in 2006-2007, all counties, except for the City and County of San Francisco, are authorized by Revenue and Taxation Code section 97.75 to charge cities within their jurisdiction fees in an amount sufficient to pay for the administrative costs of the VLF Swap and the Triple Flip required by sections 97.70 and 97.68 of the Revenue and Taxation Code. Therefore, reimbursement for the VLF Swap and Triple Flip must end in the 2006-2007 fiscal year for all counties, except the City and County of San Francisco, because they no longer incur increased costs mandated by the state, by virtue of their authority to charge the incurred costs to cities. However, because the City and County of San Francisco is not relieved of any incurred costs by the operation of the fee authority provided, the City and County continues to be eligible for reimbursement during and after the 2006-2007 fiscal year for the VLF Swap and the Triple Flip.

[1] Exhibit A, Test Claim Statement of Decision, at p. 2.

## II. ELIGIBLE CLAIMANTS

Any county, or city and county, which incurs increased costs as a result of this mandate, is eligible to claim reimbursement.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e), states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The County of Los Angeles filed the test claim on August 12, 2005, establishing eligibility for reimbursement for the 2004-2005 fiscal year. Therefore, costs incurred are reimbursable on or after July 1, 2004, or later periods for statutes or amendments enacted after July 1, 2004. Statutes 2003, chapter 162 (AB 1766) has an effective date of August 2, 2003, but does not require any activities until the beginning of fiscal year 2004-2005. Statutes 2004, chapter 211 (SB 1096) has an effective date of August 5, 2004. Statutes 2004, chapter 610 (AB 2115) has an effective date of September 20, 2004.

All activities under Revenue and Taxation Code sections 97.71, 97.72, 97.73, and Health and Safety Code sections 33681.12, 33681.13, and 33681.14 are mandated **only** for the 2004-2005 and 2005-2006 fiscal years, and therefore are no longer reimbursable after June 30, 2006. One remaining activity under Health and Safety Code section 33681.15, as discussed below, may, where applicable, result in state-mandated increased costs other than during fiscal years 2004-2005 and 2005-2006, and therefore may be reimbursable on or after July 1, 2006.

In addition, section 97.75 provides for fee authority for activities mandated by sections 97.68 and 97.70, beginning in fiscal year 2006-2007. Specifically, counties are authorized to charge the administrative costs of the Triple Flip and the VLF swap against their subordinate cities, beginning in fiscal year 2006-2007. The Commission determined in the test claim decision that the fee authority is sufficient to pay for the mandated program, within the meaning of Government Code section 17556(d), for all counties except for the City and County of San Francisco, which cannot, either legally or as a practical matter, avail itself of the fee authority granted. Therefore, the Commission found that reimbursement for the activities required by sections 97.68 and 97.70 ends, for all claimants except the City and County of San Francisco, on June 30, 2006.

The relevant period of reimbursement for each of the activities is specified below under section IV. Reimbursable Activities.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency filing an

annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Government Code section 17560(b).)

5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564(a).
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant that incurs increased costs, the following activities are reimbursable:

### A. ERAF III Shift

The following requirements of the test claim statutes impose a reimbursable state-mandated program upon all counties beginning in the 2004-2005 fiscal year.

1. ERAF Shift from Counties and Cities

   For 2004-2005 and 2005-2006 fiscal years only, beginning August 5, 2004:

   a. Reduce revenue otherwise required to be allocated to each county by the amounts listed in Revenue and Taxation Code section 97.71(a)(1), and deposit that amount in the county's ERAF.[2]

   b. Reduce revenue otherwise required to be allocated to a city and county by an amount identified by the Controller pursuant to Revenue and Taxation Code section 97.71(b)(2-3), and deposit that amount in the county's ERAF.[3]

[2] Revenue and Taxation Code section 97.71(a)(1); (c) (Stats. 2004, ch. 211 (AB 1096); Stats. 2004, ch. 610 (AB 2115)).

c. Reduce revenue otherwise required to be allocated to each city within the county by an amount identified by the Controller pursuant to Revenue and Taxation Code section 97.71(b)(2-3), and deposit that amount in the county's ERAF.[4]

d. Where applicable, accept from a city, in lieu of reduction of that city's revenues, an amount equal to the required reduction, and deposit those moneys in the county's ERAF.[5]

**Reimbursement is not required for** calculating the amounts of revenue otherwise required to be allocated to a city, county, or city and county, which must be reduced and deposited in the county ERAF.[6]

2. ERAF Shift from Special Districts

For fiscal years 2004-2005 and 2005-2006 only, beginning August 5, 2004:

a. Reduce the amount of ad valorem property tax otherwise required to be allocated to an enterprise special district, including an enterprise special district located in more than one county, in amounts determined by the Controller and received from the Director of Finance, for each enterprise special district in the county.[7]

b. Deposit the amounts reduced from each enterprise special district in the county's ERAF.[8]

c. Reduce the amount of ad valorem property tax otherwise required to be allocated to a nonenterprise special district, including a nonenterprise special district located in more than one county, in amounts determined by the Controller for each special district in each county.[9]

---

[3] Revenue and Taxation Code section 97.71(b); (c) (Stats. 2004, ch. 211 (AB 1096); Stats. 2004, ch. 610 (AB 2115)).

[4] Revenue and Taxation Code section 97.71(c) (Stats. 2004, ch. 211 (AB 1096); Stats. 2004, ch. 610 (AB 2115)).

[5] Revenue and Taxation Code section 97.71(b)(5) (Stats. 2004, ch. 211 (AB 1096); Stats. 2004, ch. 610 (AB 2115)).

[6] Revenue and Taxation Code section 97.71(a)(1); (b)(3) (Stats. 2004, ch. 211 (AB 1096); Stats. 2004, ch. 610 (AB 2115)).

[7] Revenue and Taxation Code section 97.72(a)(2) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004, ch. 610 (AB 2115)).

[8] Revenue and Taxation Code section 97.72(b) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004, ch. 610 (AB 2115)).

[9] Revenue and Taxation Code section 97.73(a)(2) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004, ch. 610 (AB 2115)).

d. Deposit the amounts reduced from each nonenterprise special district in the county's ERAF.[10]

**Reimbursement is not required for** calculating the amounts of ad valorem property tax otherwise required to be allocated to an enterprise or nonenterprise special district which must be reduced and deposited in the county ERAF.[11]

3. ERAF Shift from Redevelopment Agencies

For fiscal years 2004-2005 and 2005-2006 only, beginning August 5, 2004:

a. Receive funds directly from a redevelopment agency in the amount identified by the Director of Finance, and deposit those funds in the county's ERAF.[12]

b. Receive from the legislative body of the community associated with a redevelopment agency by March 1 of the applicable fiscal year, a report as to how the redevelopment agency intends to secure the funds required to be transferred to the county.[13]

c. If a redevelopment agency fails to transmit the full amount of funds required by section 33681.12, is precluded by court order from transmitting that amount, or is otherwise unable to meet its full obligation pursuant to section 33681.12 the county auditor, by no later than May 15 of the applicable fiscal year, shall transfer any amount necessary to meet the obligations determined under section 33681.12 from the legislative body's allocations pursuant to Chapter 6 (commencing with section 95) of the Revenue and Taxation Code.[14]

d. If the legislative body of the community associated with a redevelopment agency, pursuant to section 33681.12(d), reported to the county auditor that it intended to remit the amount required on behalf of the redevelopment agency and the legislative body fails to transmit the full amount as authorized by section 33681.12 by May 10 of the applicable fiscal year: the county auditor shall, no later than May 15 of the applicable fiscal year, transfer an amount necessary to meet the redevelopment agency's obligation pursuant to section 33681.12 from the legislative body's allocations pursuant to Chapter 6 (commencing with section 95) of the Revenue and Taxation Code. If the amount of the legislative body's allocations are not sufficient to meet the redevelopment agency's obligation pursuant to section 33681.12, the county auditor shall transfer an additional

[10] Revenue and Taxation Code section 97.73(b) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004, ch. 610 (AB 2115)).

[11] Revenue and Taxation Code sections 97.72(a)(2); 97.73(a)(2) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004, ch. 610 (AB 2115)).

[12] Health and Safety Code section 33681.12(a)(1) (added by Stats. 2004, ch. 211 (SB 1096); amended by Stats 2004, ch. 610 (AB 2115)).

[13] Health and Safety Code section 33681.12(d) (added by Stats. 2004, ch. 211 (SB 1096); amended by Stats 2004, ch. 610 (AB 2115)).

[14] Health and Safety Code section 33681.13(e) (added by Stats. 2004, ch. 211 (SB 1096)

amount necessary to meet the redevelopment agency's obligation from the property tax increment revenue apportioned to the redevelopment agency pursuant to section 33670, provided that no moneys allocated to the agency's Low and Moderate Income Housing Fund shall be used for this purpose.[15]

**Reimbursement is not required** to calculate the amount of moneys to be remitted to the county auditor by a redevelopment agency.[16]

4. ERAF Shift from Redevelopment Agencies

   Beginning September 20, 2004:

   If a redevelopment agency enters into an agreement with an authorized issuer, as defined, pursuant to section 33681.15, in order to obtain a loan, financed by bonds, to make the payment required by section 33681.12 to the county auditor for deposit in the county's ERAF, the county auditor shall receive a schedule of payments for that loan. And in the event the redevelopment agency fails to timely repay the loan in accordance with the schedule, the county auditor shall receive notification from the trustee for the bonds of the amount that is past due. The county auditor shall then reallocate funds from the legislative body of the community associated with a redevelopment agency and shall pay to the authorized issuer, on behalf of the redevelopment agency, the past due amount on the loan from the first available proceeds of the property tax allocation that would otherwise be transferred to the legislative body pursuant to Chapter 6 (commencing with section 95) of Part 0.5 of Division 1 of the Revenue and Taxation Code. This transfer shall be deemed a reallocation of the property tax revenue from the legislative body to the agency for the purpose of payment of the loan, and not as a payment by the legislative body on the loan.[17]

**B. Vehicle License Fee Swap**

The following requirements of the test claim statutes impose a reimbursable state-mandated program upon *all counties for the 2004-2005 and 2005-2006 fiscal years*, beginning August 5, 2004, and for the *City and County of San Francisco ONLY, continuing in the 2006-2007 fiscal year*.

1. Establish a Vehicle License Fee Property Tax Compensation Fund in the treasury of the county.[18] This is a one-time activity, by definition.
2. Reduce the total amount of ad valorem property tax otherwise required to be allocated to a county's ERAF by the countywide vehicle license fee adjustment amount.[19]

---

[15] Health and Safety Code section 33681.14(c) (added by Stats. 2004, ch. 211 (SB 1096)).

[16] Health and Safety Code section 33681.12 (added by Stats. 2004, ch. 211 (SB 1096); amended by Stats 2004, ch. 610 (AB 2115)).

[17] Health and Safety Code section 33681.15(e-g) (added by Stats 2004, ch. 610 (AB 2115)).

[18] Revenue and Taxation Code section 97.70(a)(2) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)).

3. If, after performing the adjustments and allocations required by section 97.68, there is not enough ad valorem property tax revenue that is otherwise required to be allocated to a county ERAF for the auditor to complete the allocation reduction, the auditor shall also reduce the total amount of ad valorem property tax revenue otherwise required to be allocated to all school districts and community college districts in the county, in order to produce the remainder of the countywide vehicle license fee adjustment amount. Reductions to school districts and community college districts shall be made in proportion to each district's share of total ad valorem property tax revenue. School districts and community college districts subject to reductions when ERAF moneys are insufficient shall not include any districts that are excess tax school entities, as defined in Revenue and Taxation Code section 95.[20]

4. Allocate the countywide vehicle license fee adjustment amount to the Vehicle License Fee Property Tax Compensation Fund established in the treasury of each county.[21]

5. Allocate the moneys in the Vehicle License Fee Property Tax Compensation Fund to each city in the county, and to the county or city and county, based on each entity's vehicle license fee adjustment amount.[22] Allocate one-half of the entity's vehicle license fee adjustment amount on or before January 31 of each fiscal year, and the other one-half on or before May 31 of each fiscal year.[23]

6. On or before June 30 of each fiscal year, report to the Controller the vehicle license fee adjustment amount for the county and each city in the county for that fiscal year.[24]

**Reimbursement for activities B 1-6 is not required for** calculating each entity's vehicle license fee adjustment amount for the 2004-2005 and 2005-2006 fiscal years.[25]

7. For the City and County of San Francisco only: Beginning in the 2006-2007 fiscal year calculate each entity's vehicle license fee adjustment amount, and the countywide vehicle license fee adjustment amount, defined as the sum of the vehicle

---

[19] Revenue and Taxation Code section 97.70(a)(1)(A) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)).

[20] Revenue and Taxation Code section 97.70(a)(1)(B) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)).

[21] Revenue and Taxation Code section 97.70(a)(2) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)).

[22] Revenue and Taxation Code section 97.70(b)(1) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)).

[23] Revenue and Taxation Code section 97.70(b)(2) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)).

[24] Revenue and Taxation Code section 97.70(c)(3) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)).

[25] Revenue and Taxation Code section 97.76 (added, Stats. 2004, ch. 211 (SB 1096); amended Stats. 2004, ch. 610 (AB 2115)).

license fee adjustment amounts of all entities in the county, pursuant to section 97.70(c)(1)(C).[26]

This activity includes increasing the prior year's vehicle license fee adjustment amount for each entity based on the percentage change from the prior fiscal year to the current fiscal year in gross taxable assessed valuation within the jurisdiction of the entity, as reflected in the equalized assessment roll for those fiscal years.

**C. Triple Flip**

The following requirements of the test claim statutes impose a reimbursable state-mandated program upon *all counties for the 2004-2005 and 2005-2006 fiscal years*, and for the *City and County of San Francisco ONLY, continuing in the 2006-2007 fiscal year*.

1. Establish a Sales and Use Tax Compensation Fund in the treasury of the county.[27] This is a one-time activity, by definition.

2. During the fiscal adjustment period, reduce, by the countywide adjustment amount provided by the Department of Finance, the amount otherwise required to be allocated to a county's ERAF, and deposit that amount in the Sales and Use Tax Compensation Fund.[28]

   **Reimbursement is not required** to calculate the countywide adjustment amount; the amount is annually estimated by the Department of Finance, pursuant to section 97.68(b)(2), except in a fiscal year in which the suspension of 0.25 percent taxing authority is ended, pursuant to Revenue and Taxation Code section 7203.1.

3. During the fiscal adjustment period, allocate revenues in the Sales and Use Tax Compensation Fund among the county and the cities in the county pursuant to the portions of the countywide adjustment amount identified by the Department of Finance for each city and for the county. Allocate one half of the amount identified for each city and for the county in each January during the fiscal adjustment period, and one half the amount identified for each city and for the county in each May during the fiscal adjustment period.[29]

   **Reimbursement is not required** to calculate the portion of the countywide adjustment amount attributable to the county and each city within the county; the amounts are provided by the Department of Finance, pursuant to section 97.68(c)(1), and recalculated after the end of each fiscal year, pursuant to section 97.68(c)(3),

---

[26] Revenue and Taxation Code section 97.70(c)(1)(C) (Stats. 2004, ch. 211 (SB 1096); Stats. 2004 ch. 610 (AB 2115)). See also Revenue and Taxation Code section 97.76 (Stats. 2004, ch. 211 (SB 1096)).

[27] Revenue and Taxation Code section 97.68(a)(2) (Stats.2003, ch. 162 (AB 1766); Stats. 2004, ch. 211 (SB 1096)).

[28] Revenue and Taxation Code section 97.68(a-b) (Stats. 2003, ch. 162 (AB 1766); Stats. 2004, ch. 211 (SB 1096)).

[29] Revenue and Taxation Code section 97.68(c) (Stats. 2003, ch. 162 (AB 1766); Stats. 2004, ch. 211 (SB 1096)).

except a fiscal year in which the suspension of 0.25 percent taxing authority is ended, pursuant to Revenue and Taxation Code section 7203.1.

4. If the amount recalculated by the Department of Finance after the end of each fiscal year based on the actual amount of sales and use taxes not transmitted for the prior fiscal year is greater than the amount allocated to a city or to the county based on the portion of the countywide adjustment amount estimated by the Department of Finance, transfer an amount of ad valorem property tax revenue equal to this difference from the Sales and Use Tax Compensation Fund to that local agency.[30]

5. If the amount recalculated by the Department of Finance after the end of each fiscal year based on the actual amount of sales and use taxes not transmitted for the prior fiscal year is less than the amount allocated to a city or to the county based on the portion of the countywide adjustment amount estimated by the Department of Finance, in the fiscal year following the fiscal year for which the allocation was made, reduce the total amount of ad valorem property tax revenue otherwise allocated to that city or county from the Sales and Use Tax Compensation Fund by an amount equal to this difference and instead allocate this difference to the county ERAF.[31]

6. If there is an insufficient amount of moneys in a county's Sales and Use Tax Compensation Fund to make the necessary transfers, transfer from the county ERAF to the Sales and Use Tax Compensation Fund an amount sufficient to make the full amount of these transfers.[32]

7. If the suspension of sales and use tax authority under section 7203.1 ceases to be operative on October 1 of any fiscal year:

    a. Allocate that portion of the countywide adjustment amount attributable to the county and each city within the county on or before January 31 of that fiscal year. The countywide adjustment amount shall be defined as the combined total revenue loss to the county and each city within the county, as estimated by the director of the Department of Finance based on the prior year's *first quarter* sales and use tax revenues transmitted under section 7204; *plus* the difference between 1) the total amount allocated from the Sales and Use Tax Compensation Fund among the county and the cities in the county pursuant to the portions of the countywide adjustment amount identified by the Department of Finance in the prior year; and 2) the actual amount of sales and use tax not transmitted to all entities in the county for the prior year as a result of the 0.25% suspension of local sales and use tax authority.

    b. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is greater than the actual total amount of local sales and use tax revenue that was not transmitted to the entity for the prior fiscal year as a result of the 0.25

[30] *Ibid.*

[31] *Ibid.*

[32] *Ibid.*

percent suspension of local sales and use tax authority applied by Section 7203.1, on or before January 31 of the following fiscal year, reallocate from the entity to the county ERAF the difference between those amounts.

c. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is less than the actual total amount of local sales and use tax revenue that was not transmitted to the entity for the prior fiscal year as a result of the 0.25 percent suspension of local sales and use tax authority applied by Section 7203.1, on or before January 31 of the following fiscal year, reallocate from the county ERAF to that entity the difference between those amounts.[33]

**Reimbursement is not required, under Section 97.68(d)(1),** to calculate or identify countywide adjustment amount, or the portion attributable to the county and to each city within the county, or the difference between the countywide adjustment amounts allocated to the county and to each city and the actual sales and use tax revenues not transmitted to the county and to each city as a result of the suspension of sales and use tax authority; the county auditor shall be notified of those amounts by the director of the Department of Finance.[34]

8. If the suspension of sales and use tax authority under section 7203.1 ceases to be operative on January 1 of any fiscal year:

   a. Allocate that portion of the countywide adjustment amount attributable to the county and each city within the county; one half of the amount on or before January 31 of that fiscal year, and the remaining half of the amount on or before May 31 of that fiscal year. The countywide adjustment amount shall be defined as the combined total revenue loss to the county and each city within the county, as estimated by the director of the Department of Finance based on the sales and use tax revenues transmitted under section 7204 for the *first two quarters* of the prior fiscal year as determined by the Board of Equalization and reported to the director on or before that August 15; *plus* the difference between the total amount allocated to all entities in the county in the prior year and the actual amount of sales and use tax not transmitted to all entities in the county for the prior year.

   b. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is greater than the actual total amount of local sales and use tax revenue that was not transmitted to the entity for the prior fiscal year as a result of the 0.25 percent suspension of local sales and use tax authority applied by section 7203.1, on or before January 31 of the following fiscal year, reallocate from the entity to the county ERAF the difference between those amounts.

   c. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is less than the actual total amount of local sales and use tax revenue that was not

[33] Revenue and Taxation Code section 97.68(d)(1) (Stats. 2004, ch. 211 (SB 1096)).

[34] Revenue and Taxation Code section 97.68(d)(1)(C)(ii) (Stats. 2004, ch. 211 (SB 1096)).

transmitted to the entity for the prior fiscal year as a result of the 0.25 percent suspension of local sales and use tax authority applied by section 7203.1, on or before January 31 of the following fiscal year, reallocate from the county ERAF to that entity the difference between those amounts.[35]

**Reimbursement is not required, under Section 97.68(d)(2),** to calculate or identify countywide adjustment amount, or the portion attributable to the county and to each city within the county, or the difference between the countywide adjustment amounts allocated to the county and to each city and the actual sales and use tax revenues not transmitted to the county and to each city as a result of the suspension of sales and use tax authority; the county auditor shall be notified of those amounts by the director of the Department of Finance.[36]

9. If the suspension of sales and use tax authority under section 7203.1 ceases to be operative on April 1 of any fiscal year:

   a. Reduce the amount otherwise required to be allocated in May of that fiscal year from the Sales and Use Tax Compensation Fund by the amount reported by director representing that portion of the countywide adjustment amount attributable to the estimated sales and use tax revenue losses resulting from the rate suspension applied by section 7203.1 for the fourth quarter of that fiscal year for the county and each city in the county.

   b. After May allocations have been made, transfer any moneys remaining in the county Sales and Use Tax Compensation Fund to the county ERAF.

   c. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is greater than the actual total amount of local sales and use tax revenue that was not transmitted to the entity for the prior fiscal year as a result of the 0.25 percent suspension of local sales and use tax authority applied by section 7203.1, on or before January 31 of that fiscal year, reallocate from the entity to the county ERAF the difference between those amounts.

   d. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is less than the actual total amount of local sales and use tax revenue that was not transmitted to the entity for the prior fiscal year as a result of the 0.25 percent suspension of local sales and use tax authority applied by section 7203.1, on or before January 31 of the following fiscal year, reallocate from the county ERAF to that entity the difference between those amounts.[37]

**Reimbursement is not required, under Section 97.68(d)(3),** to calculate or identify countywide adjustment amount, or the portion attributable to the county and to each city within the county, or the difference between the countywide adjustment amounts

[35] Revenue and Taxation Code section 97.68 (d)(2) (Stats. 2004, ch. 211 (SB 1096)).

[36] Revenue and Taxation Code section 97.68(d)(2)(C)(ii) (Stats. 2004, ch. 211 (SB 1096)).

[37] Revenue and Taxation Code section 97.68(d)(3) (Stats. 2004, ch. 211 (SB 1096)).

allocated to the county and to each city and the actual sales and use tax revenues not transmitted to the county and to each city as a result of the suspension of sales and use tax authority; the county auditor shall be notified of those amounts by the director of the Department of Finance.[38]

10. If the suspension of sales and use tax authority under section 7203.1 ceases to be operative on July 1 of any fiscal year:

    a. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is greater than the actual total amount of local sales and use tax revenue that was not transmitted to the entity for the prior fiscal year as a result of the 0.25 percent suspension of local sales and use tax authority applied by section 7203.1, on or before January 31 of that fiscal year, reallocate from the entity to the county ERAF the difference between those amounts.

    b. If, for any county or city, the portion of the countywide adjustment amount allocated to that entity from the Sales and Use Tax Compensation Fund is less than the actual total amount of local sales and use tax revenue that was not transmitted to the entity for the prior fiscal year as a result of the 0.25 percent suspension of local sales and use tax authority applied by section 7203.1, on or before January 31 of the following fiscal year, reallocate from the county ERAF to that entity the difference between those amounts. [39]

    **Reimbursement is not required, under Section 97.68(d)(4),** to calculate or identify countywide adjustment amount, or the portion attributable to the county and to each city within the county, or the difference between the countywide adjustment amounts allocated to the county and to each city and the actual sales and use tax revenues not transmitted to the county and to each city as a result of the suspension of sales and use tax authority; the county auditor shall be notified of those amounts by the director of the Department of Finance.[40]

All other test claim statutes and allegations not specifically approved above do not result in a reimbursable state-mandated program subject to article XIII B, section 6 of the California Constitution and are, therefore, denied.

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

[38] Revenue and Taxation Code section 97.68(d)(3)(C)(ii) (Stats. 2004, ch. 211 (SB 1096)).

[39] Revenue and Taxation Code section 97.68(d)(4) (Stats. 2004, ch. 211 (SB 1096)).

[40] Revenue and Taxation Code section 97.68(d)(4)(B)(2) (Stats. 2004, ch. 211 (SB 1096)).

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets

Report the purchase price paid for fixed assets (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1., Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 CFR Part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5(a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[41] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in section IV, must be retained during the period subject to audit. If an audit has been initiated by

[41] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The statements of decision adopted for the test claim and parameters and guidelines are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record. The administrative record is on file with the Commission.

| PROGRAM 359 | ACCOUNTING FOR LOCAL REVENUE REALIGNMENTS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00359<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1. (g) | |
| County of Location | | | (23) FORM 1, (04) A. 2. (g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) A. 3. (g) | |
| City | State | Zip Code | (25) FORM 1, (04) A. 4. (g) | |
| | | **Type of Claim** | (26) FORM 1, (04) B. 1. (g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) B. 2. (g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (04) C. 1. (g) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (04) C. 2. (g) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (06) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (07) | |
| Less: **10% Late Penalty (refer to attached Instructions)** | | (14) | (32) FORM 1, (09) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) FORM 1, (10) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

_____ Telephone Number _____

_____ Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

_____ Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

_____ Email Address _____

| PROGRAM 359 | ACCOUNTING FOR LOCAL REVENUE REALIGNMENTS<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (33) Bring forward the cost information as specified on the left-hand column of lines (22) through (33) for the reimbursement claim, e.g., Form 1, (04) A.1. (g), means the information is located on Form 1, block (04), line A.1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(34) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 359 | ACCOUNTING FOR LOCAL REVENUE REALIGNMENTS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20 ___ /20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel | (g) Total |
| **A. ERAF III Shift** | | | | | | | |
| 1. ERAF Shift from Counties and Cities for *FYs 2004-05 and 2005-06 only, beginning 8/5/04.* | | | | | | | |
| 2. ERAF Shift from Special Districts for *FYs 2004-05 and 2005-06 only, beginning 8/5/04.* | | | | | | | |
| 3. ERAF Shift from Redevelopment Agencies for *FYs 2004-05 and 2005-06 only, beginning 8/5/04.* | | | | | | | |
| 4. ERAF Shift from Redevelopment Agencies, *beginning 9/20/04.* | | | | | | | |
| **B. Vehicle License Fee (VLF) Swap** | | | | | | | |
| 1. Establish a VLF Property Tax Compensation Fund in the treasury of the county. *(Activity 1: **One-time activity**)* | | | | | | | |
| 2. VLF Swap activities for the City and County of San Francisco **ONLY**. *(Please refer to pages 6 and 7, activities 2 through 7, of the Ps & Gs.)* | | | | | | | |
| **C. Triple Flip** | | | | | | | |
| 1. Establish a Sales and Use Tax Compensation Fund in the treasury of the county. *(Activity 1: **One-time activity**)* | | | | | | | |
| 2. Triple Flip activities for the City and County of San Francisco **ONLY**. *(Please refer to pages 8 through 12, activities 2 through 10, of the Ps & Gs.)* | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 359 | ACCOUNTING FOR LOCAL REVENUE REALIGNMENTS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

**Please refer to pages 3 through 12 of the Parameters and Guidelines (P's & G's) for a detailed description of the reimbursable activities.**

Reimbursable Activity A.4. includes activity 4 in section *A. ERAF III Shift* of the P's & G's.

Reimbursable Activity B.1. includes activity 1 in section *B. Vehicle License Fee Swap* of the P's & G's.

Reimbursable Activity B.2. includes activities 2 through 7 in section *B. Vehicle License Fee Swap* of the P's & G's.

Reimbursable Activity C.1. includes activity 1 in section *C. Triple Flip* of the P's & G's.

Reimbursable Activity C.2. includes activities 2 through 10 in section *C. Triple Flip* of the P's & G's.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 359 | ACCOUNTING FOR LOCAL REVENUE REALIGNMENTS<br>ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. ERAF III Shift**

N/A 1. ERAF Shift from Counties and Cities for *FYs 2004-05 and 2005-06 only, beginning 8/5/04.*

N/A 2. ERAF Shift from Special Districts for *FYs 2004-05 and 2005-06 only, beginning 8/5/04.*

N/A 3. ERAF Shift from Redevelopment Agencies for *FYs 2004-05 and 2005-06 only, beginning 8/5/04.*

☐ 4. ERAF Shift from Redevelopment Agencies, beginning 9/20/04.

**B. Vehicle License Fee (VLF) Swap**

☐ 1. Establish a VLF Property Tax Compensation Fund in the treasury of the county. ***(****Activity 1:* ***One-time activity)***

☐ 2. VLF Swap activities for the City and County of San Francisco **ONLY**. *(Please refer to pages 6 and 7, activities 2 through 7, of the Ps & Gs.)*

**C. Triple Flip**

☐ 1. Establish a Sales and Use Tax Compensation Fund in the treasury of the county. ***(****Activity 1:* ***One-time activity)***

☐ 2. Triple Flip activities for the City and County of San Francisco **ONLY**. *(Please refer to pages 8 through 12, activities 2 through 10, of the Ps & Gs.)*

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 359 | ACCOUNTING FOR LOCAL REVENUE REALIGNMENTS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| **Object Accounts** | **Columns** | | | | | | | | | **Submit supporting documents with the claim** |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost= Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor<br>Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost x Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate Mileage Rate Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2004-01

Administrative License Suspension – Per Se – Program No. 246

February 6, 2004

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Administrative License Suspension program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On August 29, 2002, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: December 2, 2003

# PARAMETERS AND GUIDELINES

Vehicle Code Sections 13202.3, 13353, 13353.1,13353.2, 14100, 23136, 23137[1], 23157[2], 23158.2[3], and 23158.5[4]

Statutes 1989, Chapter 1460
Statutes 1990, Chapter 431
Statutes 1992, Chapter 1281
Statutes 1993, Chapters 899 and 1244
Statutes 1994, Chapter 938
Statutes 1997, Chapter 5

*Administrative License Suspension – Per Se* (98-TC-16)

## I. SUMMARY OF THE MANDATE

The *Administrative License Suspension* legislation became effective on July 1, 1990. Generally, the test claim legislation authorizes a peace officer, on behalf of the Department of Motor Vehicles (DMV), to immediately seize a valid California driver's license in the possession of a person arrested or detained for driving under the influence of alcohol (DUI), immediately serve an order of suspension or revocation, and issue a temporary driver's license to the driver.

The Commission on State Mandates partially approved this test claim pursuant to article XIII B, section 6 of the California Constitution, and Government Code section 17514, for the increased costs in performing the following activities:

A. Admonishing those drivers, detained under Vehicle Code section 23136 and not ultimately arrested for having a concentration of alcohol in their blood in violation of a DUI statute, that the failure to submit to, or the failure to complete, a preliminary alcohol screening test or other chemical test as requested will result in the suspension or revocation of the driver's license.

B. Requesting and administering the alcohol screening test on minors that are detained pursuant to Vehicle Code sections 23136 and 23137 and are not ultimately arrested for having a concentration of alcohol in their blood in violation of a DUI statute.

C. Taking possession of any driver's license issued by the state and serving the notice of order of suspension or revocation, with the temporary driver's license endorsed on the back of the notice, on the driver if the driver refuses or fails to complete the chemical test,

---

[1] Renumbered to 13388 (Stats. 1998, ch. 118).

[2] Renumbered to 23612 (Stats. 1999, ch. 22).

[3] Renumbered to 13380 (Stats. 1998, ch. 118).

[4] Renumbered to 13382 (Stats. 1998. ch. 118).

or has been found to have a concentration of alcohol in the blood in violation of the DUI statutes, as specified in Vehicle Code sections 23137, 23157, 23158.5, 13353, 13353.1, and 13353.2.

D. Issuing the non-English notice developed under Vehicle Code section 14100 when appropriate.

E. Completing a sworn report in accordance with Vehicle Code section 23158.2 for those drivers that are arrested or detained with a blood alcohol concentration higher than the legal limits, and for detained minors who refuse or fail to complete the required preliminary alcohol screening test or other chemical test.

F. Submitting a copy of the completed notice of order of suspension, driver's license, and sworn report to the DMV pursuant to Vehicle Code sections 23137, 23157, 23158.2, and 23158.5.

G. Informing a person arrested for a specified controlled substance offense of the driver's license sanctions either orally or in writing, and indicating that the information was provided orally to the person on the arrest report or notice to appear, or attaching the written notice to the arrest report or notice to appear pursuant to Vehicle Code section 13202.3.

The Commission also found that the following activities were not reimbursable pursuant to article XIII B, section 6 of the California Constitution:

- The collection of evidence, including the vehicle stop, administering all field sobriety tests, administering the evidentiary chemical test, and completing the police report, pursuant to Vehicle Code section 23157 are directly related to the enforcement of a crime or infraction and, thus, are not subject to article XIII B, section 6.
- Forwarding the results of a blood or urine test to the appropriate forensic laboratory pursuant to Vehicle Code sections 23137 and 23157 does not constitute a new program or higher level of service, and thus, reimbursement is not required under article XIII B, section 6.
- The peace officer's time when subpoenaed for the administrative hearings pursuant to Vehicle Code sections 13557, 13558, and 14100 does not constitute a new program or higher level of service, and thus, reimbursement is not required under article XIII B, section 6.

## II. ELIGIBLE CLAIMANTS

Any city, county, and city and county that incurs increased costs as a result of this reimbursable state mandated program is eligible to claim reimbursement of those costs.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557, as amended by Statutes 1998, chapter 681, states that a test claim shall be submitted on or before June 30 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. The City of Newport Beach filed the test claim on June 11, 1999. Therefore, costs incurred on or after July 1, 1997, in compliance with Statutes 1989, chapter 1460; Statutes 1990, chapter 431; Statutes 1992, chapter 1281;

Statutes 1993, chapters 899 and 1244; Statutes 1994, chapter 938, and Statutes 1997, chapter 5[5] are eligible for reimbursement.

Vehicle Code section 13202.3, which was added by Statutes 1997, chapter 5, became inoperative on June 30, 1999, and was repealed on January 1, 2000. Therefore, costs incurred in compliance with Statutes 1997, chapter 5 are reimbursable on or after July 1, 1997, through June 30, 1999.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of notification by the State Controller of the issuance of claiming instructions.

If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. For activities A through C below, actual costs shall be claimed based on the uniform cost allowance adopted by the Commission. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, notices of order of suspension or revocation, sworn reports, arrest reports, notices to appear, employee time records or time logs, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), activity logs, purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

---

[5] Statutes 1997, chapter 5 became effective on April 15, 1997. However, the test claim for this mandate was filed on June 11, 1999, and thus, costs incurred in compliance with the mandate are reimbursable beginning July 1, 1997.

A. Minors (under the age of 21) that Are *Detained* But *Not Ultimately Arrested* for Violation of a DUI Statute (Blood Alcohol Level of 0.01 Percent or Greater (Veh. Code, § 23136).)

*Claimants are not eligible for reimbursement for these activities if the driver under the age of 21 is arrested for violation of a DUI statute.*

1. Admonishing those drivers, detained under Vehicle Code section 23136 and *not ultimately arrested* for having a concentration of alcohol in their blood in violation of a DUI statute, that the failure to submit to, or the failure to complete, a preliminary alcohol screening test or other chemical test as requested will result in the suspension or revocation of the driver's license. (Veh. Code, § 23136.)
2. Requesting and administering the alcohol screening test on minors that are detained pursuant to Vehicle Code sections 23136 and 23137 and are *not ultimately arrested* for having a concentration of alcohol in their blood in violation of a DUI statute. (Veh. Code, §§ 23136 and 23137.)
3. Taking possession of any driver's license issued by the state and serving the notice of order of suspension or revocation on the detained minor if the driver refuses or fails to complete the chemical test, or has been found to have a concentration of alcohol in the blood in violation of Vehicle Code section 23136. This activity includes providing the non-English notice, when appropriate, and issuing the temporary driver's license endorsed on the back of the notice. (Veh. Code, §§ 13353, 13353.1, 13353.2, 14100, 23137, 23157, and 23158.5.)
4. Completing a sworn report for those minors detained under Vehicle Code section 23136. (Veh. Code, § 23158.2.)
5. Submitting a copy of the completed notice of order of suspension, driver's license, and sworn report to the DMV. (Veh. Code, §§ 23137, 23157, 23158.2, and 23158.5.)

B. All Drivers (Adults and Minors) that *Are Arrested* for Violation of a DUI Statute (Blood Alcohol Level of 0.08 Percent or Greater for Adults (Veh. Code, §§ 23152 and 23153) and Blood Alcohol Level of 0.05 Percent or Greater for Minors (Veh. Code § 23140).)

1. Taking possession of any driver's license issued by the state and serving the notice of order of suspension or revocation on the driver if the driver refuses or fails to complete the chemical test, or has been found to have a concentration of alcohol in the blood in violation of Vehicle Code sections 23140, 23152 and 23153. This activity includes providing the non-English notice, when appropriate, and issuing the temporary driver's license endorsed on the back of the notice. (Veh. Code, §§ 13353, 13353.1, 13353.2, 14100, 23137, 23157, and 23158.5.)
2. Completing a sworn report for those drivers that are arrested with a blood alcohol concentration higher than the legal limits. (Veh. Code, § 23158.2.)
3. Submitting a copy of the completed notice of order of suspension, driver's license, and sworn report to the DMV. (Veh. Code, §§ 23137, 23157, 23158.2, and 23158.5.)

C. Drivers Arrested for a Specified Controlled Substance Offense

1. Informing a person arrested for a specified controlled substance offense of the driver's license sanctions of suspension or delay of driving privileges either orally or in writing. If

the information is provided orally, indicating on the arrest report or on the notice to appear the time and date that the information was provided. If the information is provided in written form, attaching the written form to the arrest report or notice to appear. Preparing the arrest report and/or the notice to appear is not reimbursable. (Veh. Code, § 13202.3, subd. (e).) *(Reimbursement period: July 1, 1997 – June 30, 1999.)*[6]

## V. CLAIM PREPARATION AND SUBMISSION

Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Uniform Allowances (Time)

The uniform time allowances cover the cost of the salaries and benefits of the employees performing the activities listed in section IV. of these parameters and guidelines. For purposes of the following calculations, productive hours means: "Time spent performing any kind of mental or physical work. Paid leave is not included."

1. Minors (under the age of 21) that Are *Detained* But *Not Ultimately Arrested* for Violation of a DUI Statute (Blood Alcohol Level of 0.01 Percent or Greater (Veh. Code, § 23136).)

   a. For activities IV. A. 1. and IV. A. 2., multiply as follows:

      (*the number of cases*) x (***0.2667 hours***[7]) x (*the productive hourly rate* [total wages and related benefits divided by productive hours] *for employees performing the reimbursable activities*).

   b. For activities IV. A. 3. through IV. A. 5., multiply as follows:

      (*the number of cases*) x (***0.2500 hours***[8]) x (*the productive hourly rate* [total wages and related benefits divided by productive hours] *for employees performing the reimbursable activities*).

2. All Drivers (Adults and Minors) that *Are Arrested* for Violation of a DUI Statute (Blood Alcohol Level of 0.08 Percent or Greater for Adults (Veh. Code, §§ 23152 and 23153) and Blood Alcohol Level of 0.05 Percent or Greater for Minors (Veh. Code § 23140).)

   a. For activities IV. B. 1. through IV. B. 3., multiply as follows:

      (*the number of cases*) x (***0.2500 hours***[9]) x (*the productive hourly rate* [total wages and related benefits divided by productive hours] *for employees performing the reimbursable activities*).

---

[6] This activity was added by the Legislature by Statutes 1997, chapter 5 and became effective on April 15, 1997. Vehicle Code section 13202.3 became inoperative on June 30, 1999, and was repealed on January 1, 2000.

[7] Equivalent to 16 minutes.

[8] Equivalent to 15 minutes.

[9] Equivalent to 15 minutes.

3. Drivers Arrested for a Specified Controlled Substance Offense

   a. For activity IV. C. 1., multiply as follows:[10]

      (*the number of cases*) x (***0.0083 hours***[11]) x (*the productive hourly rate* [total wages and related benefits divided by productive hours] *for employees performing the reimbursable activity*).

The Commission has not identified any circumstances that would cause an eligible claimant to incur additional costs to perform the reimbursable activities in section IV. of these parameters and guidelines, which have not already been incorporated in the uniform time allowance. Eligible claimants incurring any such costs within the scope of the reimbursable activities may submit a request to amend the parameters and guidelines to the Commission for such costs to be approved for reimbursement, subject to the provisions of California Code of Regulations, title 2, section 1183.2.

B. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. Direct costs that are eligible for reimbursement in addition to the uniform time allowances are:

1. Materials and Supplies

   Report the cost of *postage and envelopes* that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

C. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

---

[10] Activity IV. F. is only reimbursable through June 30, 1999.

[11] Equivalent to 30 seconds.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[12] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, including fees collected pursuant to Vehicle Code section 14905; federal funds and other state funds; and grant monies received by the state and passed through to local agencies (obtained by Public Law 100-690, which added United States Code, title 23, sections 408 and 410), shall be identified and deducted from this claim.

---

[12] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| PROGRAM 246 | ADMINISTRATIVE LICENSE SUSPENSION – PER SE CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00246<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1. (h) | |
| County of Location | | | (23) FORM 1, (04) A. 2. (h) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) B. 1. (h) | |
| City | State | Zip Code | (25) FORM 1, (06) | |
| | | **Type of Claim** | (26) FORM 1, (07) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (09) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (10) | |
| | (05) | (11) Amended ☐ | (29) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

_____ Telephone Number _____

_____ Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

_____ Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

_____ Email Address _____

| PROGRAM 246 | ADMINSTRATIVE LICENSE SUSPENSION – PER SE<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was timely filed. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (28) Bring forward the cost information as specified on the left-hand column of lines (22) through (28) for the reimbursement claim, e.g., Form 1, (04) A. 1. (h), means the information is located on Form 1, block (04), line A. 1., column (h). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(29) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 246 | ADMINISTRATIVE LICENSE SUSPENSION – PER SE<br>CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20__ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Number of Cases | (b) Uniform Time Allowance (hours) | (c) Salary Hourly Rate | (d) Benefit Rate | (e) Subtotal Salaries (a) x (b) x (c) | (f) Subtotal Benefits (d) x (e) | (g) Materials & Supplies | (h) Total (e) + (f) + (g) |
| **A. Minors Detained but Not Arrested** | | | | | | | | |
| 1. Admonish Drivers/Screen Tests on Minors (IV. A. 1. & 2.) | | 0.2667 | | | | | | |
| 2. Seize Licenses & Serve Notices/ Completing Sworn Reports/Submit Reports to DMV (IV. A. 3. to A. 5.) | | 0.2500 | | | | | | |
| **B. Arrested Drivers for Violation of DUI Statute** | | | | | | | | |
| 1. Seize Licenses & Serve Notices/ Completing Sworn Reports/Submitting Reports to DMV (IV. B. 1. to B. 3.) | | 0.2500 | | | | | | |
| (05) Total Direct Costs | | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Line (06) x line (05)(e)] | |
| (08) Total Direct and Indirect Costs | [Line (05)(h) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 246 | ADMINISTRATIVE LICENSE SUSPENSION – PER SE<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 must be completed for each department.

(04) For each reimbursable activity, enter the sum of columns (e), (f), and (g) in column (h). The cost of postage and envelopes to be included under Materials and Supplies is reimbursable only for activities IV. A. 5. and B. 3 of the Ps & Gs on block (04)(A), line (2.)(g) and (04)(B), line (1.)(g). Do not enter any amount in the shaded areas. Please refer to the Mandated Cost Manual for Local Agencies for information on the computation of hourly rates and indirect costs.

(05) Total columns (e) through (h).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(e), by 10%. If an ICRP is used, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(h), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-35

Allocation of Property Tax Revenues – Program No. 152

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Allocation of Property Tax Revenues program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On July 21, 1994, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, or city and county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: 5/24/95
Amended: 1/29/10

# Amendment to Parameters and Guidelines

Revenue and Taxation Code Sections 97, 97.01, 97.0297.03, 97.035, 97.5, 98, and 99

Statutes 1992, Chapters 697,699, 700, 899 and 1369
Statutes 1993, Chapters 66, 68, 904, 905 and 1279

*Allocation of Property Tax Revenues*
05-PGA-24 (CSM-4448)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF THE SOURCE OF THE MANDATES

The provisions of Revenue and Taxation Code sections 97, 97.01, 97.02, 97.03, 97.035, 97.5, 98, and 99, as added and amended by Chapter 697, Statutes of 1992, Chapter 699, Statutes of 1992, Chapter 700, Statutes of 1992, Chapter 899, Statutes of 1992, Chapter 1369, Statutes of 1992, Chapter 66, Statutes of 1993, Chapter 68, Statutes of 1993, Chapter 904, Statutes of 1993, Chapter 905, Statutes of 1993, and Chapter 1279, Statutes of 1993 requires counties to plan, implement, report, distribute administer and account for new property tax revenue allocations to school districts, without authority to charge schools districts for associated administrative costs.

## II. COMMISSION ON STATE MANDATES' DECISION

At its July 21, 1994 hearing, the Commission on State Mandates determined that the provisions of Revenue and Taxation Code sections 97, 97.01, 97.02, 97.03, 97.035, 97.5, 98, and 99, as added and amended by Chapter 697, Statutes of 1992, Chapter 699, Statutes of 1992, Chapter 700, Statutes of 1992, Chapter 899, Statutes of 1992, Chapter 1369, Statutes of 1992, Chapter 66, Statutes of 1993, Chapter 68, Statutes of 1993, Chapter 904, Statutes of 1993, Chapter 905, Statutes of 1993, and Chapter 1279, Statutes of 1993 impose upon counties a reimbursable state mandated program, limited to those administrative costs that apply to school districts because counties are specifically prohibited from charging such administrative costs to school districts.

## III. ELIGIBLE CLAIMANTS

Counties.

## IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 697, Statutes of 1992 was approved by the Governor on September 14, 1992, and became operative on January 1, 1993.

Chapter 699, Statutes of 1992 was approved by the Governor on September 14, 1992, and, as an urgency statutes, became operative on September 14, 1992.

Chapter 700, Statutes of 1992 was approved by the Governor on September 14, 1992, and, as an urgency statute, became operative on September 14, 1992.

Chapter 899, Statutes of 1992 was chaptered on September 24, 1992, and, as an urgency statute, became operative on September 24, 1992.

Chapter 1369, Statutes of 1992 was approved by the Governor on September 27, 1992, and, as an urgency statute, became operative on September 27, 1992.

Chapter 66, Statutes of 1993 was chaptered on June 30, 1993, and, as an urgency statute, became operative on June 30, 1993.

Chapter 68, Statutes of 1993 was chaptered on June 30, 1993, and, as an urgency statute, became operative on June 30, 1993.

Chapter 904, Statutes of 1993 was chaptered on October 8, 1993, and, as an urgency statute, became operative on October 8, 1993.

Chapter 905, Statutes of 1993 was chaptered on October 8, 1993, and, as an urgency statute, became operative on October 8, 1993.

Chapter 1279, Statutes of 1993 was chaptered on October 11, 1993, and as an urgency statute, became operative on October 11, 1993.

County costs incurred on or after the operative dates for each of the above statutes are eligible for reimbursement as the subject test claim was timely filed by the County of Los Angeles on December 21, 1993. In accordance with Section 17557 of the Government Code, when a test claim is filed on or before December 31, costs incurred during the prior fiscal year are eligible for reimbursement. In this case, costs incurred in the 1992-93 and subsequent fiscal years, on or after the above statutory operative dates, are eligible for reimbursement.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561, subdivision (d) (3) of the Government Code, all claims for reimbursement of cost shall be submitted within 120 days of notification by the State Controller of the enactment of the claim bill.

If total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## V. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of Mandate

Counties shall be reimbursed for costs incurred to comply with new state requirements for allocating property tax revenues pursuant to certain provisions of Revenue and Taxation Code sections 97, 97.01, 97.02, 97.03, 97.035, 97.5, 98, 99, as added and amended by Chapter 697, Statutes of 1992, Chapter 699, Statutes of 1992, Chapter 700, Statutes of 1992, Chapter 899, Statutes of 1992, Chapter 1369, Statutes of 1992, Chapter 66, Statutes of 1993, Chapter 68, Statutes of 1993, Chapter 904, Statutes of 1993, Chapter 905, Statutes of 1993, Chapter 1279, Statutes of 1993, hereafter referred to as the subject law.

B. The following local government costs for planning, implementing, state reporting, distributing funds, administering, and accounting necessary to comply with the subject law (These costs should only be the Property Tax Reallocation Administrative Costs, which cannot be charged to the school districts):

1. For planning:

   a. Meeting and conferring with state and local officials to interpret the subject law and establish local operating guidelines.

   b. Developing or revising local user requirements for the subject new county system for ancillary property tax revenue allocations.

   c. Modifying county policies and procedures in compliance with the subject law.

2. For implementation:

   a. Preparation and review of 1989-90 adjusted prior year Revenue Certification schedules.

   b. Analysis and identification of relevant prior year revenues and adjustments by type of local unit.

   c. Computations of factored amounts of relevant prior year revenues and adjustments by type of local unit.

   d. Computations of 16 factor/column local unit schedules to determine base revenue shift in a form suitable for mandatory state reporting.

   e. Preparation of property tax revenue reallocation (certification) notices and supporting schedules for all affected local units.

   f. Development or modification of software or manual procedures necessary to distribute reallocated property tax revenues to schools' Educational Revenue Augmentation Funds (ERAF).

   g. Inputting relevant tax revenue data into the new processing system.

   h. Processing State Controller Office reallocation changes such as the increase in Special District property revenue collection reallocations of 5%, from 35% to 40%.

3. For reporting to the State Controller the amount of the property tax revenue reduction to each special district within the county.

4. For distributing ERAF funds, to periodically input and transfer new property tax revenue reallocations to schools' ERAF accounts.

5. For administering new ERAF transactions, to notify all affected local jurisdictions of their account transactions and balances and, upon request, explain, verify, confirm or research particular new property tax revenue reallocations.

6. For accounting, to prepare journal vouchers for custodial account transfers, compute interest earnings for allocations to accounts, reconcile accounts for fiduciary purposes, and document all account processing, subject to audit.

## VI. CLAIM PREPARATION AND SUBMISSION

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a listing of each item for which reimbursement is claimed under this mandate.

Claimed costs would be supported by the following:

A. Employee Salaries and Benefits

   Show the name of the employee involved, the classification of the employee, mandated functions performed, number of hours devoted to the function, productive hourly rates and benefits.

B. Services, Equipment and Supplies

Only expenditures which can be identified as a direct cost as a result of the mandate can be claimed. List cost of materials or equipment acquired which have been consumed or expended specifically for the purposes of this mandate.

C. Contract Services

List costs incurred for contract services for the mandated program. Contracting costs are reimbursable to the extent that the function performed requires special skills or knowledge that is not readily available from the claimant's staff. Use of contract services must be justified by the claimant.

D. Fixed Assets

List the cost of fixed assets that have been acquired specifically for the purpose of this mandate. If a fixed asset is acquired for the subject state mandates, but is utilized in some way not directly related to the program, only the pro-rata portion of the asset which is used for purposes of the program is reimbursable.

E. Allowable Overhead Cost

Claimants have the option of using 10% of direct labor as indirect costs or preparing a departmental Indirect Cost Rate Proposal (ICRP) for the program if an indirect cost rate in excess of 10% is claimed. If more then one department is claiming indirect costs for the mandated program, each department must have their own ICRP prepared in accordance with Office of Management and Budget Circular A-87 (OMB A-87).

## VII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings

## VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of the subject statutes must be deducted from the costs claimed. In addition, reimbursements for the subject mandates received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim.

## IX. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

| PROGRAM 152 | ALLOCATION OF PROPERTY TAX REVENUES CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00152<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box | Suite

City | State | Zip Code

| | | | | |
|---|---|---|---|---|
| | | **Type of Claim** | **Reimbursement Claim Data** | |
| | (03) | (09) Reimbursement ☐ | (22) FORM 1, (04) 1. (f) | |
| | (04) | (10) Combined ☐ | (23) FORM 1, (04) 2. (f) | |
| | (05) | (11) Amended ☐ | (24) FORM 1, (04) 3. (f) | |
| **Fiscal Year of Cost** | (06) | (12) | (25) FORM 1, (06) | |
| **Total Claimed Amount** | (07) | (13) | (26) FORM 1, (07) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (27) FORM 1, (09) | |
| Less: **Prior Claim Payment Received** | | (15) | (28) FORM 1, (10) | |
| **Net Claimed Amount** | | (16) | (29) | |
| **Due from State** | (08) | (17) | (30) | |
| **Due to State** | | (18) | (31) | |
| | | | (32) | |
| | | | (33) | |
| | | | (34) | |
| | | | (35) | |
| | | | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 152 | ALLOCATION OF PROPERTY TAX REVENUES<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (28) Bring forward the cost information as specified on the left-hand column of lines (22) through (28) for the reimbursement claim, e.g., Form 1, (04) 1. (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(29) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 152 | ALLOCATION OF PROPERTY TAX REVENUES CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20__/20__ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Total |
| 1. Planning | | | | | | |
| 2. Implementation | | | | | | |
| 3. Administration, Accounting, and Reporting | | | | | | |
| (05) Total Direct Costs | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(f) + line (07)] | |

| **Cost Reduction** | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 152 | ALLOCATION OF PROPERTY TAX REVENUES<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 must be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 152 | ALLOCATION OF PROPERTY TAX REVENUES<br>ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Planning
☐ 2. Implementation
☐ 3. Administration, Accounting, and Reporting

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | |

**Revised 9/19**

| PROGRAM 152 | ALLOCATION OF PROPERTY TAX REVENUES<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable component.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and fixed assets. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost | Usage | | | | | Cost = Unit Cost X Usage | Copy of Contract and Invoices |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-39

Countywide Tax Rates – Program No. 90

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Countywide Tax Rates program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On August 24, 1989, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, CSM approved the amendments to the Ps & Gs to clarify source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, or city and county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: 8/24/89
Amended: 4/28/95
Amendment: 1/29/10

# Amendment to Parameters and Guidelines

Revenue and Taxation Code Section 98.9

Statutes 1987, Chapter 921

*Countywide Tax Rates*
05-PGA-27 (CSM-4355)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. Summary of Mandate

Chapter 921 statutes of 1987 amended section 98.9 of the Revenue and Taxation Code. This section requires counties to allocate property tax revenue attributable to unitary and operating nonunitary property commencing with the 1988-89 fiscal year on the basis of a new formula. In addition, counties are required to establish a single countywide tax rate area to which the assessed value of all unitary and operating nonunitary property will be assigned, and to issue each state assessee, other than a regulated railway company, a single tax bill for such property.

## II. Commission on State Mandates Decision

On August 24, 1989, the Commission on State Mandates determined that section 98.9 of the Revenue and Taxation Code as amended by chapter 921, Statutes of 1987, contains reimbursable state-mandated costs.

## III. Eligible Claimants

Counties that incur costs as the result of the mandate.

## IV. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 921, Statutes of 1987, became effective September 21, 1987 as an urgency measure. Government Code Section 17557 states that a test claim must be submitted on or before November 30 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed by the County of Fresno on September 6, 1988. Therefore, reimbursement claims may be filed for costs incurred on or after September 21, 1987.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, it applicable. Pursuant to Section 17561 (d)†(3) of the Government Code, all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs per claimant for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise provided by Government Code Section 17564.

## V. Reimbursable Costs

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of Mandate

Counties will be reimbursed for costs incurred pursuant to Section 98.9 of the Revenue and Taxation Code as amended by Chapter 921, Statutes of 1987.

For each eligible claimant meeting the above criteria, the following costs items are reimbursable.

B. Reimbursable Activities

Implementation Costs

1. Creation of a new allocation formula used to assess the value attributable to unitary and operating nonunitary property.

2. Establishment of a single countywide tax rate area for the assignment of the assessed value of all unitary and operating nonunitary property in each county.

On-Going Costs

3. Issuance to each state assessee, other than a regulated railway company, of a single tax bill in the county.

4. Computation of each year's unitary tax rates for all unitary and operating nonunitary property.

5. Additional tax roll processing, e.g., application of Special Assessments, necessary to specifically process the unitary utility assessments received from the State Board of Equalization.

6. Calculation of each year's, allocation formulas, and subsequent distribution of collected unitary tax revenues.

7. Correcting tax bills for assessments erroneously placed in the Countywide Tax Rate Area by the State Board of Equalization.

8. Research and explanations to local agencies or to assessee, (e.g. either in the application of special assessments to unitary utility properties, or when unitary utility properties subsequently change.)

Allowable costs include, but are not limited to, salaries and benefits, services and supplies, postage, travel, workshops, contracted or uncontracted consultation services, computer analysis, programming, computer machine time, microcomputer hardware and software, and overhead and related costs, all of which are attributable to the implementation and on-going maintenance required to comply with the provisions of this mandate.

## VI. Claim Preparation and Submission

Reimbursement claims should show the actual increased costs incurred by the local agency in complying with this mandate. Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a listing of each item for which reimbursement is claimed. Claimed costs should be supported by the following:

A. Employee Salaries and Benefits

Identify the employee(s); show the classification of the employee(s) involved; describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

B. Services, Supplies and Equipment

Only expenditures which can be identified as a direct cost of the mandate can be claimed (including contract and consultant services). List cost of materials which have been consumed or expended specifically for the purpose of this mandate.

C. Allowable Overhead Costs

Indirect costs may only be claimed in the manner described by the State Controller in his claiming instructions.

## VII. Record Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VIII. Offsetting Savings and Other Reimbursement

Any offsetting savings that a claimant experiences as a direct result of this statute must be deducted from the costs claimed. This includes any actual savings resulting from a reduction in the number of tax bills created, processed and mailed due to this mandate. In addition, reimbursement specifically received for this mandate from any non-local source (e.g., federal or state grant) shall be identified and deducted so only net local costs are claimed.

## IX Controller's Office Required Certification

The following certification must accompany the claim:

I D0 HEREBY CERTIFY under penalty of perjury;

THAT the foregoing is true and correct;

THAT section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of law have been complied with; and

THAT I am the person authorized by the local agency to file claims for funds with the State of California.

| | |
|---|---|
| _____ | _____ |
| Signature of Authorized Representative | Date |
| _____ | _____ |
| Title | Telephone Number |

| PROGRAM 090 | COUNTYWIDE TAX RATES CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00090<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) 1.(g) | |
| County of Location | | | (23) FORM 1, (04) 2.(g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) 3.(g) | |
| City | State | Zip Code | (25) FORM 1, (04) 4.(g) | |
| | | **Type of Claim** | (26) FORM 1, (04) 5.(g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) 6.(g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (04) 7.(g) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (04) 8.(g) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (06) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (07) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) FORM 1, (09) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) FORM 1, (11) | |
| **Net Claimed Amount** | | (16) | (34) FORM 1, (12) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 090 | COUNTYWIDE TAX RATES CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (13). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (34) Bring forward the cost information as specified on the left-hand column of lines (22) through (34) for the reimbursement claim, e.g., Form 1, (04) 1.(g), means the information is located on Form 1, block (04), line 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(35) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 090 | COUNTYWIDE TAX RATES CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel and Training | (g) Total |
| **Implementation Costs: One-Time Activities** | | | | | | | |
| 1. Create a New Allocation Formula | | | | | | | |
| 2. Establish CTR Area for Value Assignment | | | | | | | |
| **Ongoing Activities** | | | | | | | |
| 3. Issue a Single Tax Bill | | | | | | | |
| 4. Compute Annual Tax Rates for Properties | | | | | | | |
| 5. Additional Tax Roll Processing | | | | | | | |
| 6. Calculate Formulas & Distribute Revenues | | | | | | | |
| 7. Correct Tax Bills Erroneously Placed by BOE | | | | | | | |
| 8. Research & Explain to Agencies or Assessee | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| (09) 1986-87 Base Year Cost Multiplied by the Unit Cost Rate | [Refer to Claiming Instructions] | |
| (10) Increased Costs | [Line (08) – line (09)] | |
| (11) Less: Offsetting Revenues | | |
| (12) Less: Other Reimbursements | | |
| (13) Total Claimed Amount | [Line (10) - {line (11) + line (12)}] | |

**Revised 9/19**

| PROGRAM 090 | COUNTYWIDE TAX RATES<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) Enter the product from the 1986-87 base year cost multiplied by the unit cost rate for the fiscal year of claim. Please visit https://www.sco.ca.gov/Files-ARD-Local/Manuals/unit_cost_rates.pdf for the current rate.

[(Current Year Index / Base Year Index) x Base Year Actual Unit Cost = Current Year Actual Unit Cost]

(10) Enter the difference between the Total Direct and Indirect Costs, line (08), and the product of the 1986-87 base year cost times the unit cost rate for the fiscal year of costs, line (09).

(11) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(12) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(13) From Increased Costs, line (10), subtract the sum of Offsetting Revenues, line (11), and Other Reimbursements, line (12). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 090 | COUNTYWIDE TAX RATES ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**Implementation Costs: One-Time Activities**

☐ 1. Create a New Allocation Formula

☐ 2. Establish CTR Area for Value Assignment

**Ongoing Activities**

☐ 3. Issue a Single Tax Bill

☐ 4. Compute Annual Tax Rate for Properties

☐ 5. Additional Tax Roll Processing

☐ 6. Calculate Formulas & Distribute Revenues

☐ 7. Correct Tax Bills Erroneously Placed by BOE

☐ 8. Research & Explain to Agencies or Assessee

(04) **Description of Expenses** | **Object Accounts**

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel and Training |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 090 | COUNTYWIDE TAX RATES ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and training and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel and** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel Cost = Rate X Days or Miles | |
| **Training** | Employee Name and Title, and Name of Class Attended | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2006-01

Crime Victim's Domestic Violence Incident Reports – Program No. 262

February 14, 2006

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Crime Victim's Domestic Violence Incident Reports program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On September 25, 2003, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, which incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount; $10,000 maximum penalty, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: December 9, 2005

# PARAMETERS AND GUIDELINES

Family Code Section 6228

Statutes 1999, Chapter 1022

*Crime Victim's Domestic Violence Incident Reports* (99-TC-08)

County of Los Angeles, Claimant

## I. SUMMARY OF THE MANDATE

On September 25, 2003, the Commission on State Mandates (Commission) adopted a corrected Statement of Decision finding that Family Code section 6228, as added by Statutes 1999, chapter 1022, mandated a new program or higher level of service for local law enforcement agencies within the meaning of article XIII B, section 6 of the California Constitution, and imposed costs mandated by the state pursuant to Government Code section 17514 for the following activity only:

- Storing domestic violence incident reports and face sheets for three years. (Fam. Code, § 6228, subd. (e).)

The Commission further found that under prior law, cities and counties were already required to keep the domestic violence incident reports for two years.

## II. ELIGIBLE CLAIMANTS

Any city, county, and city and county that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557, subdivision (c), as amended by Statutes 1998, chapter 681, states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The County of Los Angeles filed the test claim on May 15, 2000, establishing eligibility for fiscal year 1998-1999. However, the effective and operative date of Family Code section 6228 is January 1, 2000. Therefore, costs incurred for storing domestic violence incident reports and face sheets for the additional three years pursuant to Family Code section 6228, as added by Statutes 1999, chapter 1022, are reimbursable on or after January 1, 2000.

Actual costs for one fiscal year shall be included in each claim. Estimated costs of the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

A. One-Time Activity

1. Revise existing policies and procedures regarding the storage of domestic violence incident reports and face sheets in a readily accessible format to include the *additional* three-year requirement.

B. Ongoing Activity

1. Store domestic violence incident reports and face sheets in a readily accessible hard copy, microfiche, or electronic image format for an *additional* three years. This is limited to the cost of retaining domestic violence incident reports and face sheets in a readily accessible format, including file storage, for the three-year period of time after the pre-existing mandatory two-year retention period provided in Government Code sections 26202 and 34090. Any activities that flow from this previous requirement are not reasonably necessary to carry out this mandate (e.g., scanning reports for archive, reviewing files, transferring or shipping files for storage).

## V. CLAIM PREPARATION AND SUBMISSION

ONE-TIME ACTIVITY – Section IV.A.1.

Each of the following cost elements must be identified for the reimbursable activity identified in Section IV.A.1. of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB Circular A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

ONGOING ACTIVITY – Section IV.B.1.

Actual costs shall be claimed based on the reasonable reimbursement methodology adopted by the Commission pursuant to Government Code section 17557. The reasonable reimbursement methodology is a uniform cost allowance that covers all the direct and indirect costs of performing activity B.1. described in Section IV. of this document. Direct costs and indirect costs are described above. The uniform cost allowance shall be adjusted each subsequent year by the Implicit Price Deflator referenced in Government Code section 17523.

The uniform cost allowance is $0.40 per report per year (not to exceed three years). Reimbursement is determined by multiplying the uniform cost allowance of $0.40 by the number of domestic violence incident reports that are being stored for an additional three-year period of time after the pre-existing mandatory two-year retention period. Eligible claimants must show that costs were in fact incurred in order to claim costs using the uniform cost allowance for this program.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

## VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| PROGRAM 262 | CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00262<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1. (e) | |
| County of Location | | | (23) FORM 1, (04) B. 1. (e) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (06) | |
| City | State | Zip Code | (25) FORM 1, (07) | |
| | | **Type of Claim** | (26) FORM 1, (09) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (10) | |
| | (04) | (10) Combined ☐ | (28) | |
| | (05) | (11) Amended ☐ | (29) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 262 | CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (27) Bring forward the cost information as specified on the left-hand column of lines (22) through (27) for the reimbursement claim, e.g., Form 1, (04) A. 1. (e), means the information is located on Form 1, block (04), line A. 1., column (e). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(28) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 262 | CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/ 20___ |
|---|---|
| (03) Department | |

| Direct Costs | Object Accounts | | | | |
|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Fixed Assets | (e) Total |
| **A. One-Time Activity**<br>1. Revise Policies and Procedures | | | | | |
| **B. Ongoing Activity**<br>1. Store Reports and Face Sheets | (See instructions) **[Unit cost includes direct and indirect costs]** | | | | |
| (05) Total Direct Costs | Add Total Column | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [10% or ICRP] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(e) + line (07)] | |

| Cost Reduction | | |
|---|---|---|
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 262 | CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) A.1. For reimbursable activity A.1., enter the total from Form 2, line (05), columns (d), through (g) to Form 1, block (04), columns (a) through (d) in the appropriate row.

B.1. (e) Enter the product of the unit cost, multiplied by the number of domestic violence incident reports stored during the fiscal year of claim for the additional three-year period after the pre-existing mandatory two-year retention period. Please visit https://www.sco.ca.gov/Files-ARD-Local/Manuals/unit_cost_rates.pdf for the current rate.

[(Current Year Index / Base Year Index) x Base Year Actual Unit Cost = Current Year Actual Unit Cost]

(05) Total column (e).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim. ***(Applicable to Activity A.1. only.)***

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(e), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13), of the Reimbursement Claim.

| PROGRAM 262 | CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS<br>ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year<br>20___/20___ |
|---|---|

(03) Reimbursable Activity

A. One-Time Activity

1. Revision of Policies and Procedures

| (04) Description of Expenses | | | Object Accounts | | | |
|---|---|---|---|---|---|---|
| (a)<br>Employee Names, Job Classifications, Functions Performed, Description of Expenses | (b)<br>Hourly Rate or Unit Cost | (c)<br>Hours Worked or Quantity | (d)<br>Salaries | (e)<br>Benefits | (f)<br>Materials and Supplies | (g)<br>Fixed Assets |
| | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___of ___ | | | | | | |

**Revised 9/19**

| PROGRAM 262 | CRIME VICTIM'S DOMESTIC VIOLENCE INCIDENT REPORTS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 2 must be completed for each department.

(02) Enter the fiscal year for which costs were incurred.

(03) Costs incurred for this activity are to be detailed on Form 2.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity specified in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, and fixed assets. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | Submit these supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | | | | Cost = Unit Cost X Quantity Used | | |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | | | | | Cost = Total Cost X Usage | Copy of Contract and Invoices |

(05) Total line (04), column (d) through column (g), and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (g) to Form 1, block (04), columns (a) through (d) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-32

Custody of Minors-Child Abduction and Recovery – Program No. 13

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Custody of Minors-Child Abduction and Recovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On September 19, 1979, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by the SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: October 30, 2009
Amended: August 26, 1999
Amended: July 25, 1987
Amended: July 19, 1984
Adopted: January 21, 1981

# AMENDMENT TO PARAMETERS AND GUIDELINES

Family Code Sections 3060 TO 3064, 3130 TO 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare And Institutions Code Section 11478.5

Chapter 1399, Statutes of 1976
Chapter 162, Statutes of 1992
Chapter 988, Statutes of 1996

*Custody of Minors-Child Abduction and Recovery*

05-PGA-26 (CSM 4237)

State Controller's Office, Claimant

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF MANDATE

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to and amended Sections 5157, 5160, and 5169 of the Civil Code, added Section 278 and 278.5 to the Penal Code, and amended sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments which must become involved in child custody matters. Where previously parents or others interested in the custody status of minors pursued their interests in court with no assistance from law enforcement agencies, due to this statute counties are required to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by County and State departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, the Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and without substantial change enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278 and 278.5 of the Penal Code and enacted in a new statutory scheme in Sections 277, 278 and 278.5 which eliminated the distinction between cases with and cases without a preexisting child custody order.

## II. BOARD OF CONTROL DECISIONS

On September 19, 1979, the Board of Control determined that Chapter 1399, Statutes of 1976, imposed a reimbursable state mandate upon counties by requiring district attorney offices to actively assist in the resolution of child custody problems including visitation disputes, the enforcement of custody decrees and of any other order of the court in a child custody proceeding. These activities include all actions necessary to locate a child, the enforcement of child custody decrees, orders to appear, or any other court order defraying expenses related to the return of an illegally detained, abducted or concealed child, proceeding with civil court actions, and guaranteeing the appearance of offenders and minors in court actions. The Board's finding was in response to a claim of first impression filed by the County of San Bernardino.

## III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as a result of this mandate is eligible to claim reimbursement of those costs.

## IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Chapter 1399, Statutes of 1976, became effective January 1, 1977. Section 17557 of the Government Code (GC) stated that a test claim must be submitted on or before November 30$^{th}$ following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on April 17, 1979; therefore, costs incurred on or after July 1, 1978, are reimbursable. San Bernardino County may claim and be reimbursed for mandated costs incurred on or after July 1, 1977.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561 (d) (3) of the Government Code (GC), all claims for reimbursement of costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

V. REIMBURSABLE COSTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of the Mandate

Counties shall be reimbursed for the increased costs which they are required to incur to have the district attorney actively assist in the resolution of child custody and visitation problems; for the enforcement of custody and visitation orders; for all actions necessary to locate and return a child(ren) by use of any appropriate civil or criminal proceeding; and for complying with other court orders relating to child custody or visitation, as provided in Family Code Sections 3130 to 3134.5, with the exception of those activities listed in

Section VI.

B. Reimbursable Activities

For each eligible claimant meeting the above criteria, all direct and indirect costs of labor, materials and supplies, training and travel for the following activities are eligible for reimbursement:

1. Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders, including:

   a. Contact with child(ren) and other involved persons.

      (1) Receipt of reports and requests for assistance.

      (2) Mediating with or advising involved individuals. Mediating services may be provided by other departments. If this is the case, indicate the department.

      (3) Locating missing or concealed offender and child(ren).

   b. Utilizing any appropriate civil or criminal court action to secure compliance.

      (1) Preparation and investigation of reports and requests for assistance.

      (2) Seeking physical restraint of offenders and/or the child(ren) to assure compliance with court orders.

      (3) Process services and attendant court fees and costs.

      (4) Depositions.

   c. Physically recovering the child(ren).

      (1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

      (2) Other personal necessities for the child. All such items purchased must be itemized.

2. Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Sections 3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and The Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

   a. Cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care

may not exceed three days unless special circumstances exist.

Please explain the special circumstances. A maximum of ten days per child is allowable. Costs must be identified per child, per day. This cost must be reduced by the amount of state reimbursement for foster home care which is received by the county for the child(ren) so placed.

b. Cost of transporting the child(ren) to the out-of-jurisdiction custodian.

(1) Travel expenses, food, lodging, and transportation for the escort and child(ren).

(2) Other personal necessities for the child(ren). All such items purchased must be itemized. Cost recovered from any party, individual or agency, must be shown and used as an offset against costs reported in this section.

(3) Securing appearance of offender and/or child(ren) when an arrest warrant has been issued or other order of the court to produce the offender or child(ren).

(a) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.

(b) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.

(4) Return of an illegally obtained or concealed child(ren) to the legal custodian or agency.

(a) Costs of food, lodging, transportation and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. All personal necessities purchased must be itemized.

(b) Cost of an escort for the child(ren), including costs

of food, lodging, transportation and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.

Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) (or defendant, if not part of a criminal extradition) must be shown and used as an offset against these costs.

VI. NON-REIMBURSABLE COSTS

A. Costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court, for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.

VII. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section V of this document.

A. Direct Costs

Direct costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salary and Employees' Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study. Benefits are reimbursable; however, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed cost.

2. Contracted Services

Provide copies of the contract, separately show the contract services performed relative to the mandate, and the itemized costs for such services. Invoices must be submitted as supporting documentation with

the claim.

3. Materials and Supplies

Only expenditures which can be identified as a direct cost of the mandate such as, but not limited to, vehicles, office equipment, communication devices, memberships, subscriptions, publications, may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received from the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlement are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem. Ongoing training is essential to the performance of this mandate because of frequent turnover in staff, rapidly changing technology, and developments in case law, statutes, and procedures. Reimbursable training under this section includes child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through

a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

1. Reimbursements

   On a separate schedule, show details of any reimbursements received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on the cost summary form.

   In addition, the costs claimed must be reduced by the amount recovered from the charges imposed by the court.

   Any amount received by a county and forwarded directly to the state, must be reported on the cost summary form, but will not reduce the amount of the claim.

2. Mileage and Travel

   Local entities will be reimbursed according to the rules of the local jurisdiction.

## VIII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter1 is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

1 This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source e.g., federal, state, etc., shall be identified and deducted from the claim.

X. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained therein.

| PROGRAM 013 | CUSTODY OF MINORS-<br>CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00013<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | | (22) FORM 1, (04) 1. (f) | |
| County of Location | | | | (23) FORM 1, (04) 2. (f) | |
| Street Address or P.O. Box | | Suite | | (24) FORM 1, (04) 3. (f) | |
| City | State | Zip Code | | (25) FORM 1, (04) 4. (f) | |
| | | | **Type of Claim** | (26) FORM 1, (06) | |
| | | (03) | (09) Reimbursement ☐ | (27) FORM 1, (07) | |
| | | (04) | (10) Combined ☐ | (28) FORM 1, (09) | |
| | | (05) | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | | (06) | (12) | (30) | |
| **Total Claimed Amount** | | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | | (15) | (33) | |
| **Net Claimed Amount** | | | (16) | (34) | |
| **Due from State** | | (08) | (17) | (35) | |
| **Due to State** | | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1. (f), means the information is located on Form 1, block (04), line 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| Direct Costs | Object Accounts | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| 1. Compliance with Court Orders | | | | | | |
| 2. Court Costs for Out-of-Jurisdiction Cases | | | | | | |
| 3. Secure Appearance of Offender | | | | | | |
| 4. Return of Children to Custodian | | | | | | |
| (05) Total Direct Costs | | | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

**Note**: Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s), (or defendant, if not part of a criminal extradition) must be shown on Form 1.2 and must also be used as an offset against these cases.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY | FORM 1.2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Indirect Costs Computation

| (a) Cost Activity | (b) Case Number | (c) Reimbursement Source | (d) Amount |
|---|---|---|---|
| | | | |
| (04) Total ☐ Subtotal ☐ | | | |

Revised 9/19

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>REIMBURSEMENT SOURCE SUMMARY<br>INSTRUCTIONS | FORM 1.2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the year in which costs were incurred.

(03) (a) List the cost activity.

(b) Enter the case number.

(c) Enter the reimbursement source.

(d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.

(04) Total the amount of reimbursement received and carryforward this amount to Form 1, line (10), Other Reimbursements.

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Compliance with Court Orders
☐ 2. Court Costs for Out-of-Jurisdiction Cases
☐ 3. Secure Appearance of Offender
☐ 4. Return of Children to Custodian

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___ of___ | | | | | | | |

**Revised 9/19**

| PROGRAM 013 | CUSTODY OF MINORS-CHILD ABDUCTION AND RECOVERY<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-33

Domestic Violence Arrest Policies and Standards – Program No. 167

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Domestic Violence Arrest Policies and Standards program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On September 25, 1997, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: October 30, 2009
Adopted: August 20, 1998

# AMENDMENT TO PARAMETERS AND GUIDELINES

Penal Code Section 13701, Subdivision (b)

Statutes 1995, Chapter 246

*Domestic Violence Arrest Policies and Standards*
05-PGA-29 (CSM - 96-362-02)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. Summary and Source of the Mandate

Chapter 246, Statutes of 1995, added a new subdivision (b) to Penal Code section 13701. Subdivision (b) requires the development, adoption and implementation of written ***arrest*** policies for domestic violence offenders by July 1, 1996. Further, under subdivision (b), a local agency is required to obtain input from local domestic violence agencies in developing the arrest policies.

Previously, local agencies were required to develop, adopt and implement written policies for ***response*** to domestic violence calls and were encouraged, but not obligated, to consult with domestic violence experts.

On September 25, 1997, the Commission adopted its Statement of Decision finding that Penal Code section 13701, subdivision (b), as added by Chapter 246, Statutes of 1995, imposed a reimbursable state mandated program upon local law enforcement agencies.

## II. Eligible Claimants

Eligible claimants include local law enforcement agencies of any city, county, or city and county.

## III. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim was filed by the County of Los Angeles on December 27, 1996. Chapter 246, Statutes of 1995, became effective and operative on January 1, 1996. Therefore, only costs incurred *on or after January 1, 1996,* are eligible for reimbursement.

Actual costs for one fiscal year shall be included in each reimbursement claim. Estimated costs to be incurred in the current fiscal year should be on a separate claim. Estimated and actual reimbursement claims may be filed at the same time, if applicable.

Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of costs shall be submitted within 120 days of the issuance of claiming instructions issued by the State Controller.

If total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. Reimbursable Activities

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, all direct and indirect costs of labor, supplies, services, travel and training, for the following activities are eligible for reimbursement:

A. Development of Written Arrest Policies (One-time)

1. Meeting and conferring with "Local Domestic Violence Agencies" to obtain input in the development of the written arrest policies.
2. Developing written arrest policies that:
    a. Encourage the arrest of domestic violence offenders if there is probable cause that an offense has been committed;
    b. Require the arrest of an offender, absent exigent circumstances, if there is probable cause that a protective order issued under Chapter 4 (commencing with section 2040) of Part 1 of Division 6, Division 10 (commencing with section 6200), or Chapter 6 (commencing with section 7700) of Part 3 of Division 12, of the Family Code, or section 136.2 of the Penal Code, has been violated;
    c. Discourage, when appropriate, but not prohibit, dual arrests; and
    d. Require peace officers to make reasonable efforts to identify the primary aggressor in any incident. In identifying the primary aggressor, an officer shall consider the intent of the law to protect victims of domestic violence from

continuing abuse, the threats creating fear of physical injury, the history of domestic violence between the persons involved, and whether either person acted in self-defense.

B. Adoption of Written Arrest Policies (One-time)

Meetings between the local law enforcement agency and appropriate local government official(s) on adoption of written arrest policies.

C. Training Officers About New Written Domestic Violence Arrest Policies (One-time)

1. Printing and distributing the new written domestic violence arrest policies to all stations, substations, and other sites that normally respond to incidents of domestic violence.
2. Development of instructional aids and training materials for purposes of training local law enforcement officers who normally respond to incidents of domestic violence on the new domestic violence arrest policies.
3. Training local law enforcement officers who normally respond to incidents of domestic violence on the new domestic violence arrest policies.

D. Implementation of the New Domestic Violence Arrest Policies to Identify the Primary Aggressor (On-going)

1. Interview of both parties involved in the domestic violence incident.
2. Consideration of the following factors:
   a) Size of the parties
   b) Use of weapons
   c) Is one party stronger than the other
   d) Is one party specially trained in martial arts, boxing, or hand-to-hand combat techniques
   e) Who is afraid
   f) Who has the more serious injuries
   g) Location and nature of injuries (offensive vs. defensive)
   h) Did one party escalate the level of violence (push followed by serious beating)
   i) History of abuse (is one person usually the aggressor)
   j) Timing of the second arrest (person claimed to have been assaulted only after arrested)
   k) Existence of court protective orders
   l) Demeanor of the parties
   m) Use of alcohol and other drugs
   n) Existence of corroborating evidence or witnesses
   o) Criminal history

p) Other legal defenses

q) Indicators of defensive injuries including wounds on victim's palm(s) of hand(s); wounds on inside and outside of victim's arms; bumps on victim's head (especially the back); bite marks on perpetrator's chest, biceps, or forearms; and scratches on perpetrator's face, chest, neck (strangulation cases).[1]

E. Uniform Cost Allowance

Pursuant to Government Code section 17557, the Commission on State Mandates has adopted a uniform cost allowance for reimbursement in lieu of payment of total actual costs incurred. The uniform cost allowance is applied only to Section IV, Reimbursable Activities, Component D (Implementation of the New Domestic Violence Arrest Policies to Identify the Primary Aggressor) and covers all costs (direct and indirect) of performing activities described under Component D. The uniform cost allowance provides the following:

> A standard time of twenty-nine (29) minutes may be claimed to identify the primary aggressor in any domestic violence incident. The standard time of twenty-nine (29) minutes is broken down as follows:
>
> - Seventeen (17) Minutes – Interview of both parties.
> - Twelve (12) Minutes – Consideration of the factors listed above.[2]
>
> The total cost will be determined by multiplying the number of reported responses x the average productive hourly rate, including applicable indirect costs as specified in section V., paragraph B, herein, x .48 (29 minutes divided by 60 minutes).

## V. Claim Preparation

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section IV of this document, except that standard times may be used as provided herein.

SUPPORTING DOCUMENTATION

Claimed costs shall be supported by the following cost element information:

A. Direct Costs

Direct Costs are defined as costs that can be specifically traced to specific goods, services, units, programs, activities or functions.

---

[1] The activities required to identify the primary aggressor are based on training material developed by the Commission on Peace Officers Standards and Training (POST).

[2] The standard time to identify the primary aggressor is based on the Declarations of Bernice K. Abrams, Deputy and Director of the Family Violence Project, Los Angeles County Sheriff's Department, dated July 14, 1998, and August 4, 1998.

Claimed costs shall be supported by the following cost element information:

1. Salaries and Benefits

   Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed and specify the actual time devoted to each function by each employee, productive hourly rate and related fringe benefits.

   Reimbursement for personal services include compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

2. Materials and Supplies

   Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

3. Contract Services

   Provide the name(s) of the contractor(s) who performed the services, including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were performed and itemize all costs for those services. Attach consultant invoices with the claim.

4. Fixed Assets

   List the cost of the fixed assets that have been acquired specifically for the purpose of this mandate. If the fixed asset is utilized in some way not directly related to the mandated program, only the pro-rata portion of the asset which is used for the purposes of the mandated program is reimbursable.

5. Travel

   Travel expenses for mileage, per diem, lodging and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and time of travel, destination points and travel costs.

6. Training

   The cost of training specified in Section IV, Reimbursable Activities, is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title of the training session, the dates attended and the location. Reimbursable costs include salaries and benefits, registration fees, transportation, lodging and per diem.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is reimbursable utilizing the procedure provided in the OMB A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing a departmental Indirect Cost Rate Proposal (ICRP) for the department if an indirect cost rate in excess of 10% is claimed. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB A-87. An ICRP must be submitted with the claim when the indirect cost rate is in excess of 10%.

C. Cost Accounting Statistics

The State Controller's Office is directed to include in the claiming instructions a request that claimants send an additional copy of the test claim specific form for the initial year's reimbursement claim by mail or facsimile to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, California 95814, Facsimile number: (916) 445-0278. Although providing this information to the Commission on State Mandates is not a condition of reimbursement, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate which will be the basis for the appropriation to be made by the Legislature for this program.

## VI. Record Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[3] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of the subject mandate must be deducted from the costs claimed.

[3] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Reimbursement for this mandate received from any source, including but not limited to, service fees collected; funds from the federal Violent Crime Control and Law Enforcement Act, Community Oriented Policing, Family or Domestic Violence Prevention, or any other federal funds; and any other state funds shall be identified and deducted from this claim.

## VIII. State Controller's Office Required Certification

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained herein.

| PROGRAM 167 | DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00167<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04)(a) | |
| County of Location | | | (23) FORM 1, (04)(b) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (06) | |
| City | State | Zip Code | (25) FORM 1, (07) A. (g) | |
| | | **Type of Claim** | (26) FORM 1, (07) B. (g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (07) C. (g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (09) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (12) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (13) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

_____ Telephone Number _____

_____ Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

_____ Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

_____ Email Address _____

| PROGRAM 167 | DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (14). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (31) Bring forward the cost information as specified on the left-hand column of lines (22) through (31) for the reimbursement claim, e.g., Form 1, (07) A. (g), means the information is located on Form 1, block (07), line A., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(32) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 167 | DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/ 20___ |
|---|---|
| (03) Department | |

| (04) Claim Statistics | |
|---|---|
| (a) Number of reported responses to incidents in the fiscal year of claim | |
| (b) Average productive hourly rate including applicable indirect costs ***(Submit the supporting documentation for the productive hourly rate.)*** | |
| (c) Standard time allowed – 29 minutes (0.48 of an hour) | 0.48 hour |

**Unit Cost Method – *Reimbursable Activity D***

| (05) Ongoing Activity | | |
|---|---|---|
| D. Implement New Policies | [Line (04)(a) x (04)(b) x (04)(c)] | |
| (06) Total Direct and Indirect Costs for Activity D | [Carry forward from line (05)(D)] | |

**Actual Cost Method – *Reimbursable Activity C***

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (07) One-Time Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel and Training | (g) Total |
| A. Develop Written Policies | | | | | | | |
| B. Adopt Written Policies | | | | | | | |
| C. Train Officers on New Policies | | | | | | | |
| (08) Total Direct Costs | | | | | | | |

**Indirect Costs**

| | | |
|---|---|---|
| (09) Indirect Cost Rate | [From ICRP or 10%] | % |
| (10) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (11) Total Direct and Indirect Costs | [Line (06) + line (08)(g) + line (10)] | |
| **Cost Reduction** | | |
| (12) Less: Offsetting Revenues | | |
| (13) Less: Other Reimbursements | | |
| (14) Total Claimed Amount | [Line (11) - {line (12) + line (13)}] | |

**Revised 9/19**

| PROGRAM 167 | DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 must be completed for each department.

(04) (a) Enter the number of reported responses to domestic violence incidents in the fiscal year of claim.

(b) Enter the average productive hourly rate including applicable indirect costs. Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's Indirect Cost Rate Proposal (ICRP) in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. Submit a copy of the approved ICRP.

(c) The standard time allowed is 29 minutes which equates to 0.48 hour.

(05) Calculate costs by using the product of the number of reported responses by the average PHR by the standard time allowed [(04)(a) x (04)(b) x (04)(c)].

(06) Total Direct and Indirect Costs for Implement New Policies (Activity D). Enter the total from the line above, (05)(D).

(07) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (07), columns (a) through (f), in the appropriate row. Total each row.

(08) Total Direct Costs of Activity C. Total columns (a) through (g).

(09) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(10) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (08)(a), by 10%. If an ICRP is used, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (09). If more than one department is reporting costs, each must have its own ICRP for the program.

(11) Enter the sum of Total Direct and Indirect Costs for Activity D, line (06), Total Direct Costs (08)(g), and Total Indirect Costs, line (10).

(12) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(13) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(14) From Total Direct and Indirect Costs, line (11), subtract the sum of Offsetting Revenues, line (12), and Other Reimbursements, line (13). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 167 | DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**One-Time Activities**

N/A A. Develop Written Policies

☐ C. Train Officers on New Policies

N/A B. Adopt Written Policies

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials And Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel And Training |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____ of ____ | | | | | | | | |

Revised 9/19

| PROGRAM 167 | DOMESTIC VIOLENCE ARREST POLICIES AND STANDARDS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| **Object Accounts** | **Columns** | | | | | | | | | **Submit supporting documents with the claim** |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i), and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (07), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2007-04

Domestic Violence Arrests and Victim Assistance – Program No. 274

January 2, 2007

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Domestic Violence Arrests and Victim Assistance program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On December 9, 2004, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: October 26, 2006

# PARAMETERS AND GUIDELINES

Penal Code Sections 264.2 and 13701

Statutes 1998, Chapters 698 and 702

*Domestic Violence Arrests and Victim Assistance* (98-TC-14)

County of Los Angeles, Claimant

## I. SUMMARY OF THE MANDATE

On December 9, 2004, the Commission on State Mandates (Commission) adopted the Statement of Decision finding that Penal Code section 13701, subdivision (c)(9)(D) and (H) (as amended by Stats. 1998, ch. 702), and Penal Code section 264.2, subdivision (a) (as amended by Stats. 1998, ch. 698), impose a reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514 for the following activities:

- Providing victim cards to victims for the following crimes: (1) Penal code section 243, subdivision (e), battery against a spouse, a person with whom the defendant is cohabitating, a person who is the parent of the defendant's child, former spouse, fiancé, of fiancée, or a person with who, the defendant has, or previously had, a dating or engagement relationship; and Penal Code section 273.5, willful infliction of corporal injury on a spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child (section 264.2, subd. (a)).
- The one-time cost of printing victim cards to add the following new information: (1) phone numbers and/or local county hotlines of battered-women shelters; (2) a statement that domestic violence or assault by a person who is known to the victim, including domestic violence or assault by a person who is the spouse of the victim, is a crime. (Section 13701, subd. (c)(9)(H)(i) & (iv)).
- The one-time cost of adding to the domestic violence response policy two new crimes (Section 243, subd. (e), & 273.5) to those for which a victim card is given out (Section 13701, subd. (c)(9)(H)).
- The one-time cost of adding the following to the description of the victim card in the domestic violence response policy: (1) phone numbers and/or local county hotlines of battered-women shelters; (2) a statement that domestic violence or assault by a person who is known to the victim, including domestic violence or assault by a person who is the spouse of the victim, is a crime. (Section 13701, subd. (c)(9)(H)(i) & (iv)).

## II. ELIGIBLE CLAIMANTS

Any city, county, and city and county that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557, subdivision (c), as amended by Statutes 1998, chapter 681, states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The County of Los Angeles filed the subject test claim on May 21, 1999, establishing eligibility for fiscal year 1997-1998. However, the effective and operative date of the test claim legislation is January 1, 1999. Accordingly, costs incurred for compliance with Penal Code sections 264.2 and 13701, as amended by Statutes 1998, chapters 698 and 702, are reimbursable on or after January 1, 1999.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal years costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any given fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Claimants may use time studies to support salary and benefit costs when an activity is task-repetitive. Time study usage is subject to the review and audit conducted by the State Controller's Office.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

A. One-Time Activities

1. Printing victim cards to add the following new information: a) phone numbers and/or local county hotlines of battered-women shelters; and b) a statement that domestic violence or assault by a person who is known to the victim, including domestic violence or assault by a person who is the spouse of the victim, is a crime (Pen. Code, § 13701, subd. (c)(9)(H)(i) & (iv)).
2. Adding to the domestic violence response policy two new crimes (Section 243, subd. (e), & 273.5) to those for which a victim card is given out (Pen. Code, § 13701, subd. (c)(9)(H)).
3. Adding the following to the description of the victim card in the domestic violence response policy: a) phone numbers and/or local county hotlines of battered-women shelters; and b) a statement that domestic violence or assault by a person who is known to the victim, including domestic violence or assault by a person who is the spouse of the victim, is a crime (Pen. Code, § 13701, subd. (c)(9)(H)(i) & (iv)).

B. Ongoing Activity

1. Providing victim cards to victims for the following crimes (Pen. Code, § 264.2, subd. (a)): a) Penal Code section 243, subdivision (e) - battery against a spouse, a person with whom the defendant is cohabitating, a person who is the parent of the defendant's child, former spouse, fiancé, of fiancée, or a person with who, the defendant has, or previously had, a dating or engagement relationship; and b) Penal Code section 273.5 - willful infliction of corporal injury on a spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child.

   Providing victim cards to victims include the following reimbursable activities:

   a. Obtaining the card.
   b. Giving the card to the victim.
   c. Explaining to the victim what the card is and how the victim could use the card.
   d. Addressing questions about the card and shelters.
   e. If necessary, providing an interpreter at the scene to communicate with the victim.

   Note: An officer's time for investigating and arresting the accused is not reimbursable.

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by

productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB Circular A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND OTHER REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| PROGRAM 274 | DOMESTIC VIOLENCE ARRESTS AND VICTIM ASSISTANCE CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00274<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1. (f) | |
| County of Location | | | (23) FORM 1, (04) A. 2. (f) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) A. 3. (f) | |
| City | State | Zip Code | (25) FORM 1, (04) B. 1. (f) | |
| | | **Type of Claim** | (26) FORM 1, (06) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (07) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (09) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

_____ Telephone Number _____

_____ Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

_____ Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

_____ Email Address _____

| PROGRAM 274 | DOMESTIC VIOLENCE ARRESTS AND VICTIM ASSISTANCE CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) A. 1. (f), means the information is located on Form 1, block (04), line A. 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be dated, signed by the agency's authorized officer, and must type or print name, title, date signed, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 274 | DOMESTIC VIOLENCE ARRESTS AND VICTIM ASSISTANCE CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Total |
| **A. One-Time Activities** | | | | | | |
| 1. Print Victim Cards | | | | | | |
| 2. Add Two New Crimes to Response Policy | | | | | | |
| 3. Add Information to Response Policy | | | | | | |
| **B. Ongoing Activity** | | | | | | |
| 1. Provide Cards to Victims | | | | | | |
| (05) Total Direct Costs | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(f) + line (07)] | |

| **Cost Reduction** | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 274 | DOMESTIC VIOLENCE ARRESTS AND VICTIM ASSISTANCE<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 274 | DOMESTIC VIOLENCE ARRESTS AND VICTIM ASSISTANCE ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-Time Activities**

☐ 1. Print Victim Cards

☐ 2. Add Two New Crimes to Response Policy

☐ 3. Add Information to Response Policy

**B. Ongoing Activity**

☐ 1. Provide Cards to Victims

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: _____of_____ | | | | | | | |

**Revised 9/19**

| PROGRAM 274 | DOMESTIC VIOLENCE ARRESTS AND VICTIM ASSISTANCE<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and fixed assets. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost | Usage | | | | | Cost = Unit Cost X Usage | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2010-40

Domestic Violence Treatment Services –

Authorization and Case Management – Program No. 177

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Domestic Violence Treatment Services-Authorization and Case Management program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On November 30, 1998, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, or city and county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were

appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: 11/30/98
Amended: 1/29/10

# Amendment to Parameters and Guidelines

Penal Code Sections 1000.93, 1000.94 and 1000.95
Penal Code Sections 273.5, subdivisions (e), (f), (g), (h) and (i)
Penal Code Section 1203.097

Statutes 1992, Chapters 183, and 184, Statutes 1993, Chapter 221,
Statutes 1993-1994, Chapter 28X, Statutes 1995, Chapter 641

*Domestic Violence Treatment Services — Authorization and Case Management*
05-PGA-30 (96-281-01)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. Summary and Source of the Mandate

The test claim legislation provides that if an accused is convicted of a domestic violence crime and granted probation as part of sentencing, the defendant is required to successfully complete a batterer's treatment program as a condition of probation.

The Commission determined that probation *is a penalty* for conviction of a crime. The successful completion of probation is required before the unconditional release of the defendant. If the defendant fails to successfully complete a batterer's treatment program, the test claim legislation subjects the defendant to further sentencing and incarceration.

Since the legislature changed the penalty for domestic violence crimes by changing the requirements for probation, the Commission determined that the "crimes and infractions" disclaimer in Government Code section 17556, subdivision (g), applies to this claim. Based on the plain and ordinary meaning of the words used by the Legislature, the Commission concluded that subdivision (g) applies to those activities required by the test claim legislation that are directly related to the enforcement of the statute which changed the penalty for a crime.

The Commission concluded that the activities listed below are *not* directly related to the enforcement of the test claim statute under Government Code section 17556, subdivision (g), and, therefore, are reimbursable:

- Administration and regulation of batterers' treatment programs (Pen. Code, § 1203.097, subds. (c)(1), (c)(2), and (c)(5)) offset by the claimant's fee authority under Penal Code section 1203.097, subdivision (c)(5)(B).
- Providing services for victims of domestic violence. (Pen. Code, § 1203.097, subd. (b)(4).)
- Assessing the future probability of the defendant committing murder. (Pen. Code, § 1203.097, subd. (b)(3)(I).)

## II. Eligible Claimants

Eligible claimants include counties, and city and county.

## III. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim was filed by the County of Los Angeles on October 4, 1996. Statutes of 1995, Chapter 641, became effective and operative on January 1, 1996. Therefore, costs incurred on or after January 1, 1996, are eligible for reimbursement.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable.

Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of issuance of the claiming instructions by the State Controller.

If total costs for a given year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. Reimbursable Activities

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate. For each eligible claimant, all direct and indirect costs of labor, supplies, services, travel and training, for the following activities are eligible for reimbursement:

A. Administration and regulation of batterers' treatment programs (Pen. Code, §§ 1203.097, subds. (c)(1), (c)(2) and (c)(5)) offset by the claimant's fee authority under Penal Code section 1203.097, subdivision (c)(5)(B).

    1. Development of an approval and annual renewal process for batterers' programs, not previously claimed under former Penal Code sections 1000.93 and 1000.95. (One-time activity.)

a. Meeting and conferring with and soliciting input from criminal justice agencies and domestic violence victim advocacy programs.

b. Staff training regarding the administration and regulation of batterers' treatment programs. (One-time for each employee performing the mandated activity.)

2. Processing of initial and annual renewal approvals for vendors, including:

a. Application review.

b. On-site evaluations.

c. Notification of application approval, denial, suspension or revocation.

B. Victim Notification. (Pen. Code, § 1203.097, subd. (b)(4).)

1. The probation department shall attempt to:

a. Notify victims regarding the requirement for the defendant's participation in a batterer's program.

b. Notify victims regarding available victim resources.

c. Inform victims that attendance in any program does not guarantee that an abuser will not be violent.

2. Staff training on the following activities:

a. Notify victims regarding the requirement for the defendant's participation in a batterer's program, and inform victims that attendance in any program does not guarantee that an abuser will not be violent. (One-time for each employee performing the mandated activities.)

b. Notify victims regarding available victim resources. (Once-a-year training for each employee performing the mandated activity.)

C. Assessing the future probability of the defendant committing murder. (Pen. Code, § 1203.097, subd. (b)(3)(I).)

1. Evaluation and selection of a homicidal risk assessment instrument.

2. Purchasing or developing a homicidal risk assessment instrument.

3. Training staff on the use of the homicidal risk assessment instrument.

4. Evaluation of the defendant using the homicidal risk assessment instrument, interviews and investigation, to assess the future probability of the defendant committing murder.

In the event a local agency obtains a new homicidal risk assessment instrument, documentation substantiating the improved value of the new instrument is required to be provided with the claim.

## V. Claim Preparation

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section IV of this document.

SUPPORTING DOCUMENTATION

Claimed costs shall be supported by the following cost element information:

A. Direct Costs

Direct Costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salaries and Benefits

   Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the reimbursable activities performed and specify the actual time devoted to each reimbursable activity by each employee, productive hourly rate and related fringe benefits.

   Reimbursement for personal services includes compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

2. Materials and Supplies

   Only expenditures that can be identified as direct costs of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

3. Contract Services

   Provide the name(s) of the contractor(s) who performed the services, including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were performed and itemize all costs for those services.

4. Fixed Assets

   List the costs of the fixed assets that have been acquired specifically for the purpose of this mandate. If the fixed asset is utilized in some way not directly related to the mandated program, only the pro-rata portion of the asset which is used for the purposes of the mandated program is eligible for reimbursement.

5. Travel

   Travel expenses for mileage, per diem, lodging and other employee entitlements are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points and travel costs.

6. Training

   The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title

and subject of the training session, the date(s) attended and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging and per diem.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

## VI. Records Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. Data for Development of a Statewide Cost Estimate

The State Controller's Office is directed to include in the claiming instructions a request that claimants send an additional copy of the test claim specific form for the initial years' reimbursement claim by mail or facsimile to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, California 95814, Facsimile number: (916) 445-0278. Although providing this information to the Commission on State Mandates is not a condition of reimbursement, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate which will be the basis for the Legislature's appropriation for this program.

## VIII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of the subject mandate must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected under Penal Code section 1203.097,

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

subdivision (c)(5)(B), federal funds and other state funds shall be identified and deducted from this claim.

## IX. State Controller's Office Required Certification

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained herein.

| PROGRAM 177 | DOMESTIC VIOLENCE TREATMENT SERVICES – AUTHORIZATION AND CASE MANAGEMENT CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00177<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04)(A)(g) | |
| County of Location | | | (23) FORM 1, (04)(B)(g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04)(C)(g) | |
| City | State | Zip Code | (25) FORM 1, (06) | |
| | | **Type of Claim** | (26) FORM 1, (07) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (09) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (10) | |
| | (05) | (11) Amended ☐ | (29) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

_____ Telephone Number _____

_____ Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

_____ Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

_____ Email Address _____

| PROGRAM 177 | DOMESTIC VIOLENCE TREATMENT SERVICES – AUTHORIZATION AND CASE MANAGEMENT CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was timely filed. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (28) Bring forward the cost information as specified on the left-hand column of lines (22) through (28) for the reimbursement claim, e.g., Form 1, (04) A. (g), means the information is located on Form 1, block (04), line A., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(29) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 177 | DOMESTIC VIOLENCE TREATMENT SERVICES – AUTHORIZATION AND CASE MANAGEMENT CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel and Training | (g) Total |
| A. Administration and Regulation of Batterers' Treatment Programs | | | | | | | |
| B. Victim Notification | | | | | | | |
| C. Assess Future Probability of Defendant Committing Murder | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| **Cost Reduction** | | |
|---|---|---|
| (09) Less: Offsetting Revenues | | |
| (10) Less: Amount Received pursuant to Penal Code (PC) § 1203.097(c)(5)(B) and other applicable sources | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 177 | DOMESTIC VIOLENCE TREATMENT SERVICES – AUTHORIZATION AND CASE MANAGEMENT CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) Enter the amount received pursuant to PC section 1203.097 (c)(5)(B), and if applicable, other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 177 | DOMESTIC VIOLENCE TREATMENT SERVICES – AUTHORIZATION AND CASE MANAGEMENT ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- ☐ A. Administration and Regulation of Batterers' Treatment Programs
- ☐ B. Victim Notification
- ☐ C. Assess Future Probability of Defendant Committing Murder

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel and Training |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: _____of_____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 177 | DOMESTIC VIOLENCE TREATMENT SERVICES – AUTHORIZATION AND CASE MANAGEMENT ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel Cost = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No 2012-41

Health Benefits for Survivors of Peace Officers and Firefighters – Program No. 197

Local Agencies

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Health Benefits for Survivors of Peace Officers and Firefighters program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On October 26, 2000, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city, county, or specified special district, as defined in GC section 17518, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

Special districts, subject to tax and spend limitations pursuant to the provisions of articles XIII A and B of the California Constitution, are eligible to file a claim for reimbursement. To establish proof of eligibility and to minimize payment delays, SCO requests that special district claimants submit a supporting document affirming that the special district received an annual allocation of property tax revenue from the county pursuant to article XIII A of the California Constitution. This may include a Board of Directors Resolution establishing the appropriation limit for the fiscal year being claimed, in compliance with article XIII B of the California Constitution.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC Section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**), provided that a county may submit a combined claim on behalf of direct service districts or special districts within their county if the combined claim exceeds **$1,000**, even if the individual direct service district's or special district's claim does not each exceed **$1,000**. The county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each direct service district or special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a direct service district or special district provides a written notice of its intent to file a separate claim to the county and to SCO, at least 180 days prior to the deadline for filing the claim.

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: 3/29/01
Amended: 1/29/10

# Amendment to Parameters and Guidelines

Labor Code Section 4856, Government Code Section 21635

Statutes 1996, Chapter 1120
Statutes 1997, Chapter 193

*Health Benefits for Survivors of Peace Officers and Firefighters*
05-PGA-32 (97-TC-25)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement

## I. SUMMARY AND SOURCE OF THE MANDATE

Statutes 1996, chapter 1120 enacted Labor Code section 4856, which requires local agencies to provide lifelong health benefits to the survivors of peace officers and firefighters who die in the line of duty. Statutes 1997, chapter 193 further amended Labor Code section 4856 by applying this benefit retroactively. Additionally, chapter 1120 amended Government Code section 21635, by deleting language exempting local agencies from collective bargaining under the Meyers-Milias-Brown Act with their employees for survivor health benefits.

On October 26, 2000, the Commission adopted its Statement of Decision that the test claim legislation constitutes a reimbursable state mandated program upon local governments within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

## II. ELIGIBLE CLAIMANTS

1. Providing Survivor Health Benefits (Labor Code Section 4856)

   Counties, cities, a city and county, and special districts, as defined in Government Code section 17518 that employ peace officers and firefighters, and school districts, as defined in Government Code section 17519, that employ peace officers are eligible claimants.

2. Collective Bargaining (Government Code Section 21635)

   Counties, cities, a city and county and special districts, as defined in Government Code section 17518 are eligible claimants.

## III. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Section 17557 of the Government Code, prior to its amendment by Statutes 1998, chapter 681, (effective September 22, 1998), stated that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed on June 9, 1998.

Statutes 1996, chapter 1120, an urgency statute, became effective September 30, 1996. It requires that local agencies provide health benefits to the survivors of peace officers and firefighters killed in the line of duty *after* September 30, 1996. And it allows collective bargaining for the continued health benefits coverage of a surviving spouse. Therefore, costs incurred for Statutes 1996, chapter 1120, are eligible for reimbursement on or after July 1, 1997.

Statutes 1997, chapter 193, became effective on January 1, 1998. It requires that local agencies provide health benefits to the survivors of peace officers and firefighters killed in the line of duty *before* September 30, 1996. Therefore, cost incurred for Statutes 1997, chapter 193, are eligible for reimbursement on or after January 1, 1998.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561, subdivision (d)(1) of the Government Code, all claims for reimbursement of initial years' costs shall be submitted within 120 days of notification by the State Controller of the issuance of claiming instructions.

If total costs for a given year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, all direct and indirect costs of labor, materials, supplies and services, training and travel for the performance of the following activities, are eligible for reimbursement:

Component A. Providing Survivor Health Benefits (Labor Code Section 4856)

1. Developing or updating internal policies, procedures and manuals as necessary to provide health benefits to the deceased peace officer's or firefighter's surviving spouse and eligible dependents, as required under Labor Code section 4856 (one-time activity).

2. Upon the death of a peace officer or firefighter killed in the line of duty, the ongoing costs of maintaining files, manually or electronically, related to providing health benefits to the deceased peace officer's or firefighter's surviving spouse and eligible dependents, as required under Labor Code section 4856, is reimbursable.

3. Dependent Notification

   a. Upon the death of a peace officer or firefighter killed in the line of duty, providing a one-time notification to the surviving spouse that the local government employer must continue providing health benefits to the deceased employee's spouse and minor dependents under the same terms and conditions provided before death, or prior to the accident or injury that caused death. If there is no surviving spouse, then providing a one-time notification to the minor dependents, or guardian, that the local government employer must continue providing health benefits until the minor dependents reach the age of 21 years.

   b. Providing a one-time notice to the minor dependents of peace officers or firefighters killed in the line of duty, when they are no longer eligible for continued health benefits under the surviving spouse's coverage. Or, if there is no surviving spouse, when the minor dependents reach the age of 21 years.

   c. Upon remarriage of the surviving spouse, providing a one-time notice to the surviving spouse that the new spouse or stepchildren cannot be added as family members under the continued health benefits coverage of the surviving spouse.

4. Upon the death of a peace officer or firefighter killed in the line of duty, communicating with the insurance plan provider for the purpose of notifying the insurance plan provider of the peace officer's or firefighter's death, and coordinating with the insurance plan provider to ensure that the deceased peace officer's or firefighter's surviving spouse and eligible dependents will continue receiving health benefits under the same terms and conditions as provided before death, or prior to the accident or injury that caused death.

5. Upon the death of a peace officer or firefighter killed in the line of duty, the amount of the insurance premiums paid to HMOs, or the contributions to self-insured pools, for the continued health benefits coverage to the deceased peace officer's or firefighter's surviving spouse, as required under Labor Code section 4856, is reimbursable. Eligible minor dependents are provided health benefits under the surviving spouse's coverage. If there is no surviving spouse, eligible dependents are provided health benefits until the age of 21 years. A surviving spouse's new spouse

or stepchildren are ineligible for continued health benefits under the surviving spouse's coverage.

Component B. Collective Bargaining for the Continued Health Benefits Coverage of a Surviving Spouse (Government Code Section 21635)

1. Developing or updating internal policies, procedures and manuals as necessary to collectively bargain with local employee representatives (one-time activity).

2. Maintaining files manually or electronically related to collective bargaining.

3. The cost of up to five employer representatives and the cost of up to five employee representatives will be reimbursed for the following activities if a representative of a recognized employee organization requests that the local governmental employer meet and confer in good faith.

   a. Reviewing the recognized employee organization's initial contract proposal.

   b. Developing and presenting the local government employer's response to the recognized employee organization's initial contract proposal.

   c. Participating in negotiating planning sessions in preparation of pending negotiations with the recognized employee organization's representatives.

   d. Negotiating with the recognized employee organization's representatives.

   e. Holding public hearings, pursuant to Government Code 3505.1, so that the governing board can approve the memorandum of understanding.

   f. Reproducing and distributing to employer representatives (supervisory, management, and confidential) that portion of the final contract agreement. Reproducing and distributing copies of the final contract to collective bargaining unit members are not reimbursable.

## V. CLAIM PREPARATION AND SUBMISSION

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section IV of this document.

SUPPORTING DOCUMENTATION

Claimed costs shall be supported by the following cost element information:

A. Direct Costs

Direct Costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the reimbursable activities performed and specify the actual time devoted to each reimbursable activity, the productive hourly rate, and related employee benefits.

Reimbursement includes compensation paid for salaries, wages, and employee benefits. Employee benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contributions to social security, pension plans, insurance, and workers' compensation insurance. Employee benefits are eligible for reimbursement when distributed equitably to all job activities performed by the employee.

2. Materials and Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

3. Contract Services

Contracted services for participation of employer representatives in contract negotiations and negotiation planning sessions will be reimbursed. Provide the name(s) of the contractor(s) who performed the services, including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were performed and itemize all costs for those services. Submit contract consultant and attorney invoices with the claim.

4. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points and travel costs.

5. Training

The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, registration fees, transportation, lodging, and per diem.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Cities, Counties, and Special Districts

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB A-87. Claimants have the option of using 10% of direct labor,

excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB Circular A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the two following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

School Districts

1. School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.

2. County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the State Department of Education.

3. Community colleges have the option of using (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-21 "Cost Principles of Educational Institutions", (2) the rate calculated on State Controller's Form FAM-29C, or (3) a 7% indirect cost rate.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of the subject mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds and other state funds shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained herein.

## IX. PARAMETERS AND GUIDELINES AMENDMENTS

Pursuant to Title 2, California Code of Regulations, section 1183.2, Parameters and Guidelines amendments filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement as defined in the original parameters and guidelines. A Parameters and Guidelines amendment filed after the initial claiming deadline must be submitted on or before January 15, following a fiscal year in order to establish eligibility for reimbursement for that fiscal year.

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

| PROGRAM 197 | HEALTH BENEFITS FOR SURVIVORS OF PEACE OFFICERS AND FIREFIGHTERS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00197<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | | (22) FORM 1, (03) | |
| County of Location | | | | (23) FORM 1, (04) A. 1.(f) | |
| Street Address or P.O. Box | | Suite | | (24) FORM 1, (04) B. 2.(f) | |
| City | State | Zip Code | | (25) FORM 1, (04) B. 3.(f) | |
| | | | **Type of Claim** | (26) FORM 1, (04) B. 4.(f) | |
| | (03) | | (09) Reimbursement ☐ | (27) FORM 1, (04) B. 5.(f) | |
| | (04) | | (10) Combined ☐ | (28) FORM 1, (04) B. 6.(f) | |
| | (05) | | (11) Amended ☐ | (29) FORM 1, (06) | |
| **Fiscal Year of Cost** | (06) | | (12) | (30) FORM 1, (07) | |
| **Total Claimed Amount** | (07) | | (13) | (31) FORM 1, (09) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | | (14) | (32) FORM 1, (10) | |
| Less: **Prior Claim Payment Received** | | | (15) | (33) | |
| **Net Claimed Amount** | | | (16) | (34) | |
| **Due from State** | (08) | | (17) | (35) | |
| **Due to State** | | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

_____ Telephone Number _____

_____ Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

_____ Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

_____ Email Address _____

| PROGRAM 197 | HEALTH BENEFITS FOR SURVIVORS OF PEACE OFFICERS AND FIREFIGHTERS CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows::

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (32) Bring forward the cost information as specified on the left-hand column of lines (22) through (32) for the reimbursement claim, e.g., Form 1, (04) A. 1. (f), means the information is located on Form 1, block (04), line A. 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(33) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 197 | HEALTH BENEFITS FOR SURVIVIORS OF PEACE OFFICERS AND FIREFIGHTERS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___ / 20___ |
|---|---|
| (03) Number of peace officers and firefighters who died in the line of duty during the fiscal year | |

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Travel and Training | (f) Total |
| **A. One-Time Activity** | | | | | | |
| 1. Develop Policies and Procedures | | | | | | |
| **B. Ongoing Activities** | | | | | | |
| 2. Maintain files manually or electronically | | | | | | |
| 3. Provide a one-time notification to the surviving spouse or minor dependent | | | | | | |
| 4. Communicate with the insurance plan provider for the purposes of notifying the provider of the continued coverage for the survivors | | | | | | |
| 5. Continued coverage for survivors (spouse and minor dependents) ***(Enter the total costs for continued coverage in Column (d), Contract Services)*** | | | | | | |
| 6. Contract negotiations, includes up to five employer and five employee representatives | | | | | | |
| (05) Total Direct Costs | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(f) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 197 | HEALTH BENEFITS FOR SURVIVIORS OF PEACE OFFICERS AND FIREFIGHTERS CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) Enter the number of peace officers and firefighters who died in the line of duty during the fiscal year.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.

**Activity 5:**

Enter the total amount of the insurance premiums paid to HMOs, or the contributions to self-insured pools, for the continued health benefits coverage to the deceased peace officer's or firefighter's surviving spouse or eligible minor dependents, as required under Labor Code section 4856, in column (d) Contract Services.

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 197 | HEALTH BENEFITS FOR SURVIVORS OF PEACE OFFICERS AND FIREFIGHTERS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-Time Activity**

☐ 1. Develop Policies and Procedures

**B. Ongoing Activities**

☐ 2. Maintain files manually or electronically

☐ 3. Provide a one-time notification to the surviving spouse or minor dependent

☐ 4. Communicate with the insurance plan provider for the purposes of notifying the provider of the continued coverage for the survivors

☐ 5. Continued coverage for survivors (spouse and minor dependents)

☐ 6. Contract negotiations, includes up to five employer and five employee representatives

(04) Description of Expenses

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | Object Accounts (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Travel and Training |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | |

**Revised 9/19**

| PROGRAM 197 | HEALTH BENEFITS FOR SURVIVORS OF PEACE OFFICERS AND FIREFIGHTERS ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2018-02

Local Agency Employee Organizations: Impasse Procedures II – Program No. 371

December 27, 2018

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Local Agency Employee Organizations: Impasse Procedures II program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On May 25, 2018, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city, county, city and county, or special district, as defined in GC section 17518, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement, other than a charter city, charter county, or charter city and county with a charter prescribing binding arbitration in the case of an impasse, pursuant to GC section 3505(e), whose costs for this program are paid from proceeds of taxes that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

Special districts, subject to tax and spend limitations pursuant to the provisions of articles XIII A and B of the California Constitution, are eligible to file a claim for reimbursement. To establish proof of eligibility and to minimize payment delays, SCO requests that special district claimants submit a supporting document affirming that the special district received an annual allocation of property tax revenue from the county pursuant to article XIII A of the California Constitution. This may include a Board of Directors Resolution establishing the appropriation limit for the fiscal year being claimed, in compliance with article XIII B of the California Constitution.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount; not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to section 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: September 28, 2018

# PARAMETERS AND GUIDELINES

Government Code Sections 3505.4(a-d) and 3505.5(a-d)

Statutes 2012, Chapter 314 (AB 1606)

*Local Agency Employee Organizations: Impasse Procedures II*

16-TC-04

The period of reimbursement begins July 1, 2015.

## I. SUMMARY OF THE MANDATE

These Parameters and Guidelines address the mandated activities arising from amendments to the Meyers-Milias-Brown Act by Statutes 2012, chapter 314 (AB 1606), which imposed a factfinding procedure after a local agency and an employee organization reach an impasse in their collective bargaining negotiations, available at the option of the employee organization.

On May 25, 2018, the Commission on State Mandates (Commission) adopted the Decision finding that the test claim statute imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514, (other than charter cities or counties with a charter prescribing binding arbitration in the case of an impasse pursuant to Government Code section 3505.5(e)). The Commission partially approved the Test Claim, finding only the following activities to be reimbursable:

- Within five (5) days after receipt of the written request from the employee organization to submit the parties' differences to a factfinding panel, select a member of the factfinding panel, and pay the costs of that member; pay half the costs of the PERB-selected chairperson, or another chairperson mutually agreed upon, including per diem, travel, and subsistence expenses, and; pay half of any other mutually incurred costs for the factfinding process. (Gov. Code §§ 3505.4(a) and (b); 3505.5(b), (c) and (d).)
- Meet with the factfinding panel within ten (10) days after its appointment. (Gov. Code § 3505.4(c).)
- Furnish the factfinding panel, upon its request, with all records, papers, and information in their possession relating to any matter under investigation by or in issue before the factfinding panel. (Gov. Code § 3505.4(c-d).)
- Receive and make publicly available the written advisory findings and recommendations of the factfinding panel if the dispute is not settled within 30 days of appointment of the panel. (Gov. Code § 3505.5(a).)

## II. ELIGIBLE CLAIMANTS

Any city, county, city and county, or special district subject to the taxing restrictions of article XIII A, and the spending limits of article XIII B, of the California Constitution,[1] other than a charter city, charter county, or charter city and county with a charter prescribing binding arbitration in the case of an impasse, pursuant to Government Code section 3505(e), whose costs for this program are paid from proceeds of taxes that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e) states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The claimant filed the Test Claim on May 12, 2017, establishing eligibility for reimbursement for the 2015-2016 fiscal year. Therefore, costs incurred beginning on or after July 1, 2015 are reimbursable.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller (Controller) within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency or school district may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency or school district filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Gov. Code §17560(b).)
5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564(a).

[1] Government Code section 17518 defines "local agency" to mean "any city, county, special district, authority, or other political subdivision of the state." However, the courts have made it clear that only those local agencies subject to the tax and spend provisions of articles XIII A and XIII B are eligible to claim reimbursement under article XIII B, section 6. (*County of Fresno v. State of California* (1991) 53 Cal.3d 482, 487 ["[R]ead in its textual and historical context section 6 of article XIII B requires subvention only when the costs in question can be recovered solely from tax revenues."]; *Dept. of Finance v. Commission on State Mandates* (2016) 1 Cal.5th 749, 763 [quoting *County of San Diego v. State of California, supra*, 15 Cal.4th 68, 81]; *Redevelopment Agency of San Marcos v. Commission on State Mandates* (1997) 55 Cal.App.4th 976; *City of El Monte v. Commission on State Mandates* (2000) 83 Cal.App.4th 266, 281-282 [Redevelopment agencies cannot assert an entitlement to reimbursement under article XIII B, section 6, while enjoying exemption from article XIII B's spending limits.].)

6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event, or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant that incurs increased costs,[2] the following activities are reimbursable:

1. Within five (5) days after receipt of the written request from the employee organization to submit the parties' differences to a factfinding panel, select a member of the factfinding panel, and pay the costs of that member; pay half the costs of the PERB-selected chairperson, or another chairperson mutually agreed upon, including per diem, travel, and subsistence expenses, and; pay half of any other mutually incurred costs for the factfinding process. (Gov. Code §§ 3505.4(a) and (b); 3505.5(b), (c) and (d).)
2. Meet with the factfinding panel within ten (10) days after its appointment. (Gov. Code § 3505.4(c).)
3. Furnish the factfinding panel, upon its request, with all records, papers, and information in their possession relating to any matter under investigation by or in issue before the factfinding panel. (Gov. Code § 3505.4(c-d).)

[2] Government Code section 3505.5(e) provides that charter cities, charter counties, and charter cities and counties are exempt from sections 3505.5 and 3505.4 if their charter provides a procedure that applies in the case of an impasse with its employee organizations that includes, at a minimum, a process for binding arbitration, therefore they are not eligible claimants for this program.

4. Receive and make publicly available the written advisory findings and recommendations of the factfinding panel if the dispute is not settled within 30 days of appointment of the panel. (Gov. Code § 3505.5(a).)

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV., Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets

Report the purchase price paid for fixed assets (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts

disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 Code of Federal Regulations (CFR) part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10 percent of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10 percent.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR part 225, appendices A and B (OMB Circular A-87 attachments A & B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR part 225, appendices A and B (OMB Circular A-87 attachments A & B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage that the total amount of allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5(a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[3] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for

[3] This refers to title 2, division 4, part 7, chapter 4 of the Government Code.

the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV., must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other applicable state funds, shall be identified and deducted from any claim submitted for reimbursement.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from these parameters and guidelines and the decisions on the test claim and parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.17.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The decisions adopted for the Test Claim and Parameters and Guidelines are legally binding on all parties and provide the legal and factual basis for the Parameters and Guidelines. The support for the legal and factual findings is found in the administrative record. The administrative record is on file with the Commission.

| PROGRAM 371 | LOCAL AGENCY EMPLOYEE ORGANIZATIONS: IMPASSE PROCEDURES II CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00371<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) 1. (e) | |
| County of Location | | | (23) FORM 1, (04) 2. (e) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) 3. (e) | |
| City State | | Zip Code | (25) FORM 1, (04) 4. (e) | |
| | | **Type of Claim** | (26) FORM 1, (06) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (07) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (09) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** **(refer to attached Instructions)** | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein; claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 371 | LOCAL AGENCY EMPLOYEE ORGANIZATIONS: IMPASSE PROCEDURES II CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

**Note:** Combined claims may be filed only when the county is the fiscal agent for the claimant.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or as specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1. (e) means the information is located on Form 1, section (04), line 1., column (e). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 371 | LOCAL AGENCY EMPLOYEE ORGANIZATIONS: IMPASSE PROCEDURES II CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) | Fiscal Year 20 ___ /20___ |
|---|---|---|
| (03) Leave blank. | | |

| **Direct Costs** | **Object Accounts** | | | | |
|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries and Benefits | (b) Materials and Supplies | (c) Contract Services | (d) Fixed Assets | (e) Total |
| 1. Within five (5) days after receipt of a written request, select a member of the factfinding panel, and pay the costs of that member. (*See Form 1, Claim Summary Instructions for more details.*) | | | | | |
| 2. Meet with the factfinding panel within ten (10) days after its appointment. | | | | | |
| 3. Furnish the factfinding panel, upon its request, with all records, papers, and information in their possession relating to any matter under investigation by or in issue before the factfinding panel. | | | | | |
| 4. Receive and make publicly available the written advisory findings and recommendations of the factfinding panel if the dispute is not settled within thirty (30) days of appointment of the panel. | | | | | |
| (05) Total Direct Costs | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(e) + line (07)] | |

| **Cost Reduction** | | |
|---|---|---|
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) – {line (09) + line (10)}] | |

| PROGRAM 371 | LOCAL AGENCY EMPLOYEE ORGANIZATIONS: IMPASSE PROCEDURES II CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year in which costs were incurred.

(03) Leave blank.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (g), to Form 1, section (04), columns (a) through (d), in the appropriate row. Total each row.

***Activities:***

1. Within five (5) days after receipt of the written request from the employee organization to submit the parties' differences to a factfinding panel, select a member of the factfinding panel, and pay the costs of that member; pay half the costs of the PERB-selected chairperson, or another chairperson mutually agreed upon, including per diem, travel, and subsistence expenses, and; pay half of any other mutually incurred costs for the factfinding process.

2. Meet with the factfinding panel within ten (10) days after its appointment.

3. Furnish the factfinding panel, upon its request, with all records, papers, and information in their possession relating to any matter under investigation by or in issue before the factfinding panel.

4. Receive and make publicly available the written advisory findings and recommendations of the factfinding panel if the dispute is not settled within thirty (30) days of appointment of the panel.

(05) Total columns (a) through (e).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(e), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funding, and other state funding that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 371 | LOCAL AGENCY EMPLOYEE ORGANIZATIONS: IMPASSE PROCEDURES II ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Within five (5) days after receipt of a written request, select a member of the factfinding panel, and pay the costs of that member.

(*See Form 1, Claim Summary Instructions for more details.*)

☐ 2. Meet with the factfinding panel within ten (10) days after its appointment.

☐ 3. Furnish the factfinding panel, upon its request, with all records, papers, and information in their possession relating to any matter under investigation by or in issue before the factfinding panel.

☐ 4. Receive and make publicly available the written advisory findings and recommendations of the factfinding panel if the dispute is not settled within thirty (30) days of appointment of the panel.

| (04) Description of Expenses | | | Object Accounts | | | |
|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked | (d) Salaries and Benefits | (e) Materials and Supplies | (f) Contract Services | (g) Fixed Assets |
| | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | |

**Revised 09/19**

| PROGRAM 371 | LOCAL AGENCY EMPLOYEE ORGANIZATIONS: IMPASSE PROCEDURES II ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year in which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in section (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, materials and supplies used, contract services, fixed assets, and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| **Object Accounts** | **Columns** | | | | | | | **Submit supporting documents with the claim** |
|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | |
| | Activities Performed | Benefit Rate | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | Cost = Total Cost X Usage | Copy of Contract and Invoices |

(05) Total line (04), columns (d) through (g) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (g) on Form 1, section (04), columns (a) through (d) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2013-12

Local Agency Ethics – Program No. 334

January 03, 2013

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Local Agency Ethics program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On May 25, 2012, CSM adopted a Statement of Decision finding that the test claim legislation imposes a partially reimbursable state-mandated program on general law counties and those eligible special districts subject to the tax-and-spend provisions of articles XIII A and XIII B, that are required by their enabling acts to provide reimbursement of expenses, within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

General law counties and those eligible special districts subject to the tax-and-spend provisions of articles XIII A and XIII B of the California Constitution, that are required by their enabling act to provide reimbursement of expenses to perform the reimbursable activities, are eligible to claim reimbursement.

To establish proof of eligibility and to minimize payment delays, SCO requests that special district claimants submit a supporting document affirming that the special district received an annual allocation of property tax revenue from the county pursuant to article XIII A of the California Constitution. This may include a Board of Directors Resolution establishing the appropriation limit for the fiscal year being claimed, in compliance with article XIII B of the California Constitution.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the

retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: September 28, 2012
Corrected: January 28, 2013

# PARAMETERS AND GUIDELINES

Government Code Sections 53232.2(b), 53232.3(a) and (b), 53235(f) and 53235.2(a)

Statutes 2005, Chapter 700

*Local Agency Ethics (AB 1234)*
07-TC-04

## I. SUMMARY OF THE MANDATE

The test claim statute addresses activities of local agencies related to transparency and ethics training for members of the legislative bodies of local agencies. Specifically, it addresses the policymaking, reporting, recordkeeping, ethics training and notice requirements imposed on local agencies if they provide any type of compensation, salary, or stipend to a member of a legislative body, or provide reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties.

On May 25, 2012, the Commission on State Mandates (Commission) adopted a statement of decision finding that the test claim statute imposes a partially reimbursable state-mandated program on general law counties and those eligible special districts subject to the tax and spend provisions of articles XIII A and XIII B, that are required by their enabling acts to provide reimbursement of expenses to perform the following:

1. Adopt a written policy, in a public meeting specifying the types of occurrences that qualify a member of the legislative body to receive reimbursement of expenses relating to travel, meals, lodging and other actual and necessary expenses;[1]
2. Provide expense report forms;[2]
3. Provide information on training courses to meet the ethics training requirements imposed by the test claim statute to its local officials at least once annually;[3]
4. Maintain training records, inclusive of training date and training provider, for five years.[4]

## II. ELIGIBLE CLAIMANTS

General law counties and those eligible special districts subject to the tax and spend provisions of articles XIII A and XIII B of the California Constitution, that are required by their enabling act to provide reimbursement of expenses to perform the reimbursable activities are eligible to claim reimbursement.

---

[1] Government Code section 53232.2(b).

[2] Government Code section 53232.3(a).

[3] Government Code section 53235(f).

[4] Government Code section 53235.2(a).

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e), states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The City of Newport Beach filed the test claim on October 23, 2007, establishing eligibility for reimbursement for the 2006-2007 fiscal year. Therefore, costs incurred are reimbursable on or after July 1, 2006.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Government Code section 17560(b).)
5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564(a).
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant that is required by their enabling act to provide reimbursement of expenses to members of their legislative bodies, and that incurs increased costs, the following activities are reimbursable:

1. Adopt a written policy, in a public meeting specifying the types of occurrences that qualify a member of the legislative body to receive reimbursement of expenses relating to travel, meals, lodging and other actual and necessary expenses;[5]
2. Provide expense report forms to the members of the legislative body;[6]
3. Provide information on training courses to meet the ethics training requirements imposed by the test claim statute to its local officials at least once annually;[7]
4. Maintain training records indicating the dates that local officials satisfied the ethics training and the entity that provided the training, for five years.[8]

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent

[5] Government Code section 53232.2(b).

[6] Government Code section 53232.3(a).

[7] Government Code section 53235(f).

[8] Government Code section 53235.2(a).

on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets

Report the purchase price paid for fixed assets (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1., Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 CFR Part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[9] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

[9] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The statements of decision for the test claim and parameters and guidelines are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record. The administrative record is on file with the Commission.

| PROGRAM 334 | LOCAL AGENCY ETHICS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00334<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) 1. (g) | |
| County of Location | | | (23) FORM 1, (04) 2. (g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) 3. (g) | |
| City | State | Zip Code | (25) FORM 1, (04) 4. (g) | |
| | | **Type of Claim** | (26) FORM 1, (06) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (07) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (09) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** **(refer to attached Instructions)** | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

_____ Telephone Number _____

_____ Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

_____ Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

_____ Email Address _____

| PROGRAM 334 | LOCAL AGENCY ETHICS CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) 1. (g), means the information is located on Form 1, block (04), line 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 334 | LOCAL AGENCY ETHICS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel | (g) Total |
| 1. Adopt a written policy specifying the types of occurrences that qualify a member of the legislative body to receive reimbursement of expenses. | | | | | | | |
| 2. Provide expense report forms to the members of the legislative body. | | | | | | | |
| 3. Provide information on training courses to meet the ethics training requirements at least once annually. | | | | | | | |
| 4. Maintain training records indicating the dates and providers for five years. | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| **Cost Reduction** | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 334 | LOCAL AGENCY ETHICS CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 334 | LOCAL AGENCY ETHICS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- ☐ 1. Adopt a written policy specifying the types of occurrences that qualify a member of the legislative body to receive reimbursement of expenses.
- ☐ 2. Provide expense report forms to the members of the legislative body.
- ☐ 3. Provide information on training courses to meet the ethics training requirements at least once annually.
- ☐ 4. Maintain training records indicating the dates and providers for five years.

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page:____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 334 | LOCAL AGENCY ETHICS ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked<br><br>Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel Cost = Rate X Days or Miles | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2005-08

Local Elections: Consolidation – Program No. 259

September 30, 2005

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants can use for filing claims for the Local Elections: Consolidation program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On July 27, 2004, the Governor enacted Chapter 206, Statutes of 2004 (AB 2854) to make optional the requirement that counties conduct an analysis to determine the cost-effectiveness of a consolidation request and submit the cost-effectiveness report to the board of supervisors.

On November 8, 2004, SCO requested that CSM amend the Ps and Gs for the Local Elections: Consolidation program to clarify that the above activities are no longer eligible for reimbursement.

On July 28, 2005, CSM adopted the Ps and Gs amendment to clarify that conducting a cost-benefit analysis and submitting a cost-effectiveness report to the board of supervisors are not eligible for reimbursement effective July 27, 2004.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Counties that do not approve an election consolidation request are eligible to claim reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to GC sections 17551, 17560 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, notices of order of suspension or revocation, sworn reports, arrest reports, notices to appear, employee time records, or time logs, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by the Commission. If any adjustments are made to a claim, the claimant will be notified the amount adjusted, and the reason for the adjustment.

Pursuant to GC Section 17558.5(a), a reimbursement claim for actual costs filed by a local agency pursuant to this chapter is subject to the initiation of an audit by SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim is filed, the time for SCO to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: July 28, 2005
Adopted: September 21, 1989

# AMENDED PARAMETERS AND GUIDELINES

As Added or Amended by
Statutes 1981, Chapter 1013; Statutes 1982, Chapter 218;
Statutes 1985, Chapter 896; Statutes 1986, Chapters 188 and 667;
Statutes 1987, Chapters 2, 84, and 1083; Statutes 2004, Chapter 206

*Local Elections: Consolidation*
04-PGA-21 (CSM- 4317)

## I. SUMMARY OF THE MANDATE

The test claim legislation authorizes city councils and the governing boards of school districts and community college districts and the members of county boards of education to request that counties consolidate elections for city officials and board members with the statewide primary or general election or the general municipal election in the area. The county board of supervisors may deny such a request only if the ballot style, voting equipment, or computer capacity is such that additional elections or materials cannot be handled at the election for which the consolidation request has been made. County boards of supervisors are first required to obtain a report on the cost-effectiveness of such consolidation requests.

On April 27, 1989, the Commission on State Mandates (Commission) adopted the Statement of Decision for this program, finding that the test claim legislation constituted a new program or higher level of service and imposed a reimbursable state-mandated program upon counties that do not approve an election consolidation request, within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514. On September 21, 1989, the Commission adopted parameters and guidelines for this program, finding that (1) conducting a public board of supervisors meeting to consider a consolidation request and noticing that public meeting; (2) conducting an impact analysis to determine if the county's voting systems are capable of accommodating a consolidated hearing; (3) conducting an analysis to determine the cost-effectiveness of the proposed consolidation, and (4) submitting the report on cost-effectiveness to the board of supervisors prior to approval or denial of the request for consolidation, are reimbursable activities.

On July 27, 2004, the Governor enacted Statutes 2004, chapter 206 (AB 2854, Laird) to make optional the requirement that counties conduct an analysis to determine the cost-effectiveness of a consolidation request and submit the cost-effectiveness report to the board of supervisors. On November 8, 2004, the State Controller's Office requested that the Commission amend the parameters and guidelines for the *Local Elections: Consolidation* program to clarify that the above activities are no longer eligible for reimbursement. On July 28, 2005, the Commission adopted the parameters and guidelines amendment to clarify that conducting a cost-benefit analysis and submitting a cost-effectiveness report to the board of supervisors are not eligible for reimbursement effective July 27, 2004.

## II. ELIGIBLE CLAIMANTS

Counties that do not approve an election consolidation request are eligible for reimbursement.

## III. PERIOD OF REIMBURSEMENT

The period of reimbursement for this amendment begins on July 27, 2004.[1]

Pursuant to Government Code section 17560, reimbursement for state-mandated costs may be claimed as follows:

1. A local agency or school district may file an estimated reimbursement claim by January 15 of the fiscal year in which costs are to be incurred, and, by January 15 following that fiscal year shall file an annual reimbursement claim that details the costs actually incurred for that fiscal year; or it may comply with the provisions of subdivision (b).
2. A local agency or school district may, by January 15 following the fiscal year in which costs are incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
3. In the event revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 between October 15 and January 15, a local agency or school district filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

Reimbursable actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561 (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of the issuance of the State Controller's claiming instructions. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

---

[1]On July 27, 2004, the activities of conducting a cost-benefit analysis and submitting a cost-effectiveness report to the board of supervisors was made optional (Stats. 2004, ch. 206). Therefore, effective July 27, 2004, these activities are not eligible for reimbursement.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

1. Preparing and mailing the required notice to affected districts.

2. Preparing public notice of board of supervisors meeting held for the sole purpose of considering the request for consolidation.

3. Conducting an impact analysis review of the voting systems capacity to include a review of the ballot style, voting equipment, computer capacity, and assessing the potential future impact of jurisdiction division being considered for election consolidation and the affect any jurisdiction divisions would have on the voting system. Specifically, the study would focus on those areas that would be directly impacted such as additional voting precincts, election boards, voting materials, administrative costs, and other election costs.

4. Conducting a Benefit/Cost Analysis to determine the cost effectiveness of the proposed action and submitting the report to the Board of Supervisors prior to the adoption of a resolution to either approve or deny a consolidation request. (Reimbursement period for this activity ends July 27, 2004.)

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are defined as costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate, which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage, which the total amount allowable indirect costs bear to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bear to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[2] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The

[2] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| PROGRAM 259 | LOCAL ELECTIONS: CONSOLIDATION CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00259<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) 1. (g) | |
| County of Location | | | (23) FORM 1, (04) 2. (g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) 3. (g) | |
| City | State | Zip Code | (25) FORM 1, (06) | |
| | | **Type of Claim** | (26) FORM 1, (07) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (09) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (10) | |
| | (05) | (11) Amended ☐ | (29) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 259 | LOCAL ELECTIONS: CONSOLIDATION<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (28) Bring forward the cost information as specified on the left-hand column of lines (22) through (28) for the reimbursement claim, e.g., Form 1, (04) 1. (g), means the information is located on Form 1, block (04), line 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(29) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 259 | LOCAL ELECTIONS: CONSOLIDATION CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel | (g) Total |
| 1. Prepare & Mail Required Notice | | | | | | | |
| 2. Prepare Notice of BOS Meeting | | | | | | | |
| 3. Conduct Impact Analysis Review | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| **Cost Reduction** | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 259 | LOCAL ELECTIONS: CONSOLIDATION<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 259 | LOCAL ELECTIONS: CONSOLIDATION<br>ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

☐ 1. Prepare & Mail Required Notice

☐ 2. Prepare Notice of BOS Meeting

☐ 3. Conduct Impact Analysis Review

| (04) **Description of Expenses** | | | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____ of ____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 259 | LOCAL ELECTIONS: CONSOLIDATION<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | | Copy of Contract And Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract And Invoices |
| **Travel** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel Cost = Rate X Days or Miles | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2009-05

Local Government Employee Relations – Program No. 298

August 3, 2009

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants can use for filing claims for the Local Government Employee Relations program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On December 4, 2006, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city, county, special district, or other local agency subject to the jurisdiction of the Public Employment Relations Board (PERB) that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

The City of Los Angeles and the County of Los Angeles are not eligible claimants because they are specifically excluded from PERB's jurisdiction pursuant to GC section 3507.

Special districts, subject to tax and spend limitations pursuant to the provisions of articles XIII A and B of the California Constitution, are eligible to file a claim for reimbursement. To establish proof of eligibility and to minimize payment delays, SCO requests that special district claimants submit a supporting document affirming that the special district received an annual allocation of property tax revenue from the county pursuant to article XIII A of the California Constitution. This may include a Board of Directors Resolution establishing the appropriation limit for the fiscal year being claimed, in compliance with article XIII B of the California Constitution.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC Section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**), provided that a county may submit a combined claim on behalf of direct service districts or special districts within their county if the combined claim exceeds **$1,000**, even if the individual direct service district's or special district's claim does not each exceed **$1,000**. The county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each direct service district or special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a direct service district or special district provides a written notice of its intent to file a separate claim to the county and to SCO, at least 180 days prior to the deadline for filing the claim.

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, notices of order of suspension or revocation, sworn reports, arrest reports, notices to appear, employee time records, or time logs, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas training packets, and declarations. Declarations must include a certification or declaration stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by the Commission. If any adjustments

are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC Section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date that the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Corrected: June 16, 2009
Adopted: May 29, 2009

# PARAMETERS AND GUIDELINES

Government Code Sections 3502.5 and 3508.5

Statutes 2000, Chapter 901 (SB 739)

California Code of Regulations, Title 8, Sections 32132, 32135, 32140, 32149, 32150, 32160, 32168, 32170, 32175, 32176, 32180, 32190, 32205, 32206, 32207, 32209, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980, 60010, 60030, 60050, 60070

Register 2001, Number 49

*Local Government Employee Relations*
01-TC-30

## I. SUMMARY OF THE MANDATE

The test claim statute amended the Meyers-Milias-Brown Act (hereinafter the "MMBA") regarding employer-employee relations between local public agencies and their employees. The test claim statute and its attendant regulations created an additional method for creating an agency shop arrangement, and expanded the jurisdiction of the Public Employment Relations Board (hereinafter "PERB") to include resolving disputes and enforcing the statutory duties and rights of those public employers and employees subject to the MMBA.

On December 4, 2006, the Commission on State Mandates found that the test claim statute and regulations impose a partially reimbursable state-mandated program on local agencies for the following activities:

1. Deduct from an employees' wages the payment of dues or service fees required pursuant to an agency shop arrangement that was established under subdivision (b) of Government Code section 3502.5, and transmit such fees to the employee organization. (Gov. Code § 3508.5, subd. (b)).
2. Receive from the employee any proof of in lieu fee payments made to charitable organizations required pursuant to an agency shop arrangement that was established under subdivision (b) of Government Code section 3502.5. (Gov. Code, § 3502.5, subd. (c)).
3. Follow PERB procedures in responding to charges and appeals filed with PERB, by an entity other than the local public agency employer, concerning an unfair labor practice, a unit determination, representation by an employee organization, recognition of an employee organization, or election. Mandated activities are:
    a. procedures for filing documents or extensions for filing documents with PERB (Cal.Code Reg., tit. 8, §§ 32132, 32135 (Register 2001, No. 49));
    b. proof of service (Cal. Code Regs., tit. 8, § 32140 (Register 2001, No. 49));

c. responding to subpoenas and investigative subpoenas (Cal. Code Regs., tit. 8, §§ 32149, 32150 (Register 2001, No. 49));

d. conducting depositions (Cal. Code Regs., tit. 8, § 32160 (Register 2001, No. 49));

e. participate in hearings and responding as required by PERB agent, PERB Administrative Law Judge, or the five-member PERB (Cal. Code Regs., tit. 8, §§ 32168, 32170, 32175, 32176, 32180, 32205, 32206, 32207, 32209, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980, 60010, 60030, 60050 and 60070 (Register 2001, No. 49)); and

f. filing and responding to written motions in the course of the hearing. (Cal. Code Regs. tit. 8, § 32190. (Register 2001, No. 49.)

## II. ELIGIBLE CLAIMANTS

Any county, city, or city and county, special district or other local agency subject to the jurisdiction of PERB that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs. However, the City of Los Angeles and the County of Los Angeles are not eligible claimants because they are specifically excluded from PERB jurisdiction pursuant to Government Code section 3507.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed by the test claimants, the County of Sacramento and the City of Sacramento, on August 1, 2002. Therefore, the period of reimbursement begins on July 1, 2001.

Actual costs for one fiscal year shall be included in each claim. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any given fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices and receipts.

Evidence corroborating the source documents may include, but is not limited to, time sheets, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, calendars, and declarations. Declarations must include a certification or declaration stating, “I

certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below.

Claimants may use time studies to support salary and benefit costs when an activity is task-repetitive. Time study usage is subject to the review and audit conducted by the State Controller's Office.

For each eligible claimant, the following activities are eligible for reimbursement:

**A. <u>One Time Activities</u>**

1. Establish procedures and documentation for deduction from employees' wages the payment of dues, or service fees, including transmittal of such payments, and handling proof of in lieu fee payments made to charitable organizations as required by the agency shop agreement pursuant to Government Code sections 3502.5, subdivisions (b) and (c).

2. Develop and provide training for employees charged with responsibility for responding to PERB administrative actions, including attorneys, supervisory and management personnel. (One time per employee).

3. Establish procedures and systems for handling PERB matters, including calendaring, docketing and file management systems.

**B. <u>On-Going Activities</u>**

1. Deduct from employees' wages the payment of dues or service fees required pursuant to an agency shop arrangement that was established under subdivision (b) of Government Code section 3502.5, and transmit such fees to the employee organization. (Gov. Code, §, 3508.5, subd. (b).)

2. On a monthly basis, receive from the employee proof of in lieu fee payments made to charitable organizations pursuant to an agency shop arrangement that was established by signed petition and election in Government Code section 3502.5, subdivision (b). (Gov. Code, § 3502.5, subd. (c).)

3. When a person or entity other than the public entity files with the PERB an unfair practice charge, unit determination, representation by an employee organization, , recognition of an employee organization, or an election request, or the public agency employer is ordered by PERB to join in a matter, the following activities are reimbursable:

   a. filing documents or requests for extension of time to file documents with PERB (Cal. Code Regs., tit.8, §§ 32132, 32135);

   b. proof of service, including mailing and service costs (Cal. Code Regs., tit. 8, § 32140);

c. preparation for and participation in informal conferences as required by any PERB Board agents and PERB Administrative Law Judges to clarify issues and explore the possibility of a voluntary settlement including, but not limited to, preparation of briefs, documentation and evidence, exhibits, witnesses and expert witnesses (Cal. Code Regs., tit.8, §§ 32170, subd. (e) and 32650);

d. responding to subpoenas and investigative subpoenas, including the time spent obtaining the information or documentation requested in the subpoena, and copying and service charges (Cal. Code Regs., tit. 8, §§ 32149, 32150);

e. the conduct of depositions, including service of subpoenas, deposition reporter and transcription fees, expert witness fees, preparation for the deposition and the time of any governmental employee or attorney incurred in the conduct of the deposition (Cal. Code Regs., tit. 8, § 32160);

f. preparation for and participation in any hearing as required by any PERB Board agent, PERB Administrative Law Judge, the five-member PERB, or the General Counsel, including preparation of answer to complaint or answer to amendment, witnesses, evidence, exhibits, expert witnesses, statements[1,2], stipulated facts[3] and informational briefs, oral argument, response to exceptions, response to administrative appeal or compliance matter.

Effective July 1, 2001 through May 10, 2006: California Code of Regulations, title 8, §§ 32168, 32170, 32175, 32176, 32180, 32205, 32206, 32207, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980, 60010, 60030, 60050, and 60070. (Register 2001, No. 49.)

Effective May 11, 2006: California Code of Regulations, title 8, §§ 32168, 32170, 32175, 32176, 32180, 32205, 32206, 32207, 32210, 32212, 32310, 32315, 32375, 32455, 32620, 32644, 32649, 32680, 32980. (Register 2001, No. 49.)

Effective May 11, 2006, responses to petitions for board review pursuant to former sections 60010, 60030, 60050, and 60070 of the California Code of Regulations, title 8, are not reimbursable. (Register 2006, No. 15.)

g. The preparation, research, and filing of motions, including correction of transcript and responding to written motions in the course of a hearing and immediately after. (Cal. Code Regs., tit. 8, § 32190, 32209.)

---

[1] Section 32206.

[2] Section 32455 – preparation of written position statements or other documents filed with the General Counsel.

[3] Section 32207.

## C. Non-Reimbursable Activities

1. The following activities initiated by the local public agency are *not* state-mandated activities:

   a. file an unfair practice charge (Cal. Code of Regs., tit. 8, §§ 32602, 32604, 32615, 32621, 32625, 32650);

   b. appeal of a ruling on a motion (Cal. Code of Regs., tit. 8, § 32200);

   c. amend complaint (Cal. Code of Regs., tit. 8, §§ 32625, 32648);

   d. appeal of an administrative decision, including request for stay of activity and appeal of dismissal (Cal. Code of Regs., tit. 8, §§ 32350, 32360, 32370, 32635, and 60035);

   e. statement of exceptions to Board agent decision (Cal. Code of Regs., tit. 8, § 32300);

   f. request for reconsideration (Cal. Code of Regs., tit. 8, § 32410); and,

   g. request for injunctive relief (Cal. Code of Regs., tit. 8, § 32450).

2. Sections 3501, 3507.1 and 3509 of the Government Code do not apply to persons who are peace officers as defined in section 830.1 of the Penal Code. Therefore, increased costs related to peace officers are ineligible for reimbursement under this program. (Gov. Code, § 3511.)

3. Effective May 11, 2006, activities based on former sections 60010, 60030, 60050, and 60070 of California Code of Regulations, title 8, are not reimbursable.

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for the reimbursable activities identified in section IV of this document. Each reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services were also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include (1) the overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the 2 CFR Part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) and the indirect shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B).) However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distributions base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in 2 CRF Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) shall be accomplished by (1) separate a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

## VI. RECORDS RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[4] is subject to the initiation of an audit by the State Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any federal, state or non-local source shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

[4] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Pursuant to Government Code section 17561, subdivision (d)(1)(A), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon the request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| PROGRAM 298 | LOCAL GOVERNMENT EMPLOYEE RELATIONS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00298<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1.(g) | |
| County of Location | | | (23) FORM 1, (04) A. 2.(g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) A. 3.(g) | |
| City | State | Zip Code | (25) FORM 1, (04) B. 1.(g) | |
| | | **Type of Claim** | (26) FORM 1, (04) B. 2.(g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) B. 3.(g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (06) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (07) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (09) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (10) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 298 | LOCAL GOVERNMENT EMPLOYEE RELATIONS CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (31) Bring forward the cost information as specified on the left-hand column of lines (22) through (31) for the reimbursement claim, e.g., Form 1, (04) A. 1. (g), means the information is located on Form 1, block (04), line A. 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(32) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 298 | LOCAL GOVERNMENT EMPLOYEE RELATIONS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/ 20___ |
|---|---|
| (03) Department | |

| Direct Costs | Object Accounts | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel | (g) Total |
| **A. One-Time Activities** | | | | | | | |
| 1. Establish Procedures and Documentation | | | | | | | |
| 2. Training for Employees | | | | | | | |
| 3. Establish Procedures and Systems | | | | | | | |
| **B. Ongoing Activities** | | | | | | | |
| 1. Deduction from Employees' Wages | | | | | | | |
| 2. Receipt of Proof of In Lieu Payments | | | | | | | |
| 3. Reimbursable Activities for PERB Matters | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| Cost Reduction | | |
|---|---|---|
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 298 | LOCAL GOVERNMENT EMPLOYEE RELATIONS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 must be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 298 | LOCAL GOVERNMENT EMPLOYEE RELATIONS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. One-Time Activities**

- ☐ 1. Establish Procedures and Documentation
- ☐ 2. Training for Employees
- ☐ 3. Establish Procedures and Systems

**B. Ongoing Activities**

- ☐ 1. Deduction from Employees' Wages
- ☐ 2. Receipt of Proof of In Lieu Payments
- ☐ 3. Reimbursable Activities for PERB Matters

| (04) **Description of Expenses** | | | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 298 | LOCAL GOVERNMENT EMPLOYEE RELATIONS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel Cost = Rate X Days or Miles | |

(05) Total line (04), columns (d) through (i), and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-42

Medi-Cal Beneficiary Probate – Program No. 43

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Medi-Cal Beneficiary Probate program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On December 2, 1982, CSM, formerly the Board of Control, adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended and Adopted: 2-3-83
Amended: 3-28-84
Amended: 1-29-10

# Amendment to Parameters and Guidelines

Statutes 1981, Chapters 102 and 1163; and

DHS All County Letters

*Medi-Cal Beneficiary Probate*
05-PGA-33 (4032)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. SUMMARY OF MANDATE

Statutes 1981, chapter 102, effective June 28, 1981 added Probate Code Section 700.1; and Statutes 1981, chapter 1163effective October 2, 1981 amended Probate Code Section 700.1. In part, Section 700.1 states that where a deceased person has received or may have received health care under the provisions of Chapter 7 (commencing with Section 14000) of Chapter 8 (commencing with Section 14200), Part 3, Division 9, Welfare and Institutions Code, the heirs, the executor, the administrator, or the person in possession of any property of the decedent shall give the Director of Health Services or his or her successor notice of the death no later than 90 days from the date of death. Such notice shall be mailed postage prepaid, and addressed to the director at his or her Sacramento office.

The Department of Health Services prepared two (2) all county letters to Public Guardians/Public Administrators; one dated February 118, 1982 and the second dated March 31, 1982 which included a suggested form letter. The purpose of the all county letters was to provide clarification of Probate Code Section 700.1 and request specific information.

## II. BOARD OF CONTROL DECISION

On December 2, 1982 the Board of Control found that Statutes 1981, Chapters.102 and 1163, and State Department of Health Services all county letters of
February 18, 1982 and March 31, 1982 imposed reimbursable state mandated costs.

## III. ELIGIBLE CLAIMANTS

Only counties are eligible to file for reimbursement, as under State of California law the Office of Public Guardian/Public Administrator is a county function.

## IV. PERIOD OF REIMBURSEMENT

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Statutes 1981, chapter 102 became operative on June 28, 1981. Statutes 1981, chapter 1163 became operative on October 2, 1981. The test claim was filed on July 8, 1982. Revenue and Taxation Code Section 2253.8 states that test claims must be submitted on or before November 30 following a given fiscal year in order to obtain reimbursement for costs incurred during the given fiscal year. Therefore, costs incurred during 1981-82 and subsequent fiscal years would be reimbursable unless otherwise limited.

## V. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

Probate Code Section 700.1, and the all county letters of February 18, 1982 and March 31, 1982 with its form letter requested the following information:

| Description | Probate Code | All County | |
|---|---|---|---|
| Section 700.1 | letters dated | | |
| | | 2-18-82 & 3-31-92 | |
| Notice of Death | **X** | - | |
| Death Certificate | **X** | **X** | |
| Probate Number | - | **X** | |
| Medi-Cal Number | | **X** | **X** |
| Estate Inventory & Appraisal | | **X** | **X** |
| Date of Death | | | **X** |
| Approximate Estate Value | | | X |
| Social Security Number | | | **X** |
| Date of Birth | | | **X** |
| Marital Status | | | **X** |
| Type of Probate | | | **X** |

Counties shall be reimbursed for the increased costs directly related to providing information as required above.

## VI. REIMBURSABLE COSTS

Salary and Fringe Benefits:

Classification of employee, number of- hours devoted to mandated functions, hourly rate, and fringe benefits.

Other Costs:

Computer costs, mileage, death certificates, forms, etc. Claimants must provide justification for these costs.

Allowable Indirect Costs:

Indirect costs are defined as costs, which are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate, and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10 % of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

Offsetting Revenues:

Claimants shall pursue reimbursement for the costs claimed above, from a decedent's estate before seeking SB 90 reimbursement. The full amount of estate reimbursement shall be subtracted from the SB 90 reimbursement claim.

## VII. CLAIM PREPARATION

Claimants shall categorize the activities necessary to carry out the mandated functions using the categories cited in the Reimbursable Costs Section. Claimants shall provide appropriate case load statistics to support claimed costs.

## VIII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

To be Completed by Claimant

REQUIRED CERTIFICATION:

The following certification must accompany the claim:

I DO HEREBY CERTIFY:

THAT Sections 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with; and,

THAT I am the person authorized by the local agency to file claims with the State of California.

_____ _____

Signature of Authorized Representative Date

_____

_____

Title Telephone Number

| PROGRAM 043 | MEDI-CAL BENEFICIARY PROBATE CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00043<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (05)(e) | |
| County of Location | | | (23) FORM 1, (06) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (07) | |
| City | State | Zip Code | (25) | |
| | | **Type of Claim** | (26) | |
| | (03) | (09) Reimbursement ☐ | (27) | |
| | (04) | (10) Combined ☐ | (28) | |
| | (05) | (11) Amended ☐ | (29) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 043 | MEDI-CAL BENEFICIARY PROBATE CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (08). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (24) Bring forward the cost information as specified on the left-hand column of lines (22) through (24) for the reimbursement claim, e.g., Form 1, (05)(e), means the information is located on Form 1, line (05), column (e). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(25) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 043 | MEDI-CAL BENEFICIARY PROBATE CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

(04) Computation of Claimable Increased Costs

| (a) Case Number Or Name of Decedents | (b) Cost of Providing the Required Information | (c) Cost of All County Services Provided to the Estate | (d) Reimbursement Received by County from the Estate | (e) Claimable Increased Costs Col. (b) - [{Col. (b) ÷ Col. (c)} X Col. (d)] |
|---|---|---|---|---|
| | | | | |
| (05) Claimable Increased Costs Total ☐ Subtotal ☐ Page: ____of____ | | | | |

| | |
|---|---|
| **Cost Reduction** | |
| (06) Less: Offsetting Revenues | |
| (07) Less: Other Reimbursements | |
| (08) Total Claimed Amount [Line (05) - {line (06) + line (07)}] | |

**Revised 9/19**

| PROGRAM 043 | MEDI-CAL BENEFICIARY PROBATE CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 must be completed for each department.

(04) Computation of Claimable Increased Costs. Enter information as follows:

Column (a), the case number or name of the decedents.

Column (b), the county's customary charge per case for providing the required information to the Director of Health Services. **[Attach a worksheet detailing the costs stated in column (b)]**.

**Note**: Compensation for indirect costs is eligible for reimbursement and may be included within the calculation of the amount stated in column (b). Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP. An officially approved ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

Column (c), the county's customary charge per case for providing all county services to the estate of the decedent. (Attach a worksheet detailing the costs for those cases which are significantly different than the customary rate.)

Column (d), the amount of reimbursement the county has received from the estate of the decedent for the cost of services rendered.

Column (e), the formula for computing the claimable increased costs:

***Claimable Increased Costs = Column (b) – [{Column (b) ÷ Column (c)} x Column (d)]***

(05) Enter the sum of the Claimable Increased Costs for all the deceased Medi-Cal recipients. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed, number each page.

(06) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(07) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(08) From Increased Costs, line (05), subtract the sum of Offsetting Revenues, line (06), and Other Reimbursements, line (07). Enter the total on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2014-08

Medi-Cal Eligibility of Juvenile Offenders – Program No. 361

July 3, 2014

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Medi-Cal Eligibility of Juvenile Offenders program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On December 6, 2013, CSM adopted a Statement of Decision finding that the Welfare and Institution Code section 14029.5 imposes a partially reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county or city and county, as defined in GC section 17515, that incurs increased costs as a result of this mandate, is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by the CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: March 28, 2014

# PARAMETERS AND GUIDELINES

Welfare and Institutions Code Section 14029.5

Statutes 2006, Chapter 657

*Medi-Cal Eligibility of Juvenile Offenders*
08-TC-04

County of Alameda, Claimant

Period of reimbursement begins January 1, 2008

## I. SUMMARY OF THE MANDATE

These parameters and guidelines address activities of county juvenile detention facilities and county welfare departments (CWDs) to assist juveniles whose Medi-Cal coverage is terminated as a result of incarceration in a juvenile detention facility for 30 days or more to obtain Medi-Cal or other health coverage immediately upon release from custody. Beginning January 1, 2008, county juvenile detention facilities are required to provide specified information regarding Medi-Cal eligibility to CWDs and, if the ward is a minor, provide notice to the ward's parent or guardian. The CWD is then required to perform specified mandated activities to initiate an application for Medi-Cal benefits for the ward. *The CWD is also required to determine the ward's Medi-Cal eligibility; however, this requirement does not impose a reimbursable state-mandated program because it is not new.*

On December 6, 2013, the Commission on State Mandates (Commission) adopted a statement of decision on the test claim finding that Welfare and Institutions Code section 14029.5, as amended by test claim statute, imposes a partially reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution, and Government Code section 17514. The Commission approved the test claim for the reimbursable activities found under Section IV. Reimbursable Activities.

## II. ELIGIBLE CLAIMANTS

Any county and city and county that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e) states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The County of Alameda filed the test claim on January 29, 2009, establishing eligibility for reimbursement for the 2007-2008 fiscal year. However, the effective date of the reimbursable state-mandated activities begins January 1, 2008, the effective date of the test claim statute. As a result, any costs incurred for the activities in these parameters and guidelines are reimbursable on or after January 1, 2008.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller (Controller) within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Gov. Code, § 17560(b).)
5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564(a).
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities.

Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant that incurs increased costs, the following activities are reimbursable:

For County Juvenile Detention Facilities:

1. Subject to the provisions in Activity 2 below, immediately following the issuance of an order of the juvenile court committing the ward to a juvenile hall, camp, or ranch for 30 days or longer, provide the appropriate CWD with the following information: (a) the

ward's name, (b) scheduled or actual release date, (c) any known information regarding the ward's Medi-Cal status prior to disposition, and (d) sufficient information when available for the CWD to begin the process of determining the ward's eligibility for the Medi-Cal program, including available contact information for the ward's parent or guardian if the ward is a minor.

2. If the ward is a minor and before providing information to the CWD, notify the parent or guardian in writing of the intention to submit the information to the CWD. The parent or guardian shall be given a reasonable time to opt out of the Medi-Cal eligibility determination. If the parent or guardian opts out of the Medi-Cal eligibility determination, the county detention facility shall not provide information to the CWD.

For County Welfare Departments:

1. From January 1, 2008, until December 31, 2008, upon receipt of the information from the county detention facility, and pursuant to the protocols and procedures developed by the Department of Health Services (DHCS), initiate an application for benefits under the Medi-Cal program for all juvenile wards.
2. Beginning January 1, 2009, upon receipt of the information from the county detention facility, and pursuant to the protocols and procedures developed by DHCS, initiate an application for benefits under the Medi-Cal program only for wards not already enrolled in the Medi-Cal program. If the ward is a minor, promptly contact the parent or guardian to arrange for completion of the application. Applications shall be expedited for those wards scheduled to be released in fewer than 45 days.
3. If the ward does not meet the eligibility requirements for the Medi-Cal program, forward the ward's information to the appropriate entity to determine eligibility for the Healthy Families Program, or other appropriate health coverage program, with the consent of the ward's parents or guardian if the ward is a minor.
4. If the ward meets eligibility requirements for the Medi-Cal program, provide sufficient documentation to enable the ward to obtain necessary medical care upon release from custody. The documentation consists of issuing an immediate need paper Medi-Cal card for the juvenile as soon as eligibility is established.

*The activity to "determine the individual's eligibility for benefits under the Medi-Cal program" is not reimbursable because it is not new.*

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets

Report the purchase price paid for fixed assets (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1., Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 Code of Federal Regulations (CFR) part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10 percent of direct labor, excluding fringe

benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10 percent.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR part 225, appendices A and B (OMB Circular A-87 attachments A & B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR part 225, appendices A and B (OMB Circular A-87 attachments A & B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5(a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV., must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

[1] This refers to title 2, division 4, part 7, chapter 4 of the Government Code.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from these parameters and guidelines and the statements of decisions on the test claim and parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The statements of decision adopted for the test claim and parameters and guidelines are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record. The administrative record is on file with the Commission.

| PROGRAM 361 | MEDI-CAL ELIGIBILITY OF JUVENILE OFFENDERS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00361<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box | Suite

City | State | Zip Code

| | | Type of Claim | Reimbursement Claim Data | |
|---|---|---|---|---|
| | | | (22) FORM 1, (04) A. 1. (g) | |
| | | | (23) FORM 1, (04) A. 2. (g) | |
| | | | (24) FORM 1, (04) B. 1. (g) | |
| | | | (25) FORM 1, (04) B. 2. (g) | |
| | | | (26) FORM 1, (04) B. 3. (g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) B. 4. (g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (06) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (07) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (09) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (10) | |
| Less: **10% Late Penalty (refer to attached Instructions)** | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 361 | MEDI-CAL ELIGIBILITY OF JUVENILE OFFENDERS<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (31) Bring forward the cost information as specified on the left-hand column of lines (22) through (31) for the reimbursement claim, e.g., Form 1, (04) A.1. (g), means the information is located on Form 1, block (04), line A.1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(32) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 361 | MEDI-CAL ELIGIBILITY OF JUVENILE OFFENDERS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20 ___ /20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel | (g) Total |
| **A. For County Juvenile Detention Facilities** | | | | | | | |
| 1. Provide appropriate County Welfare Department (CWD) with ward's information. (**For minor wards, see Provisions in A.2.)** | | | | | | | |
| 2. If the ward is a minor, notify the parent or guardian of the intention to submit the information to the CWD. | | | | | | | |
| **B. For County Welfare Departments** | | | | | | | |
| 1. Initiate an application for benefits under the Medi-Cal program for all juvenile wards. ***(From January 1, 2008, until December 31, 2008)*** | | | | | | | |
| 2. Initiate an application for benefits under the Medi-Cal program for wards not already enrolled in the Medi-Cal program. If ward is a minor, promptly contact the parent or guardian to arrange for completion of the application. | | | | | | | |
| 3. Forward the ward's information, with parental or guardian consent if ward is a minor, to the appropriate entity to determine eligibility. | | | | | | | |
| 4. If ward is eligible, provide sufficient documentation to enable the ward to obtain necessary medical care upon release from custody. ***(The activity to "determine the individual's eligibility for benefits under the Medi-Cal program" is not reimbursable.)*** | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 361 | MEDI-CAL ELIGIBILITY OF JUVENILE OFFENDERS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 361 | MEDI-CAL ELIGIBILITY OF JUVENILE OFFENDERS<br>ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. For County Juvenile Detention Facilities**

☐ 1. Provide appropriate County Welfare Department (CWD) with ward's information. **(For minor wards, see provisions in A.2.)**

☐ 2. If the ward is a minor, notify the parent or guardian of the intention to submit the information to the CWD.

**B. For County Welfare Departments**

**N/A** 1. Initiate an application for benefits under the Medi-Cal program for all juvenile wards. ***(From January 1, 2008, until December 31, 2008)***

☐ 3. Forward the ward's information, with parental or guardian consent if ward is a minor, to the appropriate entity to determine eligibility.

☐ 2. Initiate an application for benefits under the Medi-Cal program for wards not already enrolled in the Medi-Cal program. If ward is a minor, promptly contact the parent or guardian to arrange for completion of the application.

☐ 4. If ward is eligible, provide sufficient documentation to enable the ward to obtain necessary medical care upon release from custody. ***(The activity to "determine the individual's eligibility for benefits under the Medi-Cal program" is not reimbursable.)***

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 361 | MEDI-CAL ELIGIBILITY OF JUVENILE OFFENDERS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost x Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, And Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |

(05) Total line (04), columns (d) through (i), and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2006-04

Peace Officer Personnel Records: Unfounded Complaints and Discovery – Program No. 264

February 21, 2006

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Peace Officer Personnel Records: Unfounded Complaints and Discovery program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On September 25, 2003, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to the SCO on request.

**Claim Submission**

Submit a signed original FAM-27 and one copy with required documents. **Please sign the FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: December 9, 2005

# PARAMETERS AND GUIDELINES

Evidence Code Section 1043, subdivision (a)
Penal Code Sections 832.5, subdivisions (b) and (c), and 832.7, subdivisions (b) and (e)

Statutes 1978, Chapter 630
Statutes 1994, Chapter 741

*Peace Officer Personnel Records: Unfounded Complaints and Discovery* (00-TC-24)

City of Hayward and County of San Mateo, Claimants

## I. SUMMARY OF THE MANDATE

On June 29, 2001, claimant, City of Hayward (City), submitted a test claim alleging a reimbursable state mandate for employers of peace officers was imposed by amendments to Penal Code section 832.5. On the same date,[1] claimant, County of San Mateo (County), submitted a test claim alleging a reimbursable state mandate for employers of peace officers arising from additions and amendments to the Evidence and Penal Codes, including Penal Code section 832.5.

On September 13, 2002,[2] the Commission on State Mandates (Commission) received two test claims from claimant, Santa Monica Community College District, alleging substantially similar (but not identical) test claim legislation and activities on behalf of school district employers of peace officers to the claims originally filed by the City and County. On May 1, 2003, the Commission consolidated all four claims designating them *Peace Officer Personnel Records: Unfounded Complaints and Discovery* (00-TC-24).

The Commission heard and decided this test claim during regularly scheduled hearings on July 31, 2003, and September 25, 2003. At the July 31, 2003 hearing, the Commission heard and decided the test claim allegations from the city and county claimants. At the September 25, 2003 hearing, the Commission heard the test claim allegations from the school district claimant.

On September 25, 2003, the Commission adopted the Statement of Decision for *Peace Officer Personnel Records: Unfounded Complaints and Discovery* (00-TC-24). The Commission found that Evidence Code sections 1043, subdivision (a), Penal Code sections 832.5, subdivisions (b) and (c), and 832.7, subdivisions (b) and (e), constitute a new program or higher level of service and impose a reimbursable state-mandated program on local agency employers of peace officers within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514. Accordingly, the Commission approved this test claim for the following reimbursable activities:

[1] Reimbursement period begins no earlier than July 1, 1999. (Gov. Code, § 17557, subd. (c).)
[2] Reimbursement period begins no earlier than July 1, 2001. (Gov. Code, § 17557, subd. (c).)

- Upon receipt of the notice that discovery or disclosure is sought of peace officer personnel records, the local agency served shall immediately notify the individual whose records are sought. (Evid. Code, § 1043, subd. (a).)[3]
- Retain complaints against peace officers by members of the public, and any reports or findings relating to these complaints, either in the officer's general personnel file or in a separate file, for an additional three years (a higher level of service above the two-year record retention requirement pursuant to Government Code sections 26202 and 34090). Complaints found to be frivolous, unfounded, or exonerated shall not be maintained in that officer's general personnel file, but shall be retained in other, separate files. (Pen. Code, § 832.5, subds. (b) and (c).)[4]
- Release to the complaining party a copy of his or her own statements at the time the complaint against the peace officer is filed. (Pen. Code, § 832.7, subd. (b).)[5]
- Provide written notification to the complaining party of the disposition of the complaint against the peace officer within 30 days of the disposition. (Pen. Code, § 832.7, subd. (e).)[6]

The Commission concluded that Evidence Code sections 1044, 1045, 1046 and 1047, Penal Code section 832.8, and none of the additional activities or costs claimed for receiving, responding to, or defending against a discovery motion, or investigating complaints against peace officers, constitute a new program or higher level of service within the meaning of the California Constitution, article XIII B, section 6.

The Commission also found that forming a school district police department and employing peace officers is a discretionary activity on the part of all school districts. Pursuant to Education Code sections 38000 and 72330, school districts remain free to discontinue providing their own police department, and statutory duties that follow from discretionary activities do not impose a reimbursable state mandate. Thus, the Commission concluded that school districts are not eligible claimants for the test claim statutes.

The Commission denied any remaining alleged costs or activities because they do not impose a new program or higher level of service, and do not impose costs mandated by the state.

## II. ELIGIBLE CLAIMANTS

Any city, county, and city and county that incurs increased costs as a direct result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

---

[3] As amended by Statutes 1978, chapter 630; test claim allegation filed June 29, 2001, reimbursement period begins no earlier than July 1, 1999. (Gov. Code, § 17557, subd. (c).).

[4] As amended by Statutes 1978, chapter 630; test claim allegation filed June 29, 2001, reimbursement period begins no earlier than July 1, 1999. (Gov. Code, § 17557, subd. (c).).

[5] As amended by Statutes 1994, chapter 741; test claim allegation filed September 13, 2002, reimbursement period begins no earlier than July 1, 2001. (Gov. Code, § 17557, subd. (c).)

[6] *Ibid*.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim must be submitted on or before June 30 following a fiscal year to establish eligibility for that fiscal year. The test claims for this mandate were filed on June 29, 2001 and September 13, 2002. Therefore, costs incurred for compliance with Evidence Code section 1043, subdivision (a), and Penal Code section 832.5, subdivisions (b) and (c), are reimbursable on or after July 1, 1999, and costs incurred for compliance with Penal Code section 832.7, subdivisions (b) and (e), are reimbursable on or after July 1, 2001.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.

If the total costs for a given year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

A. Notice to Peace Officers (Evid. Code, § 1043, subd. (a).) Reimbursement period begins July 1, 1999.

1. Provide immediate notice to an officer that his personnel file is the subject of discovery or disclosure.

B. Record Retention (Pen. Code, § 832.5, subds. (b) and (c).) Reimbursement period begins July 1, 1999.

1. Retain complaints against peace officers and any reports on findings relating to these complaints, for an *additional* three years. This is limited to the cost of retaining complaints against peace officers and any reports on findings relating to these complaints, including file storage of those records for the three-year period of time after the mandatory two-year retention period provided in Government Code sections 26202 and 34090. No staff time is required or reimbursable for this activity.
2. Maintain those complaints found to be frivolous, unfounded or exonerated in a file separate from the officer's general personnel file.

C. Notice to Complaining Party (Pen. Code, § 832.7, subds. (b) and (e).) Reimbursement period begins July 1, 2001.

1. Make a copy of the complaining party's own statements at the time the complaint against the peace officer is filed, and provide the complaining party a copy of that statement.
2. Provide written notification to the complaining party of the disposition of the complaint against the peace officer within thirty days of the disposition.

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that

were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable

indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[7] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim. Service fees collected include cost reimbursements received by counties pursuant to Government Code, Sections 27135, 27013, and 53684, subdivision (b).

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code, section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code, section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code, section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

[7] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code, section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| PROGRAM 264 | PEACE OFFICER PERSONNEL RECORDS: UNFOUNDED COMPLAINTS AND DISCOVERY CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00264<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1.(f) | |
| County of Location | | | (23) FORM 1, (04) B. 1.(f) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) B. 2.(f) | |
| City | State | Zip Code | (25) FORM 1, (04) C. 1.(f) | |
| | | **Type of Claim** | (26) FORM 1, (04) C. 2.(f) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (06) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (07) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (09) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (10) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 264 | PEACE OFFICER PERSONNEL RECORDS: UNFOUNDED COMPLAINTS AND DISCOVERY CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (30) Bring forward the cost information as specified on the left-hand column of lines (22) through (30) for the reimbursement claim, e.g., Form 1, (04) A. 1. (f), means the information is located on Form 1, block (04), line A. 1., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(31) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 264 | PEACE OFFICER PERSONNEL RECORDS: UNFOUNDED COMPLAINTS AND DISCOVERY CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Total |
| **A. Notice to Peace Officers** | | | | | | |
| 1. Provide Immediate Notice to Officer | | | | | | |
| **B. Record Retention** | | | | | | |
| 1. Retain Complaints and Reports for 3 More Years | | | | | | |
| 2. Maintain Separate Files | | | | | | |
| **C. Notice to Complaining Parties** | | | | | | |
| 1. Provide a Copy of Complaint to Complainant | | | | | | |
| 2. Provide Written Notification to Complainant in 30 days | | | | | | |
| (05) Total Direct Costs | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(f) + line (07)] | |

| **Cost Reduction** | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 264 | PEACE OFFICER PERSONNEL RECORDS: UNFOUNDED COMPLAINTS AND DISCOVERY CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.

***Activity B.1.***

***Staff time is not required or reimbursable for this activity. For additional information, please see page 4 of the Parameter's and Guideline's.***

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 264 | PEACE OFFICER PERSONNEL RECORDS: UNFOUNDED COMPLAINTS AND DISCOVERY ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. Notice to Peace Officers**

☐ 1. Provide Immediate Notice to Officer

**B. Record Retention**

☐ 1. Retain Complaints and Reports for 3 More Years

☐ 2. Maintain Separate Files

**C. Notice to Complaining Party**

☐ 1. Provide a Copy of Complaints to Complainant

☐ 2. Provide Written Notification to Complainant in 30 days

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contracted Services | (h) Fixed Assets |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____ of ____ | | | | | | | |

**Revised 9/19**

| PROGRAM 264 | PEACE OFFICER PERSONNEL RECORDS: UNFOUNDED COMPLAINTS AND DISCOVERY ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and fixed assets. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit these supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | Copy of Contract and Invoices |

(05) Total line (04), columns (d) through (h), and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2009-10

Peace Officers Procedural Bill of Rights – Program No. 187

Local Agencies

October 5, 2009

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants can use for filing claims for the Peace Officers Procedural Bill of Rights program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On July 27, 2000, CSM adopted the Ps & Gs that listed counties, cities, school districts, and special districts that employ peace officers as eligible claimants.

On July 31, 2009, CSM amended the decision to deny reimbursement to school districts, community college districts, and special districts that are permitted by statue but not required to employ peace officers who supplement the general law enforcement units of cities and counties.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city, county, or city and county, as defined in GC sections 17511 and 17515, that has been the traditional law enforcement provider of the state, or any special district that has been granted statutory authorization to perform police protection activities named in GC section 53060.7*, that incurs increased costs as a result of this mandate, is eligible to claim reimbursement.

* These special districts include (1) the Bear Valley Community Services District, (2) the Broadmoor Police Protection District, (3) the Kensington Police Protection and Community Services District, (4) the Lake Shastina Community Services District, and (5) the Stallion Springs Community Services District.

School districts, community college districts, and special districts that are permitted by statute, but not required, to employ peace officers who supplement the general law enforcement units of cities and counties are not eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC Section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**), provided that a county may submit a combined claim on behalf of direct service districts or special districts within their county if the combined claim exceeds **$1,000**, even if the individual direct service district's or special district's claim does not each exceed **$1,000**. The county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each direct service district or special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a direct service district or special district provides a written notice of its intent to file a separate claim to the county and to SCO, at least 180 days prior to the deadline for filing the claim.

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are

made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: July 27, 2000
Corrected: August 17, 2000
Amended: December 4, 2006
Amended: March 28, 2008
Amended: July 31, 2009

# AMENDED PARAMETERS AND GUIDELINES

Government Code Sections 3301, 3303, 3304, 3305, 3306

As Added and Amended by Statutes 1976, Chapter 465;
Statutes 1978, Chapters 775, 1173, 1174, and 1178;
Statutes 1979, Chapter 405; Statutes 1980, Chapter 1367; Statutes 1982, Chapter 994; Statutes 1983, Chapter 964; Statutes 1989, Chapter 1165; and Statutes 1990, Chapter 675

*Peace Officers Procedural Bill of Rights*
05-RL-4499-01(4499)
06-PGA-06

**BEGINNING IN FISCAL YEAR 2006-2007**

## I. SUMMARY AND SOURCE OF THE MANDATE

In order to ensure stable employer-employee relations and effective law enforcement services, the Legislature enacted Government Code sections 3300 through 3310, known as the Peace Officers Procedural Bill of Rights (POBOR).

The test claim legislation provides procedural protections to peace officers employed by local agencies and school districts[1] when a peace officer is subject to an interrogation by the employer, is facing punitive action or receives an adverse comment in his or her personnel file.

In 1999, the Commission approved the test claim and adopted the original Statement of Decision. The Commission found that certain procedural requirements under POBOR were rights already provided to public employees under the due process clause of the United States and California Constitutions. Thus, the Commission denied the procedural requirements of POBOR that were already required by law on the ground that they did not impose a new program or higher level of service, or impose costs mandated by the state pursuant to Government Code section 17556, subdivision (c). Government Code section 17556, subdivision (c), generally provides that the Commission shall not find costs mandated by the state for test claim statutes that implement a federal law, unless the test claim statute mandates costs that exceed the federal mandate. The Commission approved

[1] Government Code section 3301 states: "For purposes of this chapter, the term public safety officer means all peace officers specified in Sections 830.1, 830.2, 830.3, 830.31, 830.32, 830.33, except subdivision (e), 830.34, 830.35, except subdivision (c), 830.36, 830.37, 830.38, 830.4, and 830.5 of the Penal Code."

the activities required by POBOR that exceeded the requirements of existing state and federal law.

On July 27, 2000, the Commission adopted parameters and guidelines that authorized reimbursement, beginning July 1, 1994, to counties, cities, a city and county, school districts, and special districts that employ peace officers for the ongoing activities summarized below:

- Developing or updating policies and procedures.
- Training for human resources, law enforcement, and legal counsel.
- Updating the status of cases.
- Providing the opportunity for an administrative appeal for permanent, at-will, and probationary employees that were subject to certain disciplinary actions that were not covered by the due process clause of state and federal law.
- When a peace officer is under investigation, or becomes a witness to an incident under investigation, and is subjected to an interrogation by the employer that could lead to certain disciplinary actions, the following costs and activities are eligible for reimbursement: compensation to the peace officer for interrogations occurring during off-duty time; providing prior notice to the peace officer regarding the nature of the interrogation and identification of investigating officers; tape recording the interrogation; providing the peace officer employee with access to the tape prior to any further interrogation at a subsequent time or if any further specified proceedings are contemplated; and producing transcribed copies of any notes made by a stenographer at an interrogation, and copies of complaints of reports or complaints made by investigators.
- Performing certain activities, specified by the type of local agency or school district, upon the receipt of an adverse comment against a peace officer employee.

A technical correction was made to the parameters and guidelines on August 17, 2000.

In 2005, Statutes 2005, chapter 72, section 6 (AB 138) added section 3313 to the Government Code to direct the Commission to "review" the Statement of Decision, adopted in 1999, on the *Peace Officer Procedural Bill of Rights* test claim (commonly abbreviated as "POBOR") to clarify whether the subject legislation imposed a mandate consistent with California Supreme Court Decision in *San Diego Unified School Dist. v. Commission on State Mandates* (2004) 33 Cal.4th 859 and other applicable court decisions.

On April 26, 2006, the Commission reviewed its original findings and adopted a Statement of Decision on reconsideration (05-RL-4499-01). The Statement of Decision on reconsideration became final on May 1, 2006.

The Commission found that the *San Diego Unified School Dist*. case supports the Commission's 1999 Statement of Decision that the test claim legislation constitutes a partial reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514 for all activities previously approved by the Commission for counties, cities, school districts, and

special districts identified in Government Code section 3301 that employ peace officers, except the following:

- The activity of providing the opportunity for an administrative appeal to probationary and at-will peace officers (except when the chief of police is removed) pursuant to Government Code section 3304 is no longer a reimbursable state-mandated activity because the Legislature amended Government Code section 3304 in 1998. The amendment limited the right to an administrative appeal to only those peace officers "who successfully completed the probationary period that may be required" by the employing agency and to situations where the chief of police is removed. (Stats. 1998, ch. 786, § 1.)
- The activities of obtaining the signature of the peace officer on the adverse comment or noting the officer's refusal to sign the adverse comment, pursuant to Government Code sections 3305 and 3306, when the adverse comment results in a punitive action protected by the due process clause[2] does not constitute a new program or higher level of service and does not impose costs mandated by the state pursuant to Government Code section 17556, subdivision (c).

The Statement of Decision adopted by the Commission on this reconsideration applies to costs incurred and claimed for the 2006-2007 fiscal year.

On February 6, 2009, the Third District Court of Appeal, in *Department of Finance v. Commission on State Mandates* (2009) 170 Cal.App.4th 1355, 1357, determined that POBOR is not a reimbursable mandate as to school districts and special districts that are permitted by statute, but not required, to employ peace officers who supplement the general law enforcement units of cities and counties.

On May 8, 2009, the Sacramento County Superior Court issued a judgment and writ in Case No. 07CS00079, pursuant to the Third District Court of Appeal's decision in *Department of Finance v. Commission on State Mandates* (2009) 170 Cal.App.4th 1355, requiring the Commission to:

a. Set aside the portion of its reconsideration decision in "Case No. 05-RL-4499-01 Peace Officer Procedural Bill of Rights" (reconsideration decision) that found that the Peace Officer Procedural Bill of Rights program constitutes a reimbursable state-mandated program for school districts, community college districts, and special districts that are permitted by statute, but not required, to employ peace officers who supplement the general law enforcement units of cities and counties;

b. Issue a new decision denying the portion of the reconsideration decision approving reimbursement for school districts, community college districts, and special districts that are permitted by statute, but not required, to employ peace officers who supplement the general law enforcement units of cities and counties; and

[2] Due process attaches when a permanent employee is dismissed, demoted, suspended, receives a reduction in salary, or receives a written reprimand. Due process also attaches when the charges supporting a dismissal of a probationary or at-will employee constitute moral turpitude that harms the employee's reputation and ability to find future employment and, thus, a name-clearing hearing is required.

c. Amend the parameters and guidelines consistent with this judgment.

This judgment does not affect cities, counties, or special police protection districts named in Government Code section 53060.7, which wholly supplant the law enforcement functions of the County within their jurisdiction.

Accordingly, on July 31, 2009, the Commission amended the decision to deny reimbursement to school districts, community college districts, and special districts that are permitted by statute, but not required, to employ peace officers who supplement the general law enforcement units of cities and counties.

## II. ELIGIBLE CLAIMANTS

Counties, cities, a city and county, and special police protection districts named in Government Code section 53060.7 that wholly supplant the law enforcement functions of the county within their jurisdiction are eligible claimants.

School districts, community college districts, and special districts that are permitted by statute, but not required, to employ peace officers who supplement the general law enforcement units of cities and counties are not eligible claimants entitled to reimbursement.

## III. PERIOD OF REIMBURSEMENT

The period of reimbursement for the activities and reasonable reimbursement methodology in this parameters and guidelines amendment begins on July 1, 2006.

Pursuant to Government Code section 17560, reimbursement for state-mandated costs may be claimed as follows:

1. A local agency may, by February 15 following the fiscal year in which costs are incurred, file an annual reimbursement claim for that fiscal year.
2. In the event revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

Reimbursable costs for one fiscal year shall be included in each claim. If total costs for a given year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, an eligible claimant may file a reimbursement claim based on the reasonable reimbursement methodology described in Section V A. or for actual costs, as described in Section V. B.

For each eligible claimant, the following activities are reimbursable:

### A. <u>Administrative Activities (On-going Activities)</u>

1. Developing or updating internal policies, procedures, manuals and other materials pertaining to the conduct of the mandated activities.

2. Attendance at specific training for human resources, law enforcement and legal counsel regarding the requirements of the mandate. The training must relate to mandate-reimbursable activities.

3. Updating the status report of mandate-reimbursable POBOR activities. "Updating the status report of mandate-reimbursable POBOR-activities" means tracking the procedural status of the mandate-reimbursable activities only. Reimbursement is not required to maintain or update the cases, set up the cases, review the cases, evaluate the cases, or close the cases.

**B. Administrative Appeal**

1. The administrative appeal activities listed below apply to permanent peace officer employees as defined in Penal Code sections 830.1, 830.2, 830.3, 830.31, 830.32, 830.33, except subdivision (e), 830.34, 830.35, except subdivision (c), 830.36, 830.37, 830.4, and 830.5. The administrative appeal activities do not apply to reserve or recruit officers; coroners; railroad police officers commissioned by the Governor; or non-sworn officers including custodial officers, sheriff security officers, police security officers, and school security officers.[3]

The following activities and costs are reimbursable:

a. Providing the opportunity for, and the conduct of an administrative appeal hearing for the following disciplinary actions (Gov. Code, § 3304, subd. (b)):

- Transfer of permanent-employees for purposes of punishment;
- Denial of promotion for permanent-employees for reasons other than merit; and
- Other actions against permanent employees that result in disadvantage, harm, loss or hardship and impact the career opportunities of the employee.

b. Preparation and review of the various documents necessary to commence and proceed with the administrative appeal hearing.

c. Legal review and assistance with the conduct of the administrative appeal hearing.

d. Preparation and service of subpoenas.

e. Preparation and service of any rulings or orders of the administrative body.

f. The cost of witness fees.

g. The cost of salaries of employee witnesses, including overtime, the time and labor of the administrative appeal hearing body and its attendant clerical services.

[3] *Burden v. Snowden* (1992) 2 Cal.4th 556, 569; Government Code section 3301; Penal Code sections 831, 831.4.

The following activities are **not** reimbursable:

a. Investigating charges.

b. Writing and reviewing charges.

c. Imposing disciplinary or punitive action against the peace officer.

d. Litigating the final administrative decision.

2. Providing the opportunity for, and the conduct of an administrative appeal hearing for removal of the chief of police under circumstances that do not create a liberty interest (i.e., the charges do not constitute moral turpitude, which harms the employee's reputation and ability to find future employment). (Gov. Code, § 3304, subd. (b).)

The following activities and costs are reimbursable:

a. Preparation and review of the various documents necessary to commence and proceed with the administrative appeal hearing.

b. Legal review and assistance with the conduct of the administrative appeal hearing.

c. Preparation and service of subpoenas.

d. Preparation and service of any rulings or orders of the administrative body.

e. The cost of witness fees.

f. The cost of salaries of employee witnesses, including overtime, the time and labor of the administrative appeal hearing body and its attendant clerical services.

The following activities are **not** reimbursable:

a. Investigating charges.

b. Writing and reviewing charges.

c. Imposing disciplinary or punitive action against the chief of police.

d. Litigating the final administrative decision.

### C. Interrogations

The performance of the activities listed in this section are eligible for reimbursement only when a peace officer, as defined in Penal Code sections 830.1, 830.2, 830.3, 830.31, 830.32, 830.33, except subdivision (e), 830.34, 830.35, except subdivision (c), 830.36, 830.37, 830.4, and 830.5, is under investigation, or becomes a witness to an incident under investigation, and is subjected to an interrogation by the commanding officer, or any other member of the employing public safety department, that could lead to dismissal, demotion, suspension, reduction in salary, written reprimand, or transfer for purposes of punishment. (Gov. Code, § 3303.)[4]

[4] Interrogations of reserve or recruit officers; coroners; railroad police officers commissioned by the Governor; or non-sworn officers including custodial officers, sheriff

Claimants are not eligible for reimbursement for the activities listed in this section when an interrogation of a peace officer is in the normal course of duty, counseling, instruction, or informal verbal admonishment by, or other routine or unplanned contact with, a supervisor or any other public safety officer. Claimants are also not eligible for reimbursement when the investigation is concerned solely and directly with alleged criminal activities. (Gov. Code, § 3303, subd. (i).)

The following activities are reimbursable:

1. When required by the seriousness of the investigation, compensating the peace officer for interrogations occurring during off-duty time in accordance with regular department procedures. (Gov. Code, § 3303, subd. (a).)

   Preparation and review of overtime compensation requests are reimbursable.

2. Providing notice to the peace officer before the interrogation. The notice shall inform the peace officer of the rank, name, and command of the officer in charge of the interrogation, the interrogating officers, and all other persons to be present during the interrogation. The notice shall inform the peace officer of the nature of the investigation. (Gov. Code, § 3303, subds. (b) and (c).)

   The following activities relating to the notice of interrogation are reimbursable:

   a. Review of agency complaints or other documents to prepare the notice of interrogation.

   b. Identification of the interrogating officers to include in the notice of interrogation.

   c. Preparation of the notice.

   d. Review of notice by counsel.

   e. Providing notice to the peace officer prior to interrogation.

3. Recording the interrogation when the peace officer employee records the interrogation. (Gov. Code, § 3303, subd. (g).)

   The cost of media and storage, and the cost of transcription are reimbursable. The investigator's time to record the session and transcription costs of non-sworn peace officers are **not** reimbursable.

4. Providing the peace officer employee with access to the recording prior to any further interrogation at a subsequent time, or if any further proceedings are contemplated and the further proceedings fall within the following categories (Gov. Code, § 3303, subd. (g)):

   a. The further proceeding is not a disciplinary action;

   b. The further proceeding is a dismissal, demotion, suspension, salary reduction or written reprimand received by a probationary or at-will employee whose liberty

---

security officers, police security officers, and school security officers are not reimbursable. (*Burden v. Snowden* (1992) 2 Cal.4th 556, 569; Government Code section 3301; Penal Code sections 831, 831.4.)

interest is not affected (i.e., the charges supporting the dismissal does not harm the employee's reputation or ability to find future employment);

c. The further proceeding is a transfer of a permanent, probationary or at-will employee for purposes of punishment;

d. The further proceeding is a denial of promotion for a permanent, probationary or at-will employee for reasons other than merit;

e. The further proceeding is an action against a permanent, probationary or at-will employee that results in disadvantage, harm, loss or hardship and impacts the career of the employee.

The cost of media copying is reimbursable.

5. Producing transcribed copies of any notes made by a stenographer at an interrogation, and copies of reports or complaints made by investigators or other persons, except those that are deemed confidential, when requested by the officer, in the following circumstances (Gov. Code, § 3303, subd. (g)):

   a) When the investigation does not result in disciplinary action; and

   b) When the investigation results in:

   - A dismissal, demotion, suspension, salary reduction or written reprimand received by a probationary or at-will employee whose liberty interest *is not* affected (i.e.; the charges supporting the dismissal do not harm the employee's reputation or ability to find future employment);
   - A transfer of a permanent, probationary or at-will employee for purposes of punishment;
   - A denial of promotion for a permanent, probationary or at-will employee for reasons other than merit; or
   - Other actions against a permanent, probationary or at-will employee that result in disadvantage, harm, loss or hardship and impact the career of the employee.

   Review of the complaints, notes or recordings for issues of confidentiality by law enforcement, human relations or counsel; and the cost of processing, service and retention of copies are reimbursable.

The following activities are **not** reimbursable:

1. Activities occurring before the assignment of the case to an administrative investigator. These activities include taking an initial complaint, setting up the complaint file, interviewing parties, reviewing the file, and determining whether the complaint warrants an administrative investigation.
2. Investigation activities, including assigning an investigator to the case, reviewing the allegation, communicating with other departments, visiting the scene of the alleged incident, gathering evidence, identifying and contacting complainants and witnesses.

3. Preparing for the interrogation, reviewing and preparing interrogation questions, conducting the interrogation, and reviewing the responses given by the officer and/or witness during the interrogation.

4. Closing the file, including the preparation of a case summary disposition reports and attending executive review or committee hearings related to the investigation.

**D. Adverse Comment**

Performing the following activities upon receipt of an adverse comment concerning a peace officer, as defined in Penal Code sections 830.1, 830.2, 830.3, 830.31, 830.32, 830.33, except subdivision (e), 830.34, 830.35, except subdivision (c), 830.36, 830.37, 830.4, and 830.5. (Gov. Code, §§ 3305 and 3306.): [5]

Counties

(a) If an adverse comment *is* related to the investigation of a possible criminal offense, then counties are entitled to reimbursement for the following activities:

1. Providing notice of the adverse comment;
2. Providing an opportunity to review and sign the adverse comment;
3. Providing an opportunity to respond to the adverse comment within 30 days; and
4. Noting the peace officer's refusal to sign the adverse comment and obtaining the signature or initials of the peace officer under such circumstances.

(b) If an adverse comment *is not* related to the investigation of a possible criminal offense, then counties obtained are entitled to reimbursement for:

1. Providing notice of the adverse comment: and
2. Obtaining the signature of the peace officer on the adverse comment; or
3. Noting the peace officer's refusal to sign the adverse comment and obtaining the signature or initials of the peace officer under such circumstances.

Cities and Special Police Protection Districts

(a) If an adverse comment *is* related to the investigation of a possible criminal offense, then cities and special districts are entitled to reimbursement for the following activities:

1. Providing notice of the adverse comment;
2. Providing an opportunity to review and sign the adverse comment;

[5] The adverse comment activities do not apply to reserve or recruit officers; coroners; railroad police officers commissioned by the Governor; or non-sworn officers including custodial officers, sheriff security officers, police security officers, or school security officers. (*Burden v. Snowden* (1992) 2 Cal.4th 556, 569; Government Code section 3301; Penal Code sections 831, 831.4.)

3. Providing an opportunity to respond to the adverse comment within 30 days; and
4. Noting the peace officer's refusal to sign the adverse comment and obtaining the signature or initials of the peace officer under such circumstances.

(b) If an adverse comment *is not* related to the investigation of a possible criminal offense, then cities and special districts are entitled to reimbursement for the following activities:

1. Providing notice of the adverse comment;
2. Providing an opportunity to respond to the adverse comment within 30 days; and
3. Obtaining the signature of the peace officer on the adverse comment; or
4. Noting the peace officer's refusal to sign the adverse comment and obtaining the signature or initials of the peace officer under such circumstances.

The following adverse comment activities are reimbursable:

1. Review of the circumstances or documentation leading to the adverse comment by supervisor, command staff, human resources staff, or counsel to determine whether the comment constitutes a written reprimand or an adverse comment.
2. Preparation of notice of adverse comment.
3. Review of notice of adverse comment for accuracy.
4. Informing the peace officer about the officer's rights regarding the notice of adverse comment.
5. Review of peace officer's response to adverse comment.
6. Attaching the peace officers' response to the adverse comment and filing the document in the appropriate file.

The following activities are **not** reimbursable:

1. Investigating a complaint.
2. Interviewing a complainant.
3. Preparing a complaint investigation report.

## V. CLAIM PREPARATION AND SUBMISSION

Claimants may be reimbursed for the Reimbursable Activities described in Section IV above by claiming costs mandated by the state pursuant to the reasonable reimbursement methodology or by filing an actual cost claim, as described below:

A. Reasonable Reimbursement Methodology

The Commission is adopting a *reasonable reimbursement methodology* to reimburse local agencies for all direct and indirect costs, as authorized by Government Code section 17557, subdivision (b), in lieu of payment of total actual costs incurred for the reimbursable activities specified in Section IV above.

1. Definition

The definition of reasonable reimbursement methodology is in Government Code section 17518.5, as follows:

(a) *Reasonable reimbursement methodology* means a formula for reimbursing local agency and school districts for costs mandated by the state, as defined in Section 17514.

(b) A reasonable reimbursement methodology shall be based on cost information from a representative sample of eligible claimants, information provided by associations of local agencies and school districts, or other projections of local costs.

(c) A reasonable reimbursement methodology shall consider the variation in costs among local agencies and school districts to implement the mandate in a cost-efficient manner.

(d) Whenever possible, a *reasonable reimbursement methodology* shall be based on general allocation formulas, uniform cost allowances, and other approximations of local costs mandated by the state rather than detailed documentation of actual local costs. In cases when local agencies and school districts are projected to incur costs to implement a mandate over a period of more than one fiscal year, the determination of a reasonable reimbursement methodology may consider local costs and state reimbursements over a period of greater than one fiscal year, but not exceeding 10 years.

(e) A reasonable reimbursement methodology may be developed by any of the following:

(1) The Department of Finance.
(2) The Controller.
(3) An affected state agency.
(4) A claimant.
(5) An interested party.

2. Formula

The reasonable reimbursement methodology shall allow each eligible claimant to be reimbursed at the rate of $ 37.25 per full-time sworn peace officer employed by the agency for all direct and indirect costs of performing the activities, as described in Section IV, Reimbursable Activities.

The rate per full-time sworn peace officer shall be adjusted each year by the Implicit Price Deflator referenced in Government Code section 17523.

Reimbursement is determined by multiplying the rate per full time sworn peace officer for the appropriate fiscal year by the number of full time sworn peace officers employed by the agency and reported to the Department of Justice.

B. ACTUAL COST CLAIMS

Although the Commission adopted a reasonable reimbursement methodology for this mandated program, any eligible claimant may instead choose to file a reimbursement claim based on actual costs.

Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Claimants may use time studies to support salary and benefit costs when an activity is task-repetitive. Time study usage is subject to the review and audit conducted by the State Controller's Office.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified above. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described above. Additionally, each reimbursement claim must be filed in a timely manner.

1. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

a. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

b. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

c. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the

number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

d. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

e. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element B. 1. a. Salaries and Benefits, for each applicable reimbursable activity.

f. Training

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element B.1.a, Salaries and Benefits, and B.1.b, Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element B.1.c, Contracted Services.

2. Indirect Cost Rates

a. Local Agencies

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 CFR Part 225 (the Office of Management and Budget

(OMB) Circular A-87). Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225 (OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225 (OMB Circular A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

i. The allocation of allowable indirect costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or

ii The allocation of allowable indirect costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[6] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the application of a reasonable reimbursement methodology

[6] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

must also be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND OTHER REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds and other state funds shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S REVISED CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (c), the Controller shall issue revised claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the revised parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The revised claiming instructions shall be derived from the test claim decision and the revised parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(2), issuance of the revised claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon the revised parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision (CSM 4499) and the Statement of Decision on Reconsideration (05-RL-4499-01) are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim, and in *Department of Finance v. Commission on State Mandates* (2009) 170 Cal.App.4th 1355. The administrative record, including the Statement of Decision and the Statement of Decision on Reconsideration, is on file with the Commission.

| PROGRAM 187 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00187<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) | |
| County of Location | | | (23) FORM 1, (05) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (06)(A)(g) | |
| City | State | Zip Code | (25) FORM 1, (06)(B)(g) | |
| | | **Type of Claim** | (26) FORM 1, (06)(C)(g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (06)(D)(g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (08) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (09) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (11) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (12) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 187 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (13). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (31) Bring forward the cost information as specified on the left-hand column of lines (22) through (31) for the reimbursement claim, e.g., Form 1, (06)(A)(g), means the information is located on Form 1, block (06), line (A), column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(32) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 187 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20__/20__ |
|---|---|
| (03) Department | |

**Claim Statistics**

| (04) Number of full-time sworn peace officers employed by the agency during this fiscal year | |
|---|---|

**Flat Rate Method**

| (05) Total Cost [Line (04) X unit cost rate] [Skip lines (06) through (09) and carry forward total to line (10)] | |
|---|---|

**Actual Cost Method**

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (06) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel and Training | (g) Total |
| A. Administrative Activities | | | | | | | |
| B. Administrative Appeal | | | | | | | |
| C. Interrogations | | | | | | | |
| D. Adverse Comment | | | | | | | |
| (07) Total Direct Costs | | | | | | | |

**Indirect Costs**

| (08) Indirect Cost Rate [From ICRP or 10%] | % |
|---|---|
| (09) Total Indirect Costs [Refer to Claim Summary Instructions] | |
| (10) Total Direct and Indirect Costs [Refer to Claim Summary Instructions] | |
| **Cost Reduction** | |
| (11) Less: Offsetting Revenues | |
| (12) Less: Other Reimbursements | |
| (13) Total Claimed Amount [Line (10) - {line (11) + line (12)}] | |

**Revised 9/19**

| PROGRAM 187 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of claim.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) Enter the number of full-time sworn peace officers who were employed by the agency during the fiscal year of claim.

(05) **Flat Rate Method**

Multiply the number of peace officers from line (04) by the unit cost rate, and enter the result on line (05) and line (10). Please visit https://www.sco.ca.gov/Files-ARD-Local/Manuals/unit_cost_rates.pdf for the current rate.

[(Current Year Index / Base Year Index) x Base Year Actual Unit Cost = Current Year Actual Unit Cost]

(06) **Actual Cost Method**

For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (i) to Form 1, block (06), columns (a) through (f) in the appropriate row. Total each row.

(07) Total columns (a) through (g).

(08) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(09) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (07)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(10) **Flat Rate Method:** Enter the total from line (05).

**Actual Cost Method:** Enter the sum of Total Direct Costs, line (07)(g), and Total Indirect Costs, line (09).

(11) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(12) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(13) From Total Direct and Indirect Costs, line (10), subtract the sum of Offsetting Revenues, line (11), and Other Reimbursements, line (12). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 187 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- ☐ A. Administrative Activities
- ☐ B. Administrative Appeal
- ☐ C. Interrogations
- ☐ D. Adverse Comment

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials And Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel And Training |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page:____ of ____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 187 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

**For Actual Cost Method Use Only.**

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel and** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |
| **Training** | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (06), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2014-01

Peace Officers Procedural Bill of Rights II – Program No. 356

March 12, 2014

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Peace Officers Procedural Bill of Rights II program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On December 1, 2011, CSM adopted a Statement of Decision finding that the test claim statutes impose a partially reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city, county, or city and county, as defined in GC sections 17511 and 17515, that has been the traditional law enforcement provider of the state, or any special district that has been granted statutory authorization to perform police protection activities named in GC section 53060.7*, that incurs increased costs as a result of this mandate, is eligible to claim reimbursement.

* These special districts include (1) the Bear Valley Community Services District, (2) the Broadmoor Police Protection District, (3) the Kensington Police Protection and Community Services District, (4) the Lake Shastina Community Services District, and (5) the Stallion Springs Community Services District.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were

appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: December 6, 2013

# PARAMETERS AND GUIDELINES

Government Code Sections 3304, 3306.5, 3309 and 3312

Statutes 1976, Chapter 465; Statutes 1998, Chapter 786;
Statutes 2000, Chapter 209; and Statutes 2002, Chapter 170

*Peace Officers Procedural Bill of Rights II*

03-TC-18

Period of reimbursement begins July 1, 2002,
or later for specified activities added by subsequent statutes.

## I. SUMMARY OF THE MANDATE

On December 1, 2011, the Commission on State Mandates (Commission) adopted the test claim statement of decision finding that the test claim statutes impose a partially reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. Specifically, the Commission found that specified notices required to be provided to an officer in order to take disciplinary action, activities regarding providing access to officer personnel files, and the notice requirements to search an officer's locker imposed an incremental higher level of service above what was required under prior law.

## II. ELIGIBLE CLAIMANTS

Any city, county, city and county, or special police protection district named in Government Code section 53060.7 that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e), states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The City of Newport Beach filed the test claim on September 26, 2003, establishing eligibility for reimbursement on or after July 1, 2002. Therefore, costs incurred pursuant to Government Code sections 3304, 3306.5, and 3309 are reimbursable on or after July 1, 2002. However, because Government Code section 3312 was effective January 1 2003, costs incurred pursuant to Government Code section 3312 are reimbursable on or after January 1, 2003.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.

4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Government Code section 17560(b).)
5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, timesheets, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

Claimants may use time studies to support salary and benefit costs when an activity is task-repetitive. Activities that require varying levels of effort are not appropriate for time studies. Time study usage is subject to the review and audit conducted by the State Controller's Office.

For each eligible claimant, the following activities are reimbursable:

1. Draft, review, edit, and approve a written notice and give it to a chief of police that is dismissed when the charges supporting the dismissal *do not* damage the chief of police's ability to find other employment and trigger existing notice requirements under the due process clause of the United States and California Constitutions. Written notice must be accompanied by the reason or reasons for the dismissal. (Gov. Code, § 3304(c), Stats. 1998, ch. 786.)
2. Within one year of discovery of any misconduct, draft, review, edit, and approve a written notice and give it to the peace officer being investigated, stating that he or she may face disciplinary action after the investigation is completed. (Gov. Code, § 3304(d), Stats. 1998, ch. 786.)

3. After the investigation and any predisciplinary response or procedure utilized by the employer, draft, review, edit, and approve a written notice that the employer has decided to impose discipline on the officer and give it to the peace officer. (Gov. Code, § 3304(f), Stats. 1998, ch. 786):

   a. Dismissal, demotion, suspension, salary reduction or written reprimand received by probationary and at-will employees whose liberty interest *are not* affected (i.e., the charges supporting a dismissal do not harm the employee's reputation or ability to find future employment);

   b. Transfer of permanent, probationary and at-will employees for purposes of punishment;

   c. Denial of promotion for permanent, probationary, and at-will employees for reasons other than merit; and

   d. Other actions against permanent, probationary, and at-will employees that result in disadvantage, harm, loss or hardship and impact the career opportunities of the employee.

   *Conducting investigations and the filing and service of the written notice are not reimbursable activities.*

4. On or after January 1, 2003, draft, review, edit, and approve a notice in order to take any of the following disciplinary actions for wearing a pin or displaying any other item containing the American flag (Gov. Code, § 3312 (Stats. 2002, ch. 170)):

   a. Dismissal of a probationary or at-will officer when the charges supporting the dismissal *do not* damage the officer's ability to find other employment;

   b. Demotion, suspension, salary reduction, or written reprimand of a probationary or at-will officer;

   c. Transfer for purposes of punishment of a permanent, probationary, or at-will officer;

   d. Denial of promotion to a permanent, probationary, or at-will officer; and

   e. Other actions against permanent, probationary, or at-will officer that result in disadvantage, harm, loss, or hardship and impact the career opportunities of the officer.

   The notice must include: (1) a statement that the officer's pin or other item violates an existing rule, regulation, policy, or local agency agreement or contract regarding the wearing of a pin, or the displaying of any other item, containing the American flag; (2) a citation to the specific rule, regulation, policy, or local agency agreement or contract that the pin or other item violates; and (3) a statement that the officer may file an appeal against the employer challenging the alleged violation pursuant to the applicable grievance or appeal procedures adopted by the department or public agency that otherwise comply with existing law.

5. Perform the following activities upon receipt of a request by an officer to inspect his or her personnel file (Gov. Code, § 3306.5):

***Counties***

Permit a peace officer to inspect letters of reference and records relating to the investigation of a possible criminal offense if they are used or have been used to determine that officer's qualifications for employment, promotion, additional compensation, or termination or other disciplinary action. (Gov. Code, § 3306.5(a) (Stats. 2000, ch. 209).) Under these circumstances, the following activities are eligible for reimbursement:

a. Make the personnel file or copy thereof available within a reasonable period of time after a request therefor by the officer. (Gov. Code, § 3306.5(b), Stats. 2000, ch. 209.)

   *This activity does not include scheduling an appointment to inspect personnel file, monitoring the officer while he or she reviews information, or paying the officer for time away from normal duty.*

b. File in an officer's personnel file a copy of the officer's written request to correct or delete a portion of the officer's personnel file, which the officer believes to be mistakenly or unlawfully placed in the file. (Gov. Code, § 3306.5(c), Stats. 2000, ch. 209.)

c. Within 30 calendar days of receiving an officer's request to correct or delete a portion of his or her personnel file pursuant to Government Code section 3306.5(c), review the request and either:

   i. Grant the request and make the requested changes to the personnel file; or

   ii. Notify the officer of the decision to refuse the request. If the employer refuses to grant the request, in whole or in part, the employer shall state in writing the reasons for refusing the request, and that written statement shall become part of the personnel file of the officer. This activity includes drafting, reviewing, editing, and approving the written statement, and filing the written statement in the officer's personnel file. (Gov. Code, § 3306.5(d), Stats. 2000, ch. 209.)

***Cities and Special Police Protection Districts Named in Government Code Section 53060.7***

a. Permit a peace officer to inspect personnel files at reasonable times and intervals, and during usual business hours, upon request by the officer. The personnel files that an officer may inspect are limited to those that are used or have been used to determine that officer's qualifications for employment, promotion, additional compensation, or termination or other disciplinary action. (Gov. Code, § 3306.5(a), Stats. 2000, ch. 209.)

b. Make the personnel file or copy thereof available within a reasonable period of time after a request therefor by the officer. (Gov. Code, § 3306.5(b), Stats. 2000, ch. 209.)

   *This activity does not include scheduling an appointment to inspect personnel file, monitoring the officer while he or she reviews information, or paying the officer for time away from normal duty.*

c. File in an officer's personnel file a copy of the officer's written request to correct or delete a portion of the officer's personnel file, which the officer believes to be

mistakenly or unlawfully placed in the file. (Gov. Code, § 3306.5(c), Stats. 2000, ch. 209.)

d. Within 30 calendar days of receiving an officer's request to correct or delete a portion of his or her personnel file pursuant to Government Code section 3306.5(c), review the request and either:

i) Grant the request and make the requested changes to the personnel file; or

ii) Notify the officer of the decision to refuse the request. If the employer refuses to grant the request, in whole or in part, the employer shall state in writing the reasons for refusing the request, and that written statement shall become part of the personnel file of the officer. This activity includes drafting, reviewing, editing, and approving the written statement, and filing the written statement in the officer's personnel file. (Gov. Code, § 3306.5(d) (Stats. 2000, ch. 209).)

6. Notify an officer, either orally or in writing, that a search of the officer's employer assigned locker or storage space will be conducted, if during the course of an investigation into officer misconduct an employer determines it is necessary to conduct a search of the officer's employer assigned locker or storage space. For written notices this also includes drafting, reviewing, editing, and approving the notice. (Gov. Code, § 3309, Stats. 1976, ch. 465.)

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor

bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

   Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

   Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1., Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 CFR Part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B).

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total

allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5(a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The statements of decision adopted for the test claim and parameters and guidelines are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record is on file with the Commission.

| PROGRAM 356 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS II CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00356<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box | Suite

City | State | Zip Code

| | | Type of Claim | Reimbursement Claim Data | |
|---|---|---|---|---|
| | | | (22) FORM 1, (04) 1. (g) | |
| | | | (23) FORM 1, (04) 2. (g) | |
| | | | (24) FORM 1, (04) 3. (g) | |
| | | | (25) FORM 1, (04) 4. (g) | |
| | | | (26) FORM 1, (04) 5. (g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) 6. (g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (06) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (07) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (09) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (10) | |
| Less: **10% Late Penalty** **(refer to attached Instructions)** | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 356 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS II<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (31) Bring forward the cost information as specified on the left-hand column of lines (22) through (31) for the reimbursement claim, e.g., Form 1, (04) 1.(g), means the information is located on Form 1, block (04), line 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(32) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 356 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS II<br>CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20 ___ /20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel | (g) Total |
| 1. Draft, review, edit, approve, and give a written notice to a dismissed police chief. | | | | | | | |
| 2. Draft, review, edit, approve, and give a written notice to a peace officer (PO) being investigated of any misconduct. | | | | | | | |
| 3. Draft, review, edit, approve, and give a written notice imposing discipline to a PO. *(See Claim Summary Instructions, Item (04), for additional information.)* | | | | | | | |
| 4. Draft, review, edit, and approve a notice of disciplinary action(s) to a PO for wearing a pin or any item containing the American flag. | | | | | | | |
| 5. Perform activities related to inspection of the PO's personnel file. | | | | | | | |
| 6. Draft, review, edit, and approve a written notice to, or orally, notify a PO that a search of his or her assigned locker or storage space will be conducted. | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| **Cost Reduction** | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 356 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS II<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

**Note**: *For activity 3., conducting investigations and the filing and service of the written notice are **not** reimbursable activities.*

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 356 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS II<br>ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- ☐ 1. Draft, review, edit, approve, and give a written notice to a dismissed police chief.
- ☐ 2. Draft, review, edit, approve, and give a written notice to a peace officer (PO) being investigated of any misconduct.
- ☐ 3. Draft, review, edit, approve, and give a written notice imposing discipline to a PO.
- ☐ 4. Draft, review, edit, and approve a notice of disciplinary action(s) to a PO for wearing a pin or any item containing the American flag.
- ☐ 5. Perform activities related to inspection of the PO's personnel file.
- ☐ 6. Draft, review, edit, and approve a written notice to, or orally, notify a PO that a search of his or her assigned locker or storage space will be conducted.

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 356 | PEACE OFFICERS PROCEDURAL BILL OF RIGHTS II<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost x Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2009-09

Pesticide Use Reports – Program No. 121

October 5, 2009

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Pesticide Use Reports program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On January 21, 1993, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On July 31, 2009, CSM amended the Ps & Gs to align the mandate reimbursement with current law and regulations which include mill disbursement, contracts, and unclaimed gas tax funds received by the claimant as offsetting revenues and other reimbursements.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Exceptions and Limitations

1. Activities related to reports for the use of pesticides that are classified by the State as restricted materials or for the use of pesticides that are applied by commercial pest control applicators and businesses are not reimbursable because those reports were required prior to the enactment of Food and Agricultural Code section 12979, Chapter 1200, Statutes of 1989, and its implementing regulations in Title 3 of the California Code of Regulations.
2. If the purpose of the travel includes activities broader than the reimbursable activities, only the pro-rata portion can be claimed.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to GC sections 17551, 17560 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: July 31, 2009
Adopted: February 23, 1995

# AMENDED PARAMETERS AND GUIDELINES

Food and Agricultural Code Section 12979
Statutes 1989, Chapter 1200

California Code of Regulations, Title 3, Sections 6000, 6393 (c),
6562, 6568, 6619, 6622, 6624, 6626, 6627, 6627.1, 6628
(Register 90, No. 1)

*Pesticide Use Reports*
06-PGA-02 (CSM-4420)

## I. SUMMARY OF THE MANDATE

On January 21, 1993, the Commission on State Mandates (Commission) adopted a Statement of Decision finding that Food and Agricultural Code section 12979, as added by Statutes 1989, Chapter 1200, and its implementing regulations in Title 3 of the California Code of Regulations, required county agricultural commissioners to implement a new program or higher level of service in an existing program within the meaning of Government Code section 17514 and article XIII B, section 6 of the California Constitution.

The enactment of the test claim statute and adoption of implementing regulations resulted in county agricultural commissioners receiving a greatly expanded number of pesticide use reports. While the chapter contained a funding mechanism, the Commission found that the funding was not sufficient to cover all of the increase in costs experienced by counties. Costs related to activities required by Food and Agricultural Code section 12979, and its implementing regulations in Title 3 of the California Code of Regulations that are not otherwise reimbursed by the Food Safety Account and increased mill assessment, were therefore found to be reimbursable costs mandated by the state.

Counties shall be reimbursed for the costs of increased pesticide use reporting requirements resulting from the enactment of Food and Agricultural Code section 12979, of Chapter 1200, Statutes of 1989 and its implementing regulations in Title 3 of the California Code of Regulations (Title 3, California Code of Regulations, sections 6000, 6393(c), 6562, 6568, 6619, 6622, 6623, 6624, 6626, 6627, 6627.1, 6628), which increased pesticide use reporting requirements on pesticide users to include all agricultural users; increased record keeping requirements on pesticide dealers that are licensed by the state; and required county agricultural commissioners to issue operator and site identification numbers to specified persons, inspect and audit certain records, and file the newly-required pesticide use reports with the state.

Activities related to reports from the use of pesticides that are classified by the state as restricted materials or for the use of pesticides that are applied by commercial pest control applicators and businesses are not reimbursable because those reports were required prior to the enactment of Food and Agricultural Code section 12979, of Chapter 1200, Statutes 1989, and its implementing regulations in Title 3 of the California Code of Regulations (3 CCR).

## II. ELIGIBLE CLAIMANTS

Any city, county, and city and county that incurs increased costs as a result of this reimbursable state-mandated program is eligible to file a reimbursement claim for those costs.

## III. PERIOD OF REIMBURSEMENT

This parameters and guidelines amendment is effective for the period of reimbursement beginning on July 1, 2005.

Pursuant to Government Code section 17560, reimbursement for state-mandated costs may be claimed as follows:

1. A county or city and county may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
2. In the event that revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 between November 15 and February 15, a local agency or school district filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

Reimbursable costs for one fiscal year shall be included in each claim. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of the issuance of the State Controller's claiming instructions. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed, except as otherwise provided by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. and Pesticide Regulatory Activity Monthly Reports (PRAMR)**.**

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, costs of performing the following activities are reimbursable:

1. Issuing operator identification numbers for the use of pesticides that are not classified by the state as restricted materials pursuant to 3 CCR section 6622.
2. Issuing site identification numbers for the use of pesticides that are not classified by the state as restricted materials pursuant to 3 CCR section 6623.
3. Reviewing and filing with the Department of Pesticide Regulation pesticide use reports other than those specified in V below. This activity may be performed by unlicensed persons.
4. Inspecting pesticide use records of growers and other property operators who the county agricultural commissioner had reason to believe failed to report to the commissioner the use of pesticides that are not classified by the state as restricted materials.
5. Auditing the pesticide use records of growers who submitted pesticide use reports to the county agricultural commissioner for the use of pesticides that are not classified by the state as restricted materials.
6. Audit the sales records of pesticide dealers as specified in 3 CCR section 6352, for the sale of pesticides that are not classified by the state as restricted materials.

## V. NON-REIMBURSABLE ACTIVITIES

Activities related to reports for the use of pesticides that are classified by the state as restricted materials or for the use of pesticides that are applied by commercial pest control applicators and businesses are not reimbursable because those reports were required prior to the enactment of Food and Agricultural Code section 12979, of Chapter 1200, Statutes of 1989, and its implementing regulations in Title 3 of the California Code of Regulations.

If the purpose of the travel includes activities broader than the reimbursable activities, only the pro-rata portion can be claimed.

## VI. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by

productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

Claimants may use time studies to support salary and benefit costs when an activity is task repetitive in nature. Time study usage is subject to the time study guidelines included in the State Controller's annual claiming instructions.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity

6. Training

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A.1. Salaries and Benefits, and A.2, Materials and Supplies. Report the cost

of consultants who conduct the training according to the rules of cost element A.3, Contracted Services.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 CFR Part 225 (the Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B)) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

## VII. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a county or city and county pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, and offsetting revenues and reimbursements, as described in Section VIII, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VIII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsets the claimant experiences in the same program as a direct result of the same statute or executive orders found to contain the mandate from any source, including and not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from the costs claimed

Specifically, the following revenues and reimbursements must be deducted from any costs claimed:

1. The mill disbursement funds allocated to each county pursuant to California Code of Regulations, title 3, section 6393, subdivision (b) (1), (2), and (9) that are based on the reimbursable activities in Section IV of the parameters and guidelines.
2. The mill disbursement funds allocated to each county pursuant to California Code of Regulations, title 3, section 6393, subdivision (b) (4), (5) and (6) that are used to offset the reimbursable activities in Section IV of the parameters and guidelines.
3. The payments received under each county's contract with DPR for the review and filing of pesticide use reports (electronic submittal to DPR) that are identified as reimbursable in Section IV of the parameters and guidelines.

And, if unclaimed gas tax funds are used for any of the reimbursable activities in Section IV of the parameters and guidelines, that amount must be deducted from any costs claimed.

## IX. STATE CONTROLLER'S REVISED CLAIMING INSTRUCTIONS

The Controller shall, within 60 days after receiving amended parameters and guidelines prepare and issue revised claiming instructions for mandates that require state reimbursement established by Commission action pursuant to Government Code section 17557, section 17557.2, or any decision or order of the Commission pursuant to section 17559. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission. Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Commission. In preparing revised claiming instructions, the Controller may request the assistance of other state agencies. (Gov. Code, § 17558, subdivision (c).)

If revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 between November 15 and February 15, a local agency or school district filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

## X. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

## XI. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision (CSM-4220) is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

| PROGRAM 121 | PESTICIDE USE REPORTS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00121<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04)(1)(g) | |
| County of Location | | | (23) FORM 1, (04)(2)(g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04)(3)(g) | |
| City | State | Zip Code | (25) FORM 1, (04)(4)(g) | |
| | | **Type of Claim** | (26) FORM 1, (04)(5)(g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04)(6)(g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (06) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (07) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (09) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (10) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 121 | PESTICIDE USE REPORTS<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (31) Bring forward the cost information as specified on the left-hand column of lines (22) through (31) for the reimbursement claim, e.g., Form 1, (04)(1)(g), means the information is located on Form 1, block (04), line (1), column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(32) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 121 | PESTICIDE USE REPORTS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel and Training | (g) Total |
| 1. Issue operator I.D. numbers | | | | | | | |
| 2. Issue site I.D. numbers | | | | | | | |
| 3. Review reports and file with DPR | | | | | | | |
| 4. Inspect pesticide use records of growers and other property operators | | | | | | | |
| 5. Audit the pesticide use records of growers | | | | | | | |
| 6. Audit sales records of pesticide dealers | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [10% or from ICRP] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| **Cost Reduction** | | |
|---|---|---|
| (09) Less: Offsetting Revenues | [Refer to Claim Summary Instructions] | |
| (10) Less: Other Reimbursements | [Refer to Claim Summary Instructions] | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 121 | PESTICIDE USE REPORTS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred or are to be incurred.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d), through (i) to Form 1, block (04), columns (a), through (f) in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) **Refer to Section VIII of the P's & G's for Offsetting Revenues and Reimbursements.**

**The Department of Pesticide Regulation (DPR) developed an Offsetting Revenue Worksheet to assist counties in identifying the appropriate amounts to apply as an offset to a reimbursement claim. For assistance, you may call the Product Compliance Branch of DPR at (916) 445-4159.**

**If the county needs assistance in calculating Offsetting Revenues and Reimbursements, DPR may be contacted via the Internet at http://www.cdpr.ca.gov.**

If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of any reimbursements received from mill disbursement funds, the contract between the county and DPR for the review and filing of pesticide use reports (electronic submittal to DPR), unclaimed gas tax, if applicable, and any other source, including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 121 | PESTICIDE USE REPORTS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- ☐ 1. Issue operator I.D. numbers
- ☐ 2. Issue site I.D. numbers
- ☐ 3. Review reports and file with DPR
- ☐ 4. Inspect pesticide use records of growers and other property operators
- ☐ 5. Audit the pesticide use records of growers
- ☐ 6. Audit sales records of pesticide dealers

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel and Training |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

Revised 9/19

| PROGRAM 121 | PESTICIDE USE REPORTS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost x Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel and** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |
| **Training** | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-49

Rape Victims Counseling Center Notice – Program No. 127

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Rape Victims Counseling Center Notice program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On July 22, 1993, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, the CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

## Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

## Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

## Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: 5/26/94
Amended: 12/19/96
Amended: 1/29/10

# Amendment to Parameters and Guidelines

Penal Code Section 264.2, Subdivisions (b)(1) and (b)(2)
Penal Code Section 13701

Statutes 1991, Chapter 999
Statutes 1992, Chapter 224

*Rape Victims Counseling Center Notice*
05-PGA-41 (CSM-4426)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. Summary of Mandate

The provisions of Penal Code section 264.2, subdivisions (b)(1) and (b)(2), as added and amended by Statutes 1991, chapter 999, and Statutes 1992, chapter 224, and Penal Code Section 13701, as amended by Statutes 1991, chapter 999, require local law enforcement agencies to: reprint existing "Victims of Domestic Violence" cards with new information to assist rape victims, furnish a rape victim with a "Victims of Domestic Violence" card, obtain victim consent to notify a local rape victim counseling center, notify the victim-selected center, and subject to the approval of the victim and upon the treating hospital's request, verify whether the local rape victim counseling center has been notified.

## II. Commission on State Mandates Decision

At its July 22, 1993, hearing, the Commission on State Mandates determined that the provisions of Penal Code section 264.2, subdivisions (b)(1), and (b)(2), as added and amended by Statutes 1991, chapter 999, and Statutes 1992, chapter 224, and Penal Code section 13701, as amended by Statutes 1991, chapter 999, impose a reimbursable state mandated program by requiring local law enforcement agencies to notify the local rape victim counseling center when the victim is transported to a hospital for examination and the victim approves of that notification; subject to the approval of the victim and upon a request from the treating hospital, to verify whether the local rape victim counseling center has been notified; to revise the "Victims of Domestic Violence" card by adding information to assist rape victims, and to furnish a rape victim with a "Victims of Domestic Violence" card.

## III. Eligible Claimants

Any city or county which incurs increased costs as a result of the subject state mandates is eligible to claim reimbursement of those costs.

## IV. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Statutes 1991, chapter 999, was approved by the Governor on October 13, 1991 and became operative on January 1, 1992 and Statutes 1992, chapter 224, was approved by the Governor on July 14, 1992 and became effective operative on January 1, 1993.

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for the state subject mandates was filed by the County of Los Angeles on December 29, 1992. Therefore, costs incurred for Statutes 1991, chapter 999, on or after its operative date of January 1, 1992, and costs incurred for Statutes 1992, chapter 224, on or after its effective operative date of January 1, 1993, are eligible for reimbursement.

Pursuant to Government Code section 17561, actual costs for one fiscal year shall be included in each claim, and estimated costs for the subsequent year may be included on the same claim, if applicable.

If total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## V. Reimbursable Activities and Related Costs

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, “I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge.” Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of Mandate

Local law enforcement agencies shall be reimbursed for the increased costs which they are required to incur to: reprint existing "Victims of Domestic Violence" cards with new information to assist rape victims, furnish a rape victim with a "Victims of Domestic Violence" card, obtain victim consent to notify a local rape counseling center, notify the victim-selected local rape counseling center, and subject to the victim's approval and upon the treating hospital’s request, verify whether the local rape victim counseling center has been notified.

B. For each eligible claimant, the following one-time costs and continuing costs are reimbursable:

1. Reimbursable One-Time Costs

a. Costs of updating policies and procedures to conform with the special requirements of Chapter 999, Statutes of 1991 and Chapter 224, Statutes of 1992.

b. Costs of modifying existing record-keeping systems to provide reliable and timely retrieval of verification information required by Chapter 224, Statutes of 1992, but not to exceed $2,000.

2. Reimbursable Continuing Costs

a. Costs of reprinting the existing "Victims of Domestic Violence" card to add information, relating to rape victim services, required by Chapter 999, Statutes of 1991, but not to exceed one reprinting per fiscal year.

b. Law enforcement's road officer, clerical, and dispatcher costs required to: request each victim's consent to notify a rape counseling center, each time alleged violation(s) include at least one violation of Penal Code section 261, 261.5, 262, 286, 288a, 289, alleged separately or in combination with other violations; furnish a rape victim with a "Victims of Domestic Violence" card; record, file, and/or data-process state mandated information; and, provide hospital verification whether the local rape victim counseling center has been notified, upon the consent of the victim.

## VI. Claim Preparation and Submission

One-time costs and continuing costs that are reimbursable are limited to:

A. Employee Salaries and Benefits

1. For one-time costs and reprinting costs described in part V, paragraph B, 2 (a), show the name of the employee involved, the classification of the employee, state mandated functions performed, number of hours devoted to the function, productive hourly rates and benefits.

2. For continuing costs, excluding reprinting costs described in part V, paragraph B, 2 (a), unit costs must be claimed for each specified victim, based upon the following standard times:

a. 10 minutes - road officer's time related to the subject state mandates

b. 4 minutes - clerical duties related to recording, filing, and/or data processing

c. 2 minutes - dispatcher's time related to hospital verification

Each standard time is multiplied by the average productive hourly rate, including applicable indirect cost as specified in part VI, paragraph D herein, for road officers, clerical staff, and dispatchers assigned state mandated duties, and, the results totaled to obtain a reimbursable unit cost. Such reimbursable unit cost is

then multiplied by the total number of reported incidents regarding alleged violations described in part V, paragraph B, 2 (b), above.

B. Services, Equipment and Supplies

Allowed only for one-time costs and reprinting costs described in part V, paragraph B, 2 (a). Claimed expenditures must be identified with a direct cost reimbursable activity resulting from the subject state mandates. List the cost of materials or equipment acquired which have been consumed or expended specifically for the purposes of the subject state mandates.

C. Contract Services

Allowed only for one time costs and reprinting costs described in part V, paragraph B, 2 (a). List costs incurred for contract services for the subject state mandates. Contracting costs are reimbursable to the extent that the function performed requires special skills or knowledge that is not readily available from the claimant's staff. Use of contract services must be justified by the claimant.

D. Allowable Overhead Cost

Allowed for one-time costs and for continuing costs. Cities and counties have the option of using 10% of direct labor as indirect costs or preparing a departmental Indirect Cost Rate Proposal. If the city or county elects to prepare an Indirect Cost Rate Proposal, the Proposal must be prepared in accordance with Office of Management and Budget Circular A-87 (OMB A-87).

## VII. Record Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VIII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of the subject statutes must be deducted from the costs claimed. In addition, reimbursements for the subject state mandates received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim.

## IX. State Controller's Office Required Certification

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00127<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (03) | |
| County of Location | | | (23) FORM 1, (04) 1. a. (e) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) 1. b. (e) | |
| City | State | Zip Code | (25) FORM 1, (04) 2. a. (e) | |
| | | **Type of Claim** | (26) FORM 1, (04) 2. b. (e) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (06) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (07) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (09) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (10) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (30) Bring forward the cost information as specified on the left-hand column of lines (22) through (30) for the reimbursement claim, e.g., Form 1, (04) 1. a. (e), means the information is located on Form 1, block (04), line 1. a., column (e). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(31) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___ / 20___ |
|---|---|

**Claim Statistics**

| | |
|---|---|
| (03) Number of rape victims involved in at least one alleged violation of Penal Code (PC) sections 261, 261.5, 262, 286, 288a, or 289 for the fiscal year of claim. | |

| **Direct Costs** | **Object Accounts** | | | | |
|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Total |
| **1. One-Time Costs** | | | | | |
| a. Update policies and procedures | | | | | |
| b. Modify existing record-keeping systems | | | | | |
| **2. Ongoing Costs** | | | | | |
| a. Reprint existing "Victims of Domestic Violence" Cards | | | | | |
| b. Law enforcement's road officer, clerical, and dispatcher costs. (From Form 2.1) | | | | | |
| (05) Total Direct Costs | | | | | |

**Indirect Costs**

| | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(e) + line (07)] | |

**Cost Reduction**

| | | |
|---|---|---|
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) Enter the number of rape victims who were involved in at least one alleged violation of PC sections 261, 261.5, 262, 286, 288a, or 289 for the fiscal year of claim.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (g), to Form 1, block (04), columns (a) through (d), in the appropriate row. Total each row.

(05) Enter the sum of columns (04)(a) through (04)(e).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(e), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___/20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**1. One-Time Costs**

- ☐ a. Update policies and procedures
- ☐ b. Modify existing record-keeping systems

**2. Ongoing Costs**

- ☐ a. Reprint existing "Victims of Domestic Violence" Cards
- ☐ b. Law enforcement's road officer, clerical, and dispatcher costs. (from Form 2.1)

(04) Description of Expenses

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | **Object Accounts** (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services |
|---|---|---|---|---|---|---|
| | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ___of___ | | | | | | |

**Revised 9/19**

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, and contract services. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate x Salaries | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost x Quantity Used | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | Copy of Contract and Invoices |

(05) Total line (04), columns (d) through (g) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (g) to Form 1, block (04), columns (a) through (d) in the appropriate row.

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE<br>ACTIVITY COST DETAIL | FORM 2.1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year<br>20___ / 20___ |
|---|---|

(03) Reimbursable Activity: Ongoing Costs: Rape victims involved in at least one alleged violation of Penal Code sections 261, 261.5, 262, 286, 288a, or 289 for the fiscal year of claim.

(04) Description of Expenses: Complete columns (a) through (f).

| (a) Standard Time (Hour/Victim) | (b) Number of Victims | (c) Total Time (Hours) (a x b) | (d) Hourly Rate | Object Accounts (e) Salaries (c x d) | Object Accounts (f) Fringe Benefits |
|---|---|---|---|---|---|
| Road Officers (10 min/victim) 0.166 Hours<br>List job classification(s)<br>1.<br>2.<br>3. | | | | | |
| * Total Cases | | | | | |
| Clericals (4 min/victim) 0.066 Hours<br>List job classification(s)<br>1.<br>2.<br>3. | | | | | |
| * Total Cases | | | | | |
| Dispatchers (2 min/victim) 0.033 Hours<br>List job classification(s)<br>1.<br>2.<br>3. | | | | | |
| * Total Cases | | | | | |
| * Total victims not to exceed Form-1, line (03) | | | | | |
| (05) Total ☐ Subtotal ☐ Page:____ of ____ | | | | | |

Revised 9/19

| PROGRAM 127 | RAPE VICTIMS COUNSELING CENTER NOTICE<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2.1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) No action required.

(04) Complete columns (a) through (f)

Column (a):

- Road officers, clericals, and dispatchers must be listed by job classification(s). Road officers are allowed ten minutes or 0.166 hours per victim for time related to the state mandate.
- Clericals are allocated four minutes or 0.066 hours per victim for time related to recording, filing, and/or data processing.
- Dispatchers are allowed two minutes or 0.033 hours per victim for time related to notification of the local rape victim counseling center by the hospital.

Column (b): Enter the number of victims assisted by employees at each job classification.

Column (c): Enter the result of multiplying the standard time by the number of victims to compute the time in hours.

Column (d): Enter the hourly rate by job classification.

Column (e): Enter the result of multiplying the total time in hours by the hourly rate to compute the amount of total salaries.

Column (f): Enter the result of multiplying the fringe benefit rate by total salaries to compute the amount of fringe benefits.

(05) Total line (04), columns (e) and (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter the totals from line (05), columns (e) and (f) to Form 1, block (04), lines 2.a. and 2.b., columns (a) and (b).

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2010-20

Sexually Violent Predators – Program No. 175

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Sexually Violent Predators program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On June 25, 1998, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On October 30, 2009, the CSM approved the amendments to the Ps & Gs to clarify source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any county, or city and county, as defined in GC section 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Amended: October 30, 2009
Adopted: September 24, 1998

# AMENDMENT TO PARAMETERS AND GUIDELINES

Welfare and Institutions Code Sections 6250 and 6600 through 6608

Statutes 1995, Chapter 762
Statutes 1995, Chapter 763
Statutes 1996, Chapter 4

*Sexually Violent Predators*

05-PGA-43 (CSM-4509)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. Summary and Source of the Mandate

Chapters 762 and 763, Statutes of 1995, and Chapter 4, Statutes of 1996, established new civil commitment procedures for the continued detention and treatment of sexually violent offenders following their completion of a prison term for certain sex-related offenses. Before detention and treatment are imposed, the county attorney is required to file a petition for civil commitment. A trial is then conducted to determine if the inmate is a sexually violent predator beyond a reasonable doubt. If the inmate accused of being a sexually violent predator is indigent, the test claim legislation requires counties to provide the indigent with the assistance of counsel and experts necessary to prepare the defense.

On June 25, 1998, the Commission adopted a Statement of Decision which approved reimbursement for the following services:

- Designation by the County Board of Supervisors of the appropriate District Attorney or County Counsel who will be responsible for the sexually violent predator civil commitment proceedings. (Welf. & Inst. Code, § 6601, subd. (i).)
- Initial review of reports and records by the county's designated counsel to determine if the county concurs with the state's recommendation. (Welf. & Inst. Code, § 6601, subd. (i).)
- Preparation and filing of the petition for commitment by the county's designated counsel. (Welf. & Inst. Code, § 6601, subd. (j).)
- Preparation and attendance by the county's designated counsel and indigent defense counsel at the probable cause hearing. (Welf. & Inst. Code, § 6602.)
- Preparation and attendance by the county's designated counsel and indigent defense counsel at trial. (Welf. & Inst. Code, §§ 6603 and 6604.)
- Preparation and attendance by the county's designated counsel and indigent defense counsel at subsequent hearings regarding the condition of the sexually violent predator. (Welf. & Inst. Code, §§ 6605, subds. (b) through (d), and 6608, subds. (a) through (d).)

- Retention of necessary experts, investigators, and professionals for preparation for trial and subsequent hearings regarding the condition of the sexually violent predator. (Welf. & Inst. Code, §§ 6603 and 6605, subd. (d).)
- Transportation and housing for each potential sexually violent predator at a secured facility while the individual awaits trial on the issue of whether he or she is a sexually violent predator. (Welf. & Inst. Code, § 6602.)

Chapters 762 and 763, Statutes of 1995, were enacted on October 11, 1995, and became operative on January 1, 1996. Chapter 4, Statutes of 1996, relating to the transportation and housing of potential sexually violent predators at a secured facility, was enacted as an urgency measure and became operative on January 25, 1996.

## II. Eligible Claimants

Counties or cities and counties.

## III. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed by the County of Los Angeles on May 30, 1996. Therefore, costs incurred for Chapter 762, Statutes of 1995 and Chapter 763, Statutes of 1995, are eligible for reimbursement on or after January 1, 1996. Costs incurred for Chapter 4, Statutes of 1996, regarding transport and secured custody of defendants, are eligible for reimbursement on or after January 25, 1996.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to section 17561, subdivision (d)(1) of the Government Code, all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If total costs for a given year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## IV. Reimbursable Activities

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and

declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, all direct and indirect costs of labor, supplies and services, for the following activities only are eligible for reimbursement:

A. Designation by the County Board of Supervisors of the appropriate District Attorney or County Counsel who will be responsible for the sexually violent predator civil commitment proceedings.

   1. Development of internal policies and procedures (one-time activity).
   2. One-time training for each employee who normally works on the sexually violent predator program on the county's internal policies and procedures.

B. The following reimbursable activities must be specifically identified to a defendant:

   1. Initial review of reports and records by the county's designated counsel to determine if the county concurs with the state's recommendation. Such activity includes the following:

      a. Secretarial and paralegal services to assist the county's designated counsel; and
      b. Copying and making long distance telephone calls.
      c. Investigator services that are necessary to determine the sufficiency of the factual evidence supporting a petition.

   2. Preparation and filing of the petition for commitment by the county's designated counsel. Such activities include secretarial and paralegal services to assist the county's designated counsel in the preparation and filing of the petition for commitment.
   3. Preparation and attendance by the county's designated counsel and indigent defense counsel at the probable cause hearing. Preparation for the probable cause hearing includes the following:

      a. Secretarial, paralegal and investigator services;
      b. Copying and making long distance telephone calls; and
      c. Travel.

   4. Preparation and attendance by the county's designated counsel and indigent defense counsel at pre-trial and trial hearings. Preparation for the pre-trial and trial hearings include the following:

a. Secretarial, paralegal and investigator services;

b. Copying and making long distance telephone calls; and

c. Travel.

5. Preparation and attendance by the county's designated counsel and indigent defense counsel at subsequent hearings regarding the condition of the sexually violent predator. Preparation for the subsequent hearings includes the following:

   a. Secretarial, paralegal and investigator services;

   b. Copying and making long distance telephone calls; and

   c. Travel.

6. Retention of court-approved experts, investigators, and professionals for the indigent defendant in preparation for trial and subsequent hearings regarding the condition of the sexually violent predator. Such activity includes the following:

   a. Copying and long distance telephone calls made by the court-approved expert, investigator and/or professional; and

   b. Travel.

7. Transportation and housing costs for each potential sexually violent predator at a secured facility while the individual awaits trial on the issue of whether he or she is a sexually violent predator. Counties shall be entitled to reimbursement for such transportation and housing costs, regardless of whether the secured facility is a state facility or county facility, except in those circumstances when the State has directly borne the costs of housing and transportation, in which case no reimbursement of such costs shall be permitted.

## V. Claim Preparation and Submission

Claims for reimbursement must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each reimbursable activity identified in Section IV of this document.

SUPPORTING DOCUMENTATION

Claimed costs shall be supported by the following cost element information:

A. Direct Costs

Direct Costs are defined as costs that can be traced to specific goods, services, units, programs, activities or functions.

Claimed costs shall be supported by the following cost element information:

1. Salaries and Benefits

   Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the reimbursable activities performed and specify the actual time devoted to each reimbursable activity by each employee, productive hourly rate and related fringe benefits.

Reimbursement for personal services include compensation paid for salaries, wages and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contribution of social security, pension plans, insurance and worker's compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities which the employee performs.

2. Materials and Supplies

   Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of the materials and supplies consumed specifically for the purposes of this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

3. Contract Services

   Provide the name(s) of the contractor(s) who performed the services, including any fixed contracts for services. Describe the reimbursable activity(ies) performed by each named contractor and give the number of actual hours spent on the activities, if applicable. Show the inclusive dates when services were performed and itemize all costs for those services. Attach consultant invoices to the claim.

4. Travel

   Travel expenses for mileage, per diem, lodging, and other employee entitlements are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name(s) of the traveler(s), purpose of travel, inclusive dates and times of travel, destination points, and travel costs.

5. Training

   The cost of training an employee to perform the mandated activities is eligible for reimbursement. Identify the employee(s) by name and job classification. Provide the title and subject of the training session, the date(s) attended, and the location. Reimbursable costs may include salaries and benefits, transportation, lodging, per diem, and registration fees.

6. Fixed Assets

   List the costs of the fixed assets that have been acquired specifically for the purpose of this mandate. If the fixed asset is utilized in some way not directly related to the mandated program, only the pro-rata portion of the asset which is used for the purposes of the mandated program is reimbursable.

B. Indirect Costs

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the OMB A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is claiming indirect costs for the mandated program, each department must have its own ICRP prepared in accordance with OMB A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

## VI. Record Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. Data for Development of a Statewide Cost Estimate

The State Controller's Office is directed to include in the claiming instructions a request that claimants send an additional copy of the test claim specific form for the initial years' reimbursement claim by mail or facsimile to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, California 95814, Facsimile number: (916) 445-0278. Although providing this information to the Commission on State Mandates is not a condition of reimbursement, claimants are encouraged to provide this information to enable the Commission to develop a statewide cost estimate which will be the basis for the Legislature's appropriation for this program.

## VIII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of the subject mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds and other state funds shall be identified and deducted from this claim.

## IX. State Controller's Office Required Certification

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained herein.

---

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

| PROGRAM 175 | SEXUALLY VIOLENT PREDATORS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00175<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1. (g) | |
| County of Location | | | (23) FORM 1, (04) A. 2. (g) | |
| Street Address of P.O. Box | | Suite | (24) FORM 1, (04) B. 1. (g) | |
| City | State | Zip Code | (25) FORM 1, (04) B. 2. (g) | |
| | | **Type of Claim** | (26) FORM 1, (04) B. 3. (g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) B. 4. (g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (04) B. 5. (g) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (04) B. 6. (g) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (04) B. 7. (g) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (06) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) FORM 1, (07) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) FORM 1, (09) | |
| **Net Claimed Amount** | | (16) | (34) FORM 1, (10) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 175 | SEXUALLY VIOLENT PREDATORS<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (34) Bring forward the cost information as specified on the left-hand column of lines (22) through (34) for the reimbursement claim, e.g., Form 1, (04) A. 1. (g), means the information is located on Form 1, block (04), line A. 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(35) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Program and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 175 | SEXUALLY VIOLENT PREDATORS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| Direct Costs | Object Accounts | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel and Training | (g) Total |
| *(See Form 1, Claim Summary Instructions, for additional information on activities B.1. through B.7. below.)* | | | | | | | |
| One-Time Activities | | | | | | | |
| A. Designation by the County Board of Supervisors | | | | | | | |
| 1. Development of internal policies and procedures | | | | | | | |
| 2. Training for each employee who normally works on the sexually violent predator program on the county's internal policies and procedures. | | | | | | | |
| Ongoing Activities | | | | | | | |
| B. The following reimbursable activities must be specifically identified to the defendant: | | | | | | | |
| 1. Initial review of reports and records by the county's designated counsel. | | | | | | | |
| 2. Preparation and filing of the petition for commitment by the counsel. | | | | | | | |
| 3. Preparation and attendance at the probable cause hearing. | | | | | | | |
| 4. Preparation and attendance at pre-trial and trial hearings. | | | | | | | |
| 5. Preparation and attendance at subsequent hearings regarding the condition of the sexually violent predator. | | | | | | | |
| 6. Retention of court-approved experts, investigators, and professionals for the indigent defendant. | | | | | | | |
| 7. Transportation and housing costs for each potential sexually violent predator. | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claiming Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| Cost Reduction | | |
| (09) Less: Offsetting Savings | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 175 | SEXUALLY VIOLENT PREDATORS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year in which costs were incurred.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form-1 should be completed for each department.

(04) For each reimbursable activity, enter the total from Form-2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

**Ongoing Activities**

B. The following reimbursable activities must be specifically identified to a defendant:

1. Initial review of reports and records by the county's designated counsel to determine if the county concurs with the state's recommendation. Such activity includes the following:
   a. Secretarial and paralegal services to assist the county's designated counsel; and
   b. Copying and making long distance telephone calls.
   c. Investigator services that are necessary to determine the sufficiency of the factual evidence supporting a petition.
2. Preparation and filing of the petition for commitment by the county's designated counsel. Such activities include secretarial and paralegal services to assist the county's designated counsel in the preparation and filing of the petition for commitment.
3. Preparation and attendance by the county's designated counsel and indigent defense counsel at the probable cause hearing. Preparation for the probable cause hearing includes the following:
   a. Secretarial, paralegal and investigator services;
   b. Copying and making long distance telephone calls; and
   c. Travel
4. Preparation and attendance by the county's designated counsel and indigent defense counsel at pre-trial and trial hearings. Preparation for the pre-trial and trial hearings include the following:
   a. Secretarial, paralegal and investigator services;
   b. Copying and making long distance telephone calls; and
   c. Travel
5. Preparation and attendance by the county's designated counsel and indigent defense counsel at subsequent hearings regarding the condition of the sexually violent predator. Preparation for the subsequent includes the following:
   a. Secretarial, paralegal and investigator services;
   b. Copying and making long distance telephone calls; and
   c. Travel
6. Retention of court-approved experts, investigators, and professionals for the indigent defendant in preparation for trial and subsequent hearings regarding the condition of the sexually violent predator. Such activity includes the following:
   a. Copying and long distance telephone calls made by the court-approved expert, investigator, and/or professional; and
   b. Travel
7. Transportation and housing costs for each potential sexually violent predator at a secured facility while the individual awaits trial on the issue of whether he or she is a sexually violent predator. Counties shall be entitled to reimbursement for such transportation and housing costs, regardless of whether the secured facility is a state facility or county facility, except in those circumstances when the State has directly borne the costs of housing and transportation, in which case no reimbursement of such costs shall be permitted.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting savings received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the savings sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funding that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 175 | SEXUALLY VIOLENT PREDATORS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**One-Time Activities**

A. Designation by the County Board of Supervisors

N/A 1. Development of internal policies and procedures

N/A 2. Training for each employee who normally works on the sexually violent predator program on the county's internal policies and procedures.

**Ongoing Activities**

B. The following reimbursable activities must be specifically identified to the defendant:

☐ 1. Initial review of reports and records by the county's designated counsel.

☐ 2. Preparation and filing of the petition for commitment by the counsel.

☐ 3. Preparation and attendance at the probable cause hearing.

☐ 4. Preparation and attendance at pre-trial and trial hearings.

☐ 5. Preparation and attendance at subsequent hearings regarding the condition of the sexually violent predator.

☐ 6. Retention of court-approved experts, investigators, and professionals for the indigent defendant.

☐ 7. Transportation and housing costs for each potential sexually violent predator.

(04) Description of Expenses

| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | Object Accounts (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel and Training |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page:_____ of_____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 175 | SEXUALLY VIOLENT PREDATORS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable component.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and, Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2014-07

State Authorized Risk Assessment Tool for Sex Offenders (SARATSO) – Program No. 360

July 3, 2014

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the State Authorized Risk Assessment Tool for Sex Offenders (SARATSO) program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On January 24, 2014, CSM adopted a Statement of Decision finding that the test claim statutes impose a reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC sections 17500 et seq., and related case law.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**

Use the following mailing addresses:

If delivered by U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: March 28, 2014

# PARAMETERS AND GUIDELINES

Penal Code Sections 290.05, 290.06, 290.07, 1202.8, 1203, 1203c, and 1203e

Statutes 2006, Chapter 336 (SB 1178); Statutes 2006, Chapter 337 (SB 1128); Statutes 2006, Chapter 886 (AB 1849); Statutes 2007, Chapter 579 (SB 172)

California Department of Mental Health's Executive Order, State Authorized Risk Assessment Tool for Sex Offenders Review Committee Notification, issued on February 1, 2008

*State Authorized Risk Assessment Tool for Sex Offenders (SARATSO)*
08-TC-03

County of Los Angeles, Claimant

Period of reimbursement begins July 1, 2007, or later for specified activities added by subsequent statutes or executive order

---

## I. SUMMARY OF MANDATE

These parameters and guidelines address activities performed by counties and cities relating to the statutory requirement that registered sex offenders shall be subject to an assessment of the offender's risk of recidivism using the *State Authorized Risk Assessment Tool for Sex Offenders,* or SARATSO.

On January 24, 2014, the Commission on State Mandates (Commission) adopted a statement of decision on the *State Authorized Risk Assessment Tool for Sex Offenders (SARATSO)* test claim (08-TC-03) finding that the test claim statutes and executive order impose a reimbursable state mandated program for county probation departments and authorized local law enforcement agencies to perform the following activities: (1) designate persons within their organization to attend SARATSO training, and to train others within their organization, as specified; and (2) ensure that persons administering the SARATSO receive training no less than every two years. In addition, the test claim statutes impose a reimbursable state-mandated program for county probation departments to (1) perform SARATSO evaluations and include the results of those evaluations in presentencing reports, as specified; (2) compile a Facts of Offense Sheet, including the SARATSO results, and send the Facts of Offense Sheet to the Department of Justice Sex Offender Tracking Program within 30 days of a person's sex offense conviction; (3) report to the Corrections Standards Authority on the effectiveness of continuous electronic monitoring at every two years; and (4) grant access to all relevant records pertaining to a sex offender to any person authorized to administer the SARATSO, as specified.

## II. ELIGIBLE CLAIMANTS

Any county, city, or city and county that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e) states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The County of Los Angeles filed the test claim on January 22, 2009, establishing eligibility for reimbursement for the 2007-2008 fiscal year. Therefore, costs incurred are reimbursable on or after July 1, 2007, or later periods as specified in section IV, Reimbursable Activities, for statutes or executive orders effective after July 1, 2007.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller (Controller) within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Gov. Code §17560(b)).
5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564(a).
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities.

Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant that incurs increased costs, the following ***ongoing*** activities are reimbursable:

**A. For a county, city, and city and county beginning February 1, 2008 to:**

1. Designate key persons within their organizations to attend training and, as authorized by the department, to train others within their organizations;[1] and
2. Ensure that persons administering the SARATSO receive training no less frequently than every two years.[2]

   *These activities are approved on an ongoing basis, and will be triggered each time the SARATSO Review Committee exercises its discretion to review the SARATSO selected for a given population and adopt a new or additional risk assessment tool, in accordance with Penal Code section 290.04.*

**B. For county probation departments only to:**

1. Assess eligible individuals, as set forth in section 290.04, as follows:
   a. Assess, using the SARATSO, as set forth in section 290.04, every eligible person for whom the department prepares a presentencing report pursuant to section 1203; and
   b. Assess, using the SARATSO, as set forth in section 290.04, every eligible person under the department's supervision who was not assessed pursuant to a presentencing report, prior to the termination of probation but no later than January 1, 2010.[3]

   *This activity is limited by section 290.04 and the SARATSO Review Committee's determination, issued February 1, 2008, selecting an appropriate risk assessment tool for adult male offenders and juvenile male offenders, or any subsequent published notice of the Review Committee's determinations selecting a risk assessment tool for other populations.*
2. Include the results of the SARATSO assessment administered pursuant to sections 290.04 to 290.06 in the presentencing report made to the court pursuant to section 1203, if the person was convicted of an offense that

---

[1] Penal Code section 290.05 (added, Stats. 2006, ch. 337 (SB 1128); as amended, Stats. 2007, ch. 579 (SB 172)); and SARATSO Review Committee Notification, issued February 1, 2008.

[2] *Ibid.*

[3] Penal Code section 290.06 (added, Stats. 2006, ch. 337 (SB 1128)).

requires him or her to register as a sex offender, or if the probation report recommends that registration be ordered at sentencing.[4]

*Preparing the presentencing report under section 1203 is not a new activity and, thus, not eligible for reimbursement.*

*This activity is limited by section 290.04 and the SARATSO Review Committee's determination, issued February 1, 2008, selecting an appropriate risk assessment tool for adult male offenders and juvenile male offenders, or any subsequent published notice of the Review Committee's determinations selecting a risk assessment tool for other populations.*

3. Include in the report prepared for the department pursuant to section 1203c the results of the SARATSO, administered pursuant to sections 290.04 to 290.06, inclusive, if applicable, whenever a person is committed to the jurisdiction of the Department of Corrections and Rehabilitation for a conviction of an offense that requires him or her to register as a sex offender.[5]

   *Preparing the report under section 1203c is not a new activity and, thus, not eligible for reimbursement.*

   *This activity is limited by section 290.04 and the SARATSO Review Committee's determination, issued February 1, 2008, selecting an appropriate risk assessment tool for adult male offenders and juvenile male offenders, or any subsequent published notice of the Review Committee's determinations selecting a risk assessment tool for other populations.*

4. Beginning January 1, 2010:

   (a) Compile a Facts of Offense Sheet for every person convicted of an offense that requires him or her to register as a sex offender and who is referred to the department pursuant to section 1203;

   (b) Include in the Facts of Offense Sheet all of the information specified in section 1203e, including the results of the SARATSO, as set forth in section 290.04, if required;

   (c) Include the Facts of Offense Sheet in the probation officer's report to the court made pursuant to section 1203; and

   (d) Send a copy of the Facts of Offense Sheet to the Department of Justice Sex Offender Tracking Program within 30 days of the person's sex offense conviction.

   *Obtaining information required to complete the presentencing report pursuant to section 1203, as amended by Statutes 1996, chapter 719 (AB 893), or the report to the Department of Corrections and Rehabilitation under section*

[4] Penal Code section 1203 (as amended, Stats. 2006, ch. 337 (SB 1128)).

[5] Penal Code section 1203c (as amended, Stats. 2006, ch. 337 (SB 1128)).

*1203c if applicable, as amended by Statutes 1963, chapter 1785 is not new or reimbursable under this activity.*[6]

*This activity is limited by section 290.04 and the SARATSO Review Committee's determination, issued February 1, 2008, selecting an appropriate risk assessment tool for adult male offenders and juvenile male offenders, or any subsequent published notice of the Review Committee's determinations selecting a risk assessment tool for other populations.*

5. Beginning January 1, 2009, and every two years thereafter, report to the Corrections Standards Authority all relevant statistics and relevant information regarding the effectiveness of continuous electronic monitoring of sex offenders, including the costs of monitoring and recidivism rates of those persons who have been monitored.[7]

6. Grant access to all relevant records pertaining to a registered sex offender to any person authorized by statute to administer the SARATSO.[8]

   *This activity is limited to granting access to records exempt from disclosure under the California Public Records Act. (Gov. Code § 6250, et seq.).*

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are

---

[6] Penal Code section 1203e (added, Stats. 2006, ch. 337 (SB 1128)).

[7] Penal Code section 1202.8 (as amended, Stats. 2006, ch. 336 (SB 1178); Stats. 2006, ch. 886 (AB 1849)).

[8] Penal Code section 290.07 (added, Stats. 2006, ch. 337 (SB 1128)).

withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets

Report the purchase price paid for fixed assets (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1., Salaries and Benefits, for each applicable reimbursable activity.

6. Training

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A.1., Salaries and Benefits, and A.2., Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element A.3., Contracted Services.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 Code of Federal Regulations (CFR), part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10 percent of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10 percent.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR, part 225, appendices A and B (OMB Circular A-87 attachments A & B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR, part 225, appendices A and B (OMB Circular A-87 attachments A & B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5(a), a reimbursement claim for actual costs filed by a local agency pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in section IV, must be retained during the period subject to audit. If an audit has been initiated by

the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from these parameters and guidelines and the statements of decision on the test claim and parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of local agencies to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The statements of decision adopted for the test claim and parameters and guidelines are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record. The administrative record is on file with the Commission.

| PROGRAM 360 | STATE AUTHORIZED RISK ASSESSMENT TOOL FOR SEX OFFENDERS (SARATSO) CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00360<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| (01) Claimant Identification Number | | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | | (22) FORM 1, (04) A. 1. (g) | |
| County of Location | | | | (23) FORM 1, (04) A. 2. (g) | |
| Street Address or P.O. Box | | Suite | | (24) FORM 1, (04) B. 1.a (g) | |
| City | State | Zip Code | | (25) FORM 1, (04) B. 1.b (g) | |
| | | **Type of Claim** | | (26) FORM 1, (04) B. 2. (g) | |
| | (03) | (09) Reimbursement ☐ | | (27) FORM 1, (04) B. 3. (g) | |
| | (04) | (10) Combined ☐ | | (28) FORM 1, (04) B. 4. (g) | |
| | (05) | (11) Amended ☐ | | (29) FORM 1, (04) B. 5. (g) | |
| **Fiscal Year of Cost** | (06) | (12) | | (30) FORM 1, (04) B. 6. (g) | |
| **Total Claimed Amount** | (07) | (13) | | (31) FORM 1, (06) | |
| Less: **10% Late Penalty (refer to attached Instructions)** | | (14) | | (32) FORM 1, (07) | |
| Less: **Prior Claim Payment Received** | | (15) | | (33) FORM 1, (09) | |
| **Net Claimed Amount** | | (16) | | (34) FORM 1, (10) | |
| **Due from State** | (08) | (17) | | (35) | |
| **Due to State** | | (18) | | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 360 | STATE AUTHORIZED RISK ASSESSMENT TOOL FOR SEX OFFENDERS (SARATSO) CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (34) Bring forward the cost information as specified on the left-hand column of lines (22) through (34) for the reimbursement claim, e.g., Form 1, (04) A.1. (g), means the information is located on Form 1, block (04), line A.1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(35) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 360 | STATE AUTHORIZED RISK ASSESSMENT TOOL FOR SEX OFFENDERS (SARATSO) CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___ /20___ |
|---|---|
| (03) Department | |

| Direct Costs | Object Accounts | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel and Training | (g) Total |
| **A. For a county, city, and city and county** | | | | | | | |
| 1. Designate key persons to attend training and to train others within the organization. | | | | | | | |
| 2. Persons administering the SARATSO receive training no less than every two years. | | | | | | | |
| **B. For county probation departments only** | | | | | | | |
| 1.a. Assess every eligible person for whom the department prepares a presentencing report. | | | | | | | |
| 1.b. Assess every eligible person under the department's supervision who was not assessed pursuant to a presentencing report, prior to the termination of probation but no later than 1/1/2010. | | | | | | | |
| 2. Include administered SARATSO results in the presentencing report, if the person was convicted and required to register as a sex offender, or if probation report recommends registration at sentencing. | | | | | | | |
| 3. Include in the report prepared for the department the results of the SARATSO whenever a person is convicted and required to register as a sex offender. | | | | | | | |
| 4. Compile Facts of Offense Sheet (FOS) pursuant to PC 1230e and PC 290.04 for each person convicted that requires being registered as a sex offender. Include the FOS in the probation report to the court and SARATSO results. Send FOS to the DOJ Sex Offenders Tracking Program within 30 days of conviction. | | | | | | | |
| 5. Report to the Corrections Standards Authority info and stats of continuous electronic monitoring of sex offenders, including costs and recidivism rates. ***(Reimbursement begins 1/1/2009 and every two years thereafter.)*** | | | | | | | |
| 6. Grant access to all records pertaining to registered sex offender to anyone authorized to administer SARATSO. | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| Cost Reduction | | |
|---|---|---|
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 360 | STATE AUTHORIZED RISK ASSESSMENT TOOL FOR SEX OFFENDERS (SARATSO) CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenues received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 360 | STATE AUTHORIZED RISK ASSESSMENT TOOL FOR SEX OFFENDERS (SARATSO) ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. For a county, city and city and county**

☐ 1. Designate key persons to attend training and to train others within their organizations.

☐ 2. Persons administering the SARATSO receive training no less than every two years.

**B. For a county probation departments only**

☐ 1.a. Assess every eligible person for whom the department prepares a presentencing report.

☐ 1.b. Assess every eligible person under the department's supervision who was not assessed pursuant to a presentencing report, prior to the termination of probation but no later than 1/1/2010.

☐ 2. Include administered SARATSO results in presentencing report, if the person was convicted and required to register as a sex offender, or if probation report recommends registration at sentencing.

☐ 3. Include in the report prepared for the department the results of the SARATSO whenever a person is convicted and required to register as a sex offender.

☐ 4. Compile Facts of Offense Sheet (FOS) pursuant to PC 1230e and PC 290.04 for each person convicted that requires being registered as a sex offender. Include the FOS in the probation report to the court and SARATSO results. Send FOS to the DOJ Sex Offenders Tracking Program within 30 days of conviction.

☐ 5. Report to the Corrections Standards Authority info and stats of continuous electronic monitoring of sex offenders, including costs and recidivism rates. ***(Reimbursement begins 1/1/2009 and every two years thereafter.)***

☐ 6. Grant access to all records pertaining to registered sex offender to anyone authorized to administer SARATSO.

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel and Training |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 360 | STATE AUTHORIZED RISK ASSESSMENT TOOL FOR SEX OFFENDERS (SARATSO) ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries and Benefits** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost x Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel and Training** | Purpose of Trip, Name and Title, Destination, Departure Date, and Return Date | Per Diem Rate, Mileage Rate, and Travel Cost | Days, Miles, and Travel Mode | | | | | | Total Travel=Rate X Days or Miles | |
| | Employee Name and Title and Name of Class Attended | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2012-50

Threats Against Peace Officers – Program No. 163

Local Agencies

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Threats Against Peace Officers program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The amended Ps & Gs are included as an integral part of the claiming instructions.

On April 24, 1997, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

On January 29, 2010, CSM approved the amendments to the Ps & Gs to clarify the source documentation requirements and record retention language, as requested by SCO.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Eligible claimants include any local governmental entity employing peace officers, as defined in Penal Code section 830. Local governmental entities include "local agencies" as defined in GC section 17518, and "school districts" as defined in GC section 17519.

Special districts, subject to tax and spend limitations pursuant to the provisions of articles XIII A and B of the California Constitution, are eligible to file a claim for reimbursement. To establish proof of eligibility and to minimize payment delays, SCO requests that special district claimants submit a supporting document affirming that the special district received an annual allocation of property tax revenue from the county pursuant to article XIII A of the California Constitution. This may include a Board of Directors Resolution establishing the appropriation limit for the fiscal year being claimed, in compliance with article XIII B of the California Constitution.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

**Penalty**

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC Section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**), provided that a county may submit a combined claim on behalf of direct service districts or special districts within their county if the combined claim exceeds **$1,000**, even if the individual direct service district's or special district's claim does not each exceed **$1,000**. The county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each direct service district or special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate must be filed in the combined form only unless a direct service district or special district provides a written notice of its intent to file a separate claim to the county and to SCO, at least 180 days prior to the deadline for filing the claim.

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

**Record Retention**

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: 2/27/98
Amended: 1/29/10

# Amendment to Parameters and Guidelines

Penal Code Section 832.9

Statutes 1992, Chapter 1249
Statutes 1995, Chapter 666

*Threats Against Peace Officers*
05-PGA-44 (96-365-02)

This amendment is effective beginning with claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement.

## I. Summary of the Mandate Source

Statutes 1992, chapter 1249 added Penal Code section 832.9. This statute requires governmental entities employing peace officers to reimburse the officer, or any member of his or her family for actual and necessary moving and relocation expenses incurred when it is necessary to move because the officer has received a threat that a life threatening action may be taken against the officer or his or her immediate family as a result of the peace officer's employment.

Statutes 1995, chapter 666 amended Penal Code section 832.9, by specifying guidelines for reimbursement.

## II. Commission on State Mandates Decision

On April 24, 1997, the Commission determined that the requirements of Penal Code section 832.9, as added by Statutes 1992, chapter 1249, and amended by Statutes 1995, chapter 666imposed upon local governments, a new program or higher level of service, within the meaning of section 6, article XIII B of the California Constitution and section 17514 of the Government Code.

## III. Eligible Claimants

Eligible claimants include any local governmental entity employing peace officers, as defined in Penal Code section 830. Local governmental entities include "local agencies" as defined in Government Code section 17518, and "school districts" as defined in Government Code section 17519.

## IV. Period of Reimbursement

This amendment is effective beginning with claims filed for the July 1, 2005 through June 30, 2006 period of reimbursement.

Section 17557 of the Government Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this state mandated program was filed on December 30, 1996, establishing eligibility for Fiscal Year 1995-96, commencing

July 1, 1995. However, both test claim statutes were *not* in effect on July 1, 1995. Therefore, reimbursement claims may be filed as follows:

Actual and necessary costs incurred pursuant to Statutes 1992, chapter 1249, are reimbursable after July 1, 1995.

Actual and necessary costs incurred pursuant to Statutes 1995, chapter 666, are reimbursable after January 1, 1996.

Actual and necessary costs for one fiscal year should be included in each claim. Estimated costs for the subsequent fiscal year may be included on the same claim, if applicable. Pursuant to section 17561, subdivision (d)(3) of the Government Code, all claims for reimbursement of initial year's costs shall be submitted within 120 days of release of claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed $200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

## V. Reimbursable Costs

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

A. Scope of Mandate

Eligible claimants shall be reimbursed for the costs incurred to reimburse peace officers or any member of their immediate family for actual and necessary moving and relocation expenses when it is necessary to move because the officer has received a credible threat that a life threatening action may be taken against

the officer or his or her immediate family as a result of the peace officer's employment.

B. Reimbursable Activities

For the following state mandated activities, costs incurred by a local governmental entity for the direct and indirect costs of labor, supplies, services, and reimbursement payments made to a peace officer or member of his or her immediate family, residing with the peace officer, are reimbursable:

1. From July 1, 1995 through December 31, 1995

   a. Review and approve claims for actual and necessary moving and relocation expenses incurred when it is necessary to move because the officer has received a threat that a life threatening action may be taken against the officer or his or her immediate family as a result of the peace officer's employment. Costs incurred both before and after the change of residence, including costs of moving household effects either by a commercial household goods carrier or by the employee, are reimbursable.

   b. Payment of the approved reimbursement to the peace officer or member of his or her immediate family residing with the officer for actual and necessary moving and relocation expenses.

2. From January 1, 1996 through Present

   a. Receive notification of a "credible threat." (Pen. Code, § 832.9, subds. (b)(5) & (c).)

   b. Approve relocation plans and if necessary, verify residency of immediate family member. (Pen. Code, § 832.9, subds. (a), (b)(3), & (d).)

   c. Review and approve claims for actual and necessary moving and relocation expenses incurred when it is necessary to move because the officer has received a threat that a life threatening action may be taken against the officer or his or her immediate family as a result of the peace officer's employment. Costs incurred both before and after the change of residence, including costs of moving household effects either by a commercial household goods carrier or by the employee, are reimbursable. Approval of "actual and necessary relocation costs" is subject to the limitations set forth in Penal Code section 832.9, as amended by Statutes 1995, chapter 666.

   d. Payment of the approved reimbursement to the peace officer or member of his or her immediate family for actual and necessary moving and relocation expenses.

C. Non-Reimbursable Costs

1. Litigation expenses "allowable as costs" and "not allowable as costs" pursuant to section 1033.5 of the Code of Civil Procedure, are not reimbursable if incurred by claimants and/or local law enforcement agencies responding to and/or defending claims or actions brought under Penal Code section 832.9.

2. After January 1, 1996, the following costs are not reimbursable:

   a. Moving costs that are *not* included in the Department of Personnel Administration rules governing promotional relocations. (Pen. Code, § 832.9, subd. (1).)

   b. Loss or decrease in value to a peace officer's residence due to a forced sale. (Pen. Code, § 832.9, subd. (b)(2).)

   c. Costs incurred by a peace officer or member of their immediate family without prior approval of the appointing authority. (Pen. Code, § 832.9, subd. (b)(3).)

   d. Unauthorized payment of peace officers' salaries while moving. (Pen. Code, § 832.9, subd. (b)(4).)

   e. Temporary relocation housing which exceeds 60 days. (Pen. Code, § 832.9, subd. (b)(6).)

   f. Relocation costs incurred 120 days after the original notification of a viable threat if the peace officer has failed to relocate. (Pen. Code, § 832.9, subd. (b)(7).)

## VI. Claim Preparation and Submission

Each claim for reimbursement pursuant to this mandate must be timely filed and provide documentation in support of the reimbursement claimed for this mandate.

A. Reporting by Components

Claimed costs must be allocated according to the components of reimbursable activity described in Section V.B.

B. Supporting Documentation

Claimed costs should be supported by the following information:

1. Salaries and Benefits

Claimed reimbursement for employee costs should be supported by name, position, hourly productive rate, hours worked, fringe benefits amount, and a brief description of assigned unit and function relative to the mandate.

2. Services and Supplies

The claimant should identify all direct costs for materials, services and supplies which have been purchased, leased, consumed or expended for purposes of compliance with the mandate.

3. Reimbursements to Peace Officer or Member of His or Her Immediate Family for Actual and Necessary Moving and Relocation Expenses

   a. Show the dates when the claimant received notification of the threat, when moving and relocation expenses were incurred, and when the officer or member of his or her immediate family was reimbursed.

   b. Submit with the claim, a copy of the contract, invoices, and receipts for the cost of moving and relocation. Identify the independent contractor or employee who provided services for moving and relocation.

   c. If confidentiality is involved to protect the officer's relocation, mark out sensitive areas of the contract, invoices, and receipts.

4. Allowable Overhead Costs

   Government Code section 17564, subdivision (b), provides that claims for indirect costs shall be filed in the manner prescribed by the State Controller's Office.

## VII. Records Retention

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VIII. Offsetting Savings and Other Reimbursement

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., service fees collected, federal funds, other state funds, etc. shall be identified and deducted from this claim.

## IX. Required Certification

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

An authorized representative of the claimant will be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained therein.

| PROGRAM 163 | THREATS AGAINST PEACE OFFICERS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00163<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| (01) Claimant Identification Number | | | Reimbursement Claim Data | |
|---|---|---|---|---|
| (02) Claimant Name | | | (22) FORM 1, (04) a. (f) | |
| County of Location | | | (23) FORM 1, (04) b. (f) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) c. (f) | |
| City | State | Zip Code | (25) FORM 1, (04) d. (f) | |
| | | Type of Claim | (26) FORM 1, (06) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (07) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (09) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (10) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) | |
| **Total Claimed Amount** | (07) | (13) | (31) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm / Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 163 | THREATS AGAINST PEACE OFFICERS<br>CLAIM FOR PAYMENT<br>INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15**, or otherwise specified in the claiming instructions, following the fiscal year in which costs were incurred or the claims must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (29) Bring forward the cost information as specified on the left-hand column of lines (22) through (29) for the reimbursement claim, e.g., Form 1, (04) a. (f), means the information is located on Form 1, block (04) line a., column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(30 to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 163 | THREATS AGAINST PEACE OFFICERS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20___/20___ |
|---|---|
| (03) Department | |

| **Direct Costs** | **Object Accounts** | | | | |
|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries and Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Employee Reimbursement | (f) Total |
| a. Receive notification of a "credible threat". | | | | | |
| b. Approve relocation plans and, if necessary, verify residency of immediate family member. | | | | | |
| c. Review and approve claims for actual and necessary relocation expenses incurred. | | | | | |
| d. Payment of the approved reimbursement to the peace officer or member of his/her immediate family. | | | | | |
| (05) Total Direct Costs | | | | | |

| **Indirect Costs** | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(f) + line (07)] | |

| **Cost Reduction** | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 163 | THREATS AGAINST PEACE OFFICERS<br>CLAIM SUMMARY<br>INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (h), to Form 1, block (04), columns (a) through (e), in the appropriate row. Total each row.

For moving and relocation expenses, please visit:
http://www.calhr.ca.gov/employees/Pages/relocation-reimbursements.aspx

(05) Total columns (a) through (f).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 163 | THREATS AGAINST PEACE OFFICERS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

- ☐ a. Receive notification of a "credible threat".
- ☐ b. Approve relocation plans and, if necessary, verify residency of immediate family member.
- ☐ c. Review and approve claims for actual and necessary relocation expenses incurred.
- ☐ d. Payment of the approved reimbursement to the peace officer or member of his/her immediate family.

| (04) Description of Expenses | | | Object Accounts | | | | |
|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Employee Reimbursement |
| | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____ of ____ | | | | | | | |

**Revised 9/19**

| PROGRAM 163 | THREATS AGAINST PEACE OFFICERS<br>ACTIVITY COST DETAIL<br>INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each activity. For moving and relocation expenses, please visit: https://www.sco.ca.gov/Files-ARD-Local/Manuals/la_1718_appendix.pdf

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, and employee reimbursement expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | Submit Supporting Documents With The Claim |
|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | Copy of Contract and Invoices |
| **Employee Reimbursement** | Name of Peace Officer | Date of Receipt of Notification of Threat | Date of Moving and Relocation Expenses | | | | | Amount of Reimburse-ment | |

(05) Total line (04), columns (d) through (h) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2013-13

Tuberculosis Control – Program No. 345

March 13, 2013

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the Tuberculosis Control program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On October 27, 2011, CSM adopted a Statement of Decision finding that the test claim statute imposes a partially reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city or county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claims filed more than one year after the deadline will not be accepted.**

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount, not to exceed $10,000, pursuant to GC section 17568.

### Minimum Claim Cost

GC section 17564(a), states that no claim may be filed pursuant to sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

### Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

### Audit of Costs

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents must be made available to SCO on request.

### Record Retention

All documentation to support actual costs claimed must be retained for a period of three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated or no payment was made at the time the claim was filed, the time for SCO to initiate an audit will be from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and must be made available to SCO on request.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: December 7, 2012

# PARAMETERS AND GUIDELINES

Health and Safety Code sections 121361, 121362 and 121366

Statutes 1993, Chapter 676; Statutes 1994, Chapter 685;
Statutes 1997, Chapter 116; and Statutes 2002, Chapter 763

*Tuberculosis Control*

03-TC-14

## I. SUMMARY OF THE MANDATE

On October 27, 2011, the Commission on State Mandates (Commission) adopted a statement of decision finding that the test claim statutes impose a partially reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. The Commission approved this test claim for the following reimbursable activities:

- For local detention facilities to:
  - Submit notification and a written treatment plan that includes the information required by Health and Safety Code section 121362 to the Local Health Officer when a person with active TB or reasonably believed to have active TB is discharged or released from the detention facility; and
  - Submit notification and a written treatment plan that includes the information required by Health and Safety Code section 121362 to the Local Health Officer and the medical officer of the local detention facility receiving the person when a person with active TB or reasonably believed to have active TB is transferred to a local detention facility in another jurisdiction
- For Local Health Officers to:
  - Review for approval within 24 hours of receipt only those treatment plans submitted by a health facility; and
  - Notify the medical officer of a parole region or a physician or surgeon designated by the Department of Corrections when there are reasonable grounds to believe that a parolee has active TB and ceases treatment for TB.
- For counties or specified cities to provide counsel to non-indigent TB patients who are subject to an order of detention.

## II. ELIGIBLE CLAIMANTS

Any city, county, and city and county that incurs increased costs as a result of this reimbursable state-mandated program is eligible to claim reimbursement of those costs.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e), states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The County of Santa Clara filed the test claim on September 26, 2003, establishing eligibility for reimbursement on or after July 1, 2002. Therefore, costs incurred pursuant to Health and Safety Code sections 121361, 121362 and 121366 are reimbursable on or after July 1, 2002.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Government Code section 17560(b).)
5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable

activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

Claimants may use time studies to support salary and benefit costs when an activity is task-repetitive. Activities that require varying levels of effort are not appropriate for time studies. Claimants wishing to use time studies to support salary and benefit costs are required to comply with the State Controller's Time-Study Guidelines before a time study is conducted. Time study usage is subject to the review and audit conducted by the State Controller's Office.

For each eligible claimant, the following activities are reimbursable:

A. The following activities mandated by Health and Safety Code sections 121361 and 121362 are eligible for reimbursement:

1. For local detention facilities:

   a. When a person with active TB or reasonably believed to have active TB is discharged or released from a detention facility:

      i. Draft and submit notification to the Local Health Officer; and

      ii. Submit the written treatment plan that includes the information required by Health and Safety Code section 121362 to the Local Health Officer.

      Drafting the written treatment plan is *not* eligible for reimbursement.

   b. When a person with active TB or reasonably believed to have active TB is transferred to a local detention facility in another jurisdiction:

      i. Draft and submit notification to the Local Health Officer and the medical officer of the local detention facility receiving the person; and

      ii. Submit the written treatment plan that includes the information required by Health and Safety Code section 121362 to the Local Health Officer and the medical officer of the local detention facility receiving the person.

      Drafting the written treatment plan is *not* eligible for reimbursement.

2. For Local Health Officers or others acting at the direction of the Local Health Officer:

   a. Receive and review for approval within 24 hours of receipt only those treatment plans submitted by a health facility. This activity includes the following:

      - Receive health facility's treatment plan.
      - Send request to health facility for medical records and information on TB medications, dosages and diagnostic work-up. Review records and information.
      - Coordinate with health facility on any adjustments to the treatment plan.

- Send approval to health facility.

b. Draft and send a notice to the medical officer of a parole region, or a physician or surgeon designated by the Department of Corrections, when there are reasonable grounds to believe that a parolee has active TB and ceases treatment for TB.

B. The following activity mandated by Health and Safety Code section 121366 is eligible for reimbursement:

1. For cities, counties, and cities and counties to provide counsel to *non-indigent* TB patients who are subject to a civil order of detention issued by a Local Health Officer pursuant to Health and Safety Code section 121365 upon request of the patient. Services provided by counsel include representation of the TB patient at any court review of the order of detention required by Health and Safety Code section 121366.

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1., Salaries and Benefits, for each applicable reimbursable activity.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 CFR Part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR Part 225, Appendix A and B (OMB Circular A-87 Attachments A and B).

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable

distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[1] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, fees and assessments from Health and Safety Code section 101325 to the extent received and applied to the reimbursable activities, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the test claim decision and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

[1] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.2.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The statements of decision adopted for the test claim and parameters and guidelines are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record is on file with the Commission.

| PROGRAM 345 | TUBERCULOSIS CONTROL CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00345<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1. a. (g) | |
| County of Location | | | (23) FORM 1, (04) A. 1. b. (g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) A. 2. a. (g) | |
| City | State | Zip Code | (25) FORM 1, (04) A. 2. b. (g) | |
| | | **Type of Claim** | (26) FORM 1, (04) B. 1. (g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) B. 2. (g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (04) C. 1. (g) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (06) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (07) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (09) | |
| Less: **10% Late Penalty (refer to attached Instructions)** | | (14) | (32) FORM 1, (10) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 345 | TUBERCULOSIS CONTROL CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, State, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1 line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or otherwise specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27 line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (32) Bring forward the cost information as specified on the left-hand column of lines (22) through (32) for the reimbursement claim, e.g., Form 1, (04) A. 1. a. (g), means the information is located on Form 1, block (04), line A.1. a., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(33) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 345 | TUBERCULOSIS CONTROL CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) Fiscal Year 20 ___ /20___ |
|---|---|
| (03) Department | |

| Direct Costs | Object Accounts | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Travel | (g) Total |
| **A. Local Detention Facilities** | | | | | | | |
| 1. Discharges and Releases | | | | | | | |
| a. Draft and submit notification | | | | | | | |
| b. Submit the written treatment plan ***(Drafting the written treatment plan is not eligible for reimbursement.)*** | | | | | | | |
| 2. Transfers | | | | | | | |
| a. Draft and submit notification | | | | | | | |
| b. Submit the written treatment plan ***(Drafting the written treatment plan is not eligible for reimbursement.)*** | | | | | | | |
| **B. Local Health Officers (LHO) or Others Acting at the Direction of the LHO** | | | | | | | |
| 1. Receive and review for approval within 24 hours of receipt only the treatment plans submitted by a health facility | | | | | | | |
| 2. Draft and send a notice to the medical officer when there are reasonable grounds to believe that a parolee has active TB and ceases treatment for TB | | | | | | | |
| **C. Cities and Counties** | | | | | | | |
| 1. Provide counsel to non-indigent TB patients | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |

| Cost Reduction | |
|---|---|
| (09) Less: Offsetting Revenues | |
| (10) Less: Other Reimbursements | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | |

**Revised 9/19**

| PROGRAM 345 | TUBERCULOSIS CONTROL CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year of costs.

(03) If more than one department has incurred costs for this mandate, give the name of each department. A separate Form 1 should be completed for each department.

(04) For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget Circular 2 CFR, Chapter I and Chapter II, Part 200 et al. If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 345 | TUBERCULOSIS CONTROL ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

**A. Local Detention Facilities**

**1. Discharges and Releases**

☐ a. Draft and submit notification

☐ b. Submit the written treatment plan ***(Drafting the written treatment plan is not eligible for reimbursement.)***

**2. Transfers**

☐ a. Draft and submit notification

☐ b. Submit the written treatment plan ***(Drafting the written treatment plan is not eligible for reimbursement.)***

**B. Local Health Officers (LHO) or Others Acting at the Direction of the LHO**

☐ 1. Receive and review for approval within 24 hours of receipt only the treatment plans submitted by a health facility

☐ 2. Draft and send a notice to the medical officer when there are reasonable grounds to believe that a parolee has active TB and ceases treatment for TB

**C. Cities and Counties**

☐ 1. Provide counsel to non-indigent TB patients

| (04) Description of Expenses | | | **Object Accounts** | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 345 | TUBERCULOSIS CONTROL ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year for which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, supplies used, contract services, fixed assets, and travel and training expenses. **The descriptions required in column (04)(a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| Object Accounts | Columns | | | | | | | | | Submit supporting documents with the claim |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Travel** | Purpose of Trip, Name and Title, Departure Date and Return Date | Per Diem Rate Mileage Rate Travel Cost | Days Miles Travel Mode | | | | | | Total Travel = Rate X Days or Miles | |

(05) Total line (04), columns (d) through (i) and enter the sums on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to Form 1, block (04), columns (a) through (f) in the appropriate row.

Office of the State Controller

State-Mandated Costs Claiming Instructions No. 2019-01

U Visa 918 Form, Victims of Crime: Nonimmigrant Status – Program No. 372

April 29, 2019

Revised September 1, 2019

In accordance with Government Code (GC) sections 17560 and 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state-mandated cost programs. This document contains claiming instructions and forms that eligible claimants must use for filing claims for the U Visa 918 Form, Victims of Crime: Nonimmigrant Status program. SCO issues these claiming instructions subsequent to the Commission on State Mandates (CSM) adopting the program's Parameters and Guidelines (Ps & Gs). The Ps & Gs are included as an integral part of the claiming instructions.

On January 25, 2019, CSM adopted a Statement of Decision finding that the test claim legislation imposes a reimbursable state-mandated program upon local agencies within the meaning of article XIII B, section 6 of the California Constitution and GC section 17514.

## Exception

There will be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## Eligible Claimants

Any city, county, city and county, as defined in GC sections 17511 and 17515, that incurs increased costs as a result of this mandate is eligible to claim for reimbursement.

## Reimbursement Claim Deadline

Pursuant to GC section 17560(a), annual reimbursement claims may be filed by **February 15** following the fiscal year in which costs were incurred. If the deadline falls on a weekend or holiday, claims are due the following business day. Claims filed after the deadline must be reduced by a late penalty. **Claim filed more than one year after the deadline will not be accepted**.

## Penalty

- **Initial Reimbursement Claims**

  When filed within one year of the initial filing deadline, claims are assessed a late penalty of 10% of the total amount of the initial claim without limitation pursuant to GC section 17561(d)(3).

- **Annual Reimbursement Claims**

  When filed within one year of the annual filing deadline, claims are assessed a late penalty of 10% of the claim amount; not to exceed $10,000, pursuant to GC section 17568.

**Minimum Claim Cost**

GC section 17564(a), states that no claim may be filed pursuant to section 17551 and 17561, unless such a claim exceeds one thousand dollars (**$1,000**).

**Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating: "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Audit of Costs**

All claims submitted to SCO are subject to review to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO's claiming instructions and the Ps & Gs adopted by CSM. If any adjustments are made to a claim, the claimant will be notified of the amount adjusted, and the reason for the adjustment.

On-site audits will be conducted by SCO as deemed necessary. Pursuant to GC section 17558.5(a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for SCO to initiate an audit will commence to run from the date of initial payment of the claim.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, these documents cannot be substituted for source documents.

**Record Retention**

All documentation to support actual costs claimed must be retained and made available to the State Controller's Office (SCO) upon request (Gov. Code §17558.5(a)) for a minimum period of three years after the date of initial payment of the claim and/or until the ultimate resolution of any audit finding.

**Claim Submission**

Submit a signed original Form FAM-27 and one copy with required documents. **Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.**

Mandated costs claiming instructions and forms are available online at the SCO's website: **www.sco.ca.gov/ard_mancost.html.**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Local Government Programs and
Services Division
3301 C Street, Suite 700
Sacramento, CA 95816

For more information, contact the Local Reimbursements Section by email at LRSLGPSD@sco.ca.gov, by telephone at (916) 324-5729, or by writing to the address above.

Adopted: January 25, 2019

# PARAMETERS AND GUIDELINES

Penal Code Section 679.10

Statutes 2015, Chapter 721 (SB 674)

*U Visa 918 Form, Victims of Crime: Nonimmigrant Status*

17-TC-01

Period of reimbursement begins July 1, 2016.

## I. SUMMARY OF THE MANDATE

These Parameters and Guidelines address the mandated activities arising from Penal Code section 679.10, added by Statutes 2015, chapter 721 (SB 674) (test claim statute). The test claim statute requires local agencies, upon request of a victim of qualifying criminal activity seeking temporary immigration benefits under the federal U Visa program and willing to assist law enforcement with investigation or prosecution of the criminal activity, to complete and certify the federal Form I-918 Supplement B (U Nonimmigrant Status Certification) and to submit annual reports about the certifications to the Legislature.

On September 28, 2018, the Commission on State Mandates (Commission) adopted the Decision partially approving the Test Claim finding that the test claim statue imposes a reimbursable state-mandated program on local agencies within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. The Commission partially approved the Test Claim for "certifying officials" from the "certifying entities" of local agencies (i.e., district attorney offices, sheriff's departments, police departments, child protective services, and any other local agency authority that has the responsibility for the detection, investigation, or prosecution of a qualifying criminal activity within the meaning of the Penal Code section 679.10(a), with the *exception* of the police/security departments of school districts and special districts, and judges who are not eligible to claim mandate reimbursement in this case), finding only the following activities to be mandated by the plain language of the statute:

- For the certifying official to fully complete and sign the Form I-918 Supplement B certification upon the request of the victim or the victim's family member, and "include specific details about the nature of the crime investigated or prosecuted and a detailed description of the victim's helpfulness or likely helpfulness to the detection or investigation or prosecution of the criminal activity" within 90 days of the request or 14 days of the request if the victim is in removal proceedings, when the victim was a victim of a qualifying criminal activity and has been helpful, is being helpful, or is likely to be helpful to the detection or investigation or prosecution of that qualifying criminal activity. (Pen. Code, § 679.10(a)-(j).)
- For a certifying entity that receives a request for a Form I-918 Supplement B certification to report to the Legislature on or before January 1, 2017, and annually thereafter, the number of victims that requested certifications from the particular agency, the number of certifications signed, and the number of certifications denied. (Pen. Code, § 679.10(l).)

## II. ELIGIBLE CLAIMANTS

Any city, county, city and county that incurs increased costs as a result of this mandate is eligible to claim reimbursement. School districts and special districts are not eligible to claim reimbursement for this program.

## III. PERIOD OF REIMBURSEMENT

Government Code section 17557(e) states that a test claim shall be submitted on or before June 30 following a given fiscal year to establish eligibility for that fiscal year. The claimant filed the Test Claim on March 6, 2018, establishing eligibility for reimbursement for the 2016-2017 fiscal year. Therefore, costs incurred on or after July 1, 2016 are reimbursable.

Reimbursement for state-mandated costs may be claimed as follows:

1. Actual costs for one fiscal year shall be included in each claim.
2. Pursuant to Government Code section 17561(d)(1)(A), all claims for reimbursement of initial fiscal year costs shall be submitted to the State Controller (Controller) within 120 days of the issuance date for the claiming instructions.
3. Pursuant to Government Code section 17560(a), a local agency may, by February 15 following the fiscal year in which costs were incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
4. If revised claiming instructions are issued by the Controller pursuant to Government Code section 17558(c), between November 15 and February 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim. (Gov. Code §17560(b).)
5. If the total costs for a given fiscal year do not exceed $1,000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564(a).
6. There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

## IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event, or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable

activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant that incurs increased costs, the following activities are reimbursable:

A. One-time activities:

1. Updating policies and procedures to incorporate the requirements of the test claim statute.[1]

2. Train staff assigned to perform the reimbursable activities listed in Section IV.B. of these Parameters and Guidelines (one-time for each employee).[2]

B. Ongoing activities:

1. When a certifying entity receives a request for a Form I-918 Supplement B certification from the victim or the victim's family member, the following activities, which must be completed within 90 days of the request or 14 days of the request if the victim is in removal proceedings, are eligible for reimbursement:

   a. Receive and log the request.

   b. Review the request for U Visa certification and all documentation provided by the victim or the victim's family member to confirm that the victim was a victim of a qualifying criminal activity, defined in Penal Code section 679.10(c), and has been helpful, is being helpful, or is likely to be helpful to the detection, investigation, or prosecution of that qualifying criminal activity. Victim helpfulness is presumed

[1] Penal Code section 679.10(a)-(j); Exhibit H, California Department of Justice Information Bulletin No. DLE-2015-14, "New and Existing State and Federal Laws Protecting Immigrant Victims of Crime," October 28, 2015, page 4; "U and T Visa Law Enforcement Resource Guide," Department of Homeland Security, https://www.dhs.gov/sites/default/files/publications/U-and-T-Visa-Law-Enforcement-Resource%20Guide_1.4.16.pdf, accessed July 10, 2018, page 14; and, Exhibit C, Claimant's Comments on the Draft Expedited Parameters and Guidelines, filed October 23, 2018 (Declaration of Michael Ciszek, Lieutenant for the City of Claremont, dated October 17, 2018).

[2] Penal Code section 679.10(a)-(j); California Department of Justice Information Bulletin No. DLE-2015-14, "New and Existing State and Federal Laws Protecting Immigrant Victims of Crime," October 28, 2015, page 1; U and T Visa Law Enforcement Resource Guide," Department of Homeland Security, https://www.dhs.gov/sites/default/files/publications/U-and-T-Visa-Law-Enforcement-Resource%20Guide_1.4.16.pdf, accessed July 10, 2018, pages 15-26; Declaration of Michael Ciszek, Lieutenant for the City of Claremont, October 17, 2018.

and is rebutted only if the victim refuses or fails to provide information and assistance reasonably requested by law enforcement.[3]

c. The certifying official shall fully complete and sign the Form I-918 Supplement B certification, upon the request of the victim or the victim's family member, when it is determined that the victim was a victim of a qualifying criminal activity and has been helpful, is being helpful, or is likely to be helpful to the detection, investigation, or prosecution of that qualifying criminal activity, and include specific details about the nature of the crime the certifying entity investigated or prosecuted and a detailed description of the victim's helpfulness or likely helpfulness to the certifying entity in the detection or investigation or prosecution of the criminal activity.

   To the extent the certifying entity that receives a U Visa request has a record of the qualifying criminal activity identified by the victim or victim's family member, which was prepared in the normal course of the certifying entity's law enforcement duties, reimbursement for this activity includes locating and reviewing the record to complete the Form I-918 Supplement B certification.

   Reimbursement for this activity also includes attaching to the Form I-918 Supplement B certification, relevant reports prepared in the normal course of the certifying entity's law enforcement duties, detailing the criminal activity being investigated or prosecuted and the involvement of the victim, and relevant reports containing a description of any known or documented injury to the victim. ***However, reimbursement is not required for the cost of copying the attached reports***.

d. Transmit the results to the victim or the victim's legal representative.

e. File, log, and close the case.[4]

***Reimbursement is not required for the following activities: detection of a crime; investigation of a crime; prosecution of a crime; research; review of records that are not identified in section IV.B.1.b. or c. of these Parameters and Guidelines; and locating, obtaining, and copying records for the purpose of determining whether a certifying entity is required to issue a U Visa certification pursuant to Section IV.B.1.b. of these Parameters and Guidelines.***

[3] Penal Code section 679.10(f); Penal Code section 679.10(i) ("A current investigation, the filing of charges, and a prosecution or conviction are not required for the victim to request and obtain the Form I-918 Supplement B certification from a certifying official.").

[4] Penal Code section 679.10(a)-(j); Instructions to Form I-918 Supplement B, U Nonimmigrant Status Certification.

2. A certifying entity that receives a request for a Form I-918 Supplement B certification shall report to the Legislature on or before January 1, 2017, and annually thereafter, the number of victims that requested certifications from the particular agency, the number of certifications signed, and the number of certifications denied.[5]

## V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV., Reimbursable Activities, of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. The following direct costs are eligible for reimbursement.

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets

Report the purchase price paid for fixed assets (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset is also used for purposes other than the

[5] Penal Code section 679.10(l).

reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Training

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A.1., Salaries and Benefits, and A.2., Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element A.3., Contracted Services.

B. Indirect Cost Rates

Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both: (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in 2 Code of Federal Regulations (CFR) part 225 (Office of Management and Budget (OMB) Circular A-87). Claimants have the option of using 10 percent of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10 percent.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in 2 CFR part 225, appendices A and B (OMB Circular A-87 attachments A & B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in 2 CFR part 225, appendices A and B (OMB Circular A-87 attachments A & B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be: (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.); (2) direct salaries and wages; or (3) another base which results in an equitable distribution.

In calculating an ICRP, the claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) classifying a department's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage that the total amount of allowable indirect costs bears to the base selected; or

2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 attachments A & B) shall be accomplished by: (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect; and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount of allowable indirect costs bears to the base selected.

## VI. RECORD RETENTION

Pursuant to Government Code section 17558.5(a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[6] is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section IV., must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

## VII. OFFSETTING REVENUES AND REIMBURSEMENTS

Any offsetting revenue the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds, and other applicable state funds, shall be identified and deducted from this claim.

## VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558(b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 90 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from these parameters and guidelines and the decisions on the test claim and parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561(d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

## IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency, the Commission shall review the claiming instructions issued by the Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming

[6] This refers to title 2, division 4, part 7, chapter 4 of the Government Code.

instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557(d), and California Code of Regulations, title 2, section 1183.17.

## X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The decisions adopted for the Test Claim and Parameters and Guidelines are legally binding on all parties and provide the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record. The administrative record is on file with the Commission.

| PROGRAM 372 | U-VISA 918 FORM, VICTIMS OF CRIME: NONIMMIGRANT STATUS CLAIM FOR PAYMENT | For State Controller Use Only<br>(19) Program Number 00372<br>(20) Date Filed<br>(21) LRS Input | FORM FAM-27 |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| (01) Claimant Identification Number | | | **Reimbursement Claim Data** | |
| (02) Claimant Name | | | (22) FORM 1, (04) A. 1. (g) | |
| County of Location | | | (23) FORM 1, (04) A. 2. (g) | |
| Street Address or P.O. Box | | Suite | (24) FORM 1, (04) B. 1. a. (g) | |
| City State | | Zip Code | (25) FORM 1, (04) B. 1. b. (g) | |
| | | **Type of Claim** | (26) FORM 1, (04) B. 1. c. (g) | |
| | (03) | (09) Reimbursement ☐ | (27) FORM 1, (04) B. 1. d. (g) | |
| | (04) | (10) Combined ☐ | (28) FORM 1, (04) B. 1. e. (g) | |
| | (05) | (11) Amended ☐ | (29) FORM 1, (04) B. 2. (g) | |
| **Fiscal Year of Cost** | (06) | (12) | (30) FORM 1, (06) | |
| **Total Claimed Amount** | (07) | (13) | (31) FORM 1, (07) | |
| Less: **10% Late Penalty** (refer to attached Instructions) | | (14) | (32) FORM 1, (09) | |
| Less: **Prior Claim Payment Received** | | (15) | (33) FORM 1, (10) | |
| **Net Claimed Amount** | | (16) | (34) | |
| **Due from State** | (08) | (17) | (35) | |
| **Due to State** | | (18) | (36) | |

## (37) CERTIFICATION OF CLAIM

**In accordance with the provisions of Government Code sections 17560 and 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 of the Government Code.**

**I further certify that there was no application other than from the claimant, nor any grant(s) or payment(s) received, for reimbursement of costs claimed herein and claimed costs are for a new program or increased level of services of an existing program. All offsetting revenues and reimbursements set forth in the parameters and guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.**

**The amount for this reimbursement is hereby claimed from the State for payment of actual costs set forth on the attached statements.**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature of Authorized Officer

Date Signed _____

Telephone Number _____

Email Address _____

Type or Print Name and Title of Authorized Signatory

(38) Name of Agency Contact Person for Claim

Telephone Number _____

Email Address _____

Name of Consulting Firm/Claim Preparer

Telephone Number _____

Email Address _____

| PROGRAM 372 | U-VISA 918 FORM, VICTIMS OF CRIME: NONIMMIGRANT STATUS CLAIM FOR PAYMENT INSTRUCTIONS | FORM FAM-27 |
|---|---|---|

(01) Enter the claimant identification number assigned by the State Controller's Office.

(02) Enter claimant official name, county of location, street or postal office box address, city, state, and zip code.

(03) to (08) Leave blank.

(09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) Not applicable.

(11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.

(12) Enter the fiscal year in which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate Form FAM-27 for each fiscal year.

(13) Enter the amount of the reimbursement claim as shown on Form 1, line (11). The total claimed amount must exceed $1,000; minimum claim must be $1,001.

(14) Initial reimbursement claims must be filed as specified in the claiming instructions. Annual reimbursement claims must be filed by **February 15,** or as specified in the claiming instructions following the fiscal year in which costs were incurred. Claims filed after the specified date must be reduced by a late penalty. Enter zero if the claim was filed on time. Otherwise, enter the penalty amount as a result of the calculation formula as follows:

- Late Initial Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, without limitation; or
- Late Annual Reimbursement Claims: Form FAM-27, line (13) multiplied by 10%, late penalty not to exceed $10,000.

(15) Enter the amount of payment, if any, received for the claim. If no payment was received, enter zero.

(16) Enter the net claimed amount by subtracting the sum of lines (14) and (15) from line (13).

(17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.

(18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.

(19) to (21) Leave blank.

(22) to (33) Bring forward the cost information as specified on the left-hand column of lines (22) through (33) for the reimbursement claim, e.g., Form 1, (04) A. 1. (g) means the information is located on Form 1, block (04), line A. 1., column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. The indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the process**.

(34) to (36) Leave blank.

(37) Read the statement of Certification of Claim. The claim must be signed and dated by the agency's authorized officer, type or print name and title, telephone number, and email address. **Claims cannot be paid unless accompanied by an original signed certification**. **(Please sign the Form FAM-27 in blue ink and attach the copy to the top of the claim package.)**

(38) Enter the name, telephone number, and email address of the agency contact person for the claim. If the claim was prepared by a consultant, type or print the name of the consulting firm, the claim preparer, telephone number, and email address.

**SUBMIT A SIGNED ORIGINAL FORM FAM-27 AND ONE COPY WITH ALL OTHER FORMS TO:**

***Address, if delivered by U.S. Postal Service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**P.O. Box 942850**
**Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**Office of the State Controller**
**Attn: Local Reimbursements Section**
**Local Government Programs and Services Division**
**3301 C Street, Suite 700**
**Sacramento, CA 95816**

| PROGRAM 372 | U-VISA 918 FORM, VICTIMS OF CRIME: NONIMMIGRANT STATUS CLAIM SUMMARY | FORM 1 |
|---|---|---|

| (01) Claimant | (02) | Fiscal Year 20 ___ /20___ |
|---|---|---|

(03) Leave blank.

| Direct Costs | Object Accounts | | | | | | |
|---|---|---|---|---|---|---|---|
| (04) Reimbursable Activities | (a) Salaries | (b) Benefits | (c) Materials and Supplies | (d) Contract Services | (e) Fixed Assets | (f) Training | (g) Total |
| ***Training is one-time per employee and is excluded from A.1. and all ongoing activities.*** | | | | | | | |
| **A. One-Time Activities** | | | | | | | |
| 1. Updating policies and procedures to incorporate the requirements of the test claim statute. | | | | | | | |
| 2. Train staff assigned to perform the reimbursable activities (**one-time per employee**). | | | | | | | |
| **B. Ongoing Activity** | | | | | | | |
| 1. When a certifying entity receives a request for a Form I-918 Supplement B certification from the victim or victim's family member, the following activities must be completed within 90 days of the request or 14 days of the request if the victim is in removal proceedings. **(*See Form 1, Claim Summary Instructions for additional information on activities 1.a. through 1.e. below*)**: | | | | | | | |
| a. Receive and log the request. | | | | | | | |
| b. Review the request for U Visa certification and all documentation provided by the victim or victim's family member. | | | | | | | |
| c. The certifying official shall fully complete and sign the Form I-918 Supplement B certification. | | | | | | | |
| d. Transmit the results to the victim or the victim's legal representative. | | | | | | | |
| e. File, log, and close the case. | | | | | | | |
| 2. Report to the Legislature on or before January 1, 2017, and annually thereafter, the number of victims that requested certifications, the number of certifications signed, and the number of certifications denied. | | | | | | | |
| (05) Total Direct Costs | | | | | | | |

| Indirect Costs | | |
|---|---|---|
| (06) Indirect Cost Rate | [From ICRP or 10%] | % |
| (07) Total Indirect Costs | [Refer to Claim Summary Instructions] | |
| (08) Total Direct and Indirect Costs | [Line (05)(g) + line (07)] | |
| **Cost Reduction** | | |
| (09) Less: Offsetting Revenues | | |
| (10) Less: Other Reimbursements | | |
| (11) Total Claimed Amount | [Line (08) – {line (09) + line (10)}] | |

| PROGRAM 372 | U-VISA 918 FORM, VICTIMS OF CRIME: NONIMMIGRANT STATUS CLAIM SUMMARY INSTRUCTIONS | FORM 1 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year in which costs were incurred.

(03) Leave blank.

(04) For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (i), to Form 1, block (04), columns (a) through (f), in the appropriate row. Total each row.

***Training is one-time per employee and is excluded from A.1. and all ongoing activities.***

**One-Time Activities**

For one-time activities A.1. and A.2., see Form 1 and the Parameters and Guidelines, pages 2 and 3.

**Ongoing Activities**

1. When a certifying entity receives a request for a Form I-918 Supplement B certification from the victim or the victim's family member, the following activities, which must be completed within 90 days of the request or 14 days of the request if the victim is in removal proceedings, are eligible for reimbursement.
   a. Receive and log request.
   b. Review the request for U Visa certification and all documentation provided by the victim or the victim's family member to confirm that the victim was a victim of a qualifying criminal activity, defined in Penal Code section 679.10(c) and has been helpful, is being helpful, or is likely to be helpful to the detection, investigation or prosecution of that qualifying criminal activity. Victim helpfulness is presumed and is rebutted only if the victim refuses or fails to provide information and assistance reasonably requested by law enforcement.
   c. The certifying official shall fully complete and sign the Form I-918 Supplement B certification, upon the request of the victim or the victim's family member, when it is determined that the victim was a victim of a qualifying criminal activity and has been helpful, is being helpful, or is likely to be helpful to the detection, investigation, or prosecution of that qualifying criminal activity, and include specific details about the nature of the crime the certifying entity investigated or prosecuted and a detailed description of the victim's helpfulness or likely helpfulness to the certifying entity in the detection or investigation or prosecution of the criminal activity.

      To the extent the certifying entity that receives a U Visa request has a record of the qualifying criminal activity identified by the victim or victim's family member, which was prepared in the normal course of the certifying entity's law enforcement duties, reimbursement for this activity includes locating and reviewing the record to complete the Form I-918 Supplement B certification.

      Reimbursement for this activity also includes attaching to the Form I-918 Supplement B certification, relevant reports prepared in the normal course of the certifying entity's law enforcement duties, detailing the criminal activity being investigated or prosecuted and the involvement of the victim, and relevant reports containing a description of any known or documented injury to the victim.

      ***Reimbursement is not required for the cost of copying the attached reports.***
   d. Transmit the results to the victim or the victim's legal representative.
   e. File, log, and close the case.

***Reimbursement is not required for the following activities: detection of a crime; investigation of a crime; prosecution of a crime; research; review of records that are not identified in section IV.B (1)(b) or (c) of the Ps & Gs; and locating, obtaining, and copying records for the purpose of determining whether a certifying entity is required to issue a U Visa certification pursuant to Section IV.B.1.b of the Ps & Gs.***

(05) Total columns (a) through (g).

(06) Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an Indirect Cost Rate Proposal (ICRP). If an indirect cost rate of greater than 10% is used, include the ICRP with the claim.

(07) Local agencies have the option of using the flat rate of 10% of direct labor costs or using a department's ICRP in accordance with the Office of Management and Budget OMB Circular A-87 (Title 2 CFR Part 225). If the flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by 10%. If an ICRP is submitted, multiply applicable costs used in the distribution base for the computation of the indirect cost rate, by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

(08) Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).

(09) If applicable, enter any offsetting revenue received by the claimant for this mandate from any state or federal source. Submit a schedule detailing the revenue sources and amounts.

(10) If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funding, and other state funding that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.

(11) From the Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Revenues, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to Form FAM-27, line (13) of the Reimbursement Claim.

| PROGRAM 372 | U-VISA 918 FORM, VICTIMS OF CRIME: NONIMMIGRANT STATUS ACTIVITY COST DETAIL | FORM 2 |
|---|---|---|

(01) Claimant

(02) Fiscal Year 20___ / 20___

(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

***Training is one-time per employee and is excluded from A.1. and all ongoing activities.***

**A. One-Time Activities**

☐ 1. Updating policies and procedures to incorporate the requirements of the test claim statute.

☐ 2. Train staff assigned to perform the reimbursable activities (**one-time per employee**).

**B. Ongoing Activities**

1. When a certifying entity receives a request for a Form I-918 Supplement B (Form) certification from the victim of victim's family member, the following activities must be completed within 90 days of the request or 14 days of the request if the victim is in removal proceedings.
***(See Form 1, Claim Summary Instructions for additional information on activities 1. a. through 1.e. below)***:

☐ a. Receive and log the request.

☐ b. Review the request for U Visa certification and all documentation provided by the victim or victim's family member.

☐ c. The certifying official shall fully complete and sign the Form I-918 Supplement B certification.

☐ d. Transmit the results to the victim or the victim's legal representative.

☐ e. File, log, and close the case.

☐ 2. Report to the Legislature on or before January 1, 2017, and annually thereafter, the number of victims that requested certifications, the number of certifications signed, and the number of certifications denied.

| (04) Description of Expenses | | | Object Accounts | | | | | |
|---|---|---|---|---|---|---|---|---|
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Training |
| | | | | | | | | |
| (05) Total ☐ Subtotal ☐ Page: ____of____ | | | | | | | | |

**Revised 9/19**

| PROGRAM 372 | U-VISA 918 FORM, VICTIMS OF CRIME: NONIMMIGRANT STATUS ACTIVITY COST DETAIL INSTRUCTIONS | FORM 2 |
|---|---|---|

(01) Enter the name of the claimant.

(02) Enter the fiscal year in which costs were incurred.

(03) Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.

(04) The following table identifies the type of information required to support reimbursable costs. To itemize costs for the activity box checked in block (03), enter each employee name, job classification, a brief description of the activities performed, productive hourly rate, actual time spent, fringe benefits, materials and supplies used, contract services, fixed assets, and training expenses. **The descriptions required in column (04) (a) must be of sufficient detail to explain the cost of activities or items being claimed.**

| **Object Accounts** | **Columns** | | | | | | | | | **Submit supporting documents with the claim** |
|---|---|---|---|---|---|---|---|---|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | |
| **Salaries** | Employee Name and Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate X Hours Worked | | | | | | |
| **Benefits** | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate X Salaries | | | | | |
| **Materials and Supplies** | Description of Supplies Used | Unit Cost | Quantity Used | | | Cost = Unit Cost X Quantity Used | | | | |
| **Contract Services** | Name of Contractor and Specific Tasks Performed | Hourly Rate | Hours Worked and Inclusive Dates of Service | | | | Cost = Hourly Rate X Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| **Fixed Assets** | Description of Equipment Purchased | Unit Cost X Quantity | Usage | | | | | Cost = Total Cost X Usage | | Copy of Contract and Invoices |
| **Training** | Employee Name and Classification and Name of Class | | Dates Attended | | | | | | Registration Fee | |

(05) Total line (04), columns (d) through (i) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to the respective line activity on Form 1, block (04), columns (a) through (f) in the appropriate row.

REPORT TO THE

CALIFORNIA LEGISLATURE

*July 1982*

*LOCAL GOVERNMENT CLAIMS BILL*

*Revenue and Taxation Code, Section 2255*

*STATE BOARD OF CONTROL*

*David E. Janssen, Chairman*

*Edwin W. Beach, Member*
*Kenneth Cory, Member*
*Theresa Cook, Member*
*Zev Yaroslavsky, Member*

Table of Contents


| | Page |
|---|---|
| • Preface | 1 |
| • Statement of Reasons Supporting Reimbursement of State Mandated Costs Incurred Under Statutes and Regulations | 3 |
| Included in this report are statutes and regulations that were: | |
| • Adjudicated prior to January 1, 1981: | |
| - Chapter 276, Statutes of 1976--Energy Forecasting | 3 |
| - Chapter 357, Statutes of 1978--Zoning Consistency | 4 |
| - Chapter 718, Statutes of 1978--Limitation of Juror Days | 5 |
| - Chapter 1046, Statutes of 1976--Property Appraisals | 5 |
| - Chapter 1363, Statutes of 1978--Mentally Incompetent Voter Disqualification | 6 |
| - Title 20, CAC, Chapter 2--SIC Codes | 6 |
| - P.U.C. Decision 90144 & 91091--Uniformed Safety Attendants | 7 |
| • Adjudicated Pursuant to Chapter 1256, Statutes of 1980 (SB 90 Russell) | |
| - Chapter 946, Statutes of 1973 (and implementing regulations, Title 19, CAC, 17.33 and 18.07)--Standards for High Rise Structures | 8 |
| - Chapter 282, 1035, and 1039; Statutes of 1979--School Crossing Guards | 9 |
| - Chapter 1060, Statutes of 1980--Detention of Stray Cats | 10 |
| - Chapter 1399, Statutes of 1976--Custody of Minors | 10 |
| - Chapter 1435, Statutes of 1974--Vocational Rehabilitation | 11 |
| • Summary of Recommended Expenditures | 13 |

## Preface

This report was prepared to fulfill the requirements of Revenue and Taxation Code Section 2255. This statutory provision was recently amended by Chapter 327, Stautes of 1982.

As amended, the Section requires that:

> 2255. (a) At least twice each calendar year the Board of Control shall report to the Legislature on the number of mandates it has found and the estimated statewide costs of such mandates. This report shall identify the statewide costs estimated for each mandate and the reasons for recommending reimbursement. The report may be included in the report required by Section 13928 of the Government Code. Immediately upon receipt of the report, a local government claims bill shall be introduced in the Legislature. The local government claims bill, at the time of its introduction, shall provide for an appropriation sufficient to pay the estimated costs of these mandates pursuant to the provisions of this article.

The section further requires that, in the event the Legislature deletes funding for a mandate recommended in this report, one of six findings may be included in the local government claims bill. In those cases where the Legislature determines that the statute or regulation contains a mandate, the Legislature must further conclude that either: 1) the mandate is not reimbursable; 2) the mandate (if it is a regulation) should be repealed by the Office of Administrative Law; or 3) the mandate shall not be enforced until other funds become available. In those case where the Legislature determines that no mandate has really been imposed, such a finding may be amended into the bill. Lastly, the Legislature, when it cannot determine whether a mandate exists, shall either: 1) declare that the legislation shall be suspended until a court makes a mandate determination; or 2) declare the law or regulation to remain in effect unless a court determines that a reimbursable mandate exists. In this last instance, the law or regulation would be suspended upon issuance of a court order determining a reimbursable mandate, and it could not be restored until funding became available.

This report covers estimates prepared for mandated costs incurred under 12 laws and regulations for which estimates were approved on May 27, 1982. Of these 12, two have previously been reviewed by the Legislature under the unfunded mandate process that existed prior to January 1, 1981. The total cost of these unfunded mandates is more than $67.9 million.

This report was prepared by Ray Banion, Program Manager of the Board of Control's Local Mandate Unit, under the direction of Gary Longholm, Executive Officer.

Statement of Reasons Supporting
Reimbursement of State Mandated Costs
Incurred Under Statutes and Regulations

This report recommends that the Legislature fund costs associated with ten unfunded statutes, one regulation, and one executive order. The following discussion sets forth the reasons for recommending these appropriations.

The unfunded mandates are divided into two categories: 1) mandates determined prior to January 1, 1981; and 2) mandates determined after Chapter 1256, Statutes of 1980 (SB 90-Russell) became effective on January 1, 1981. Under the Pre-SB 90 (Russell) process, the Board of Control received a single "test" claim against a particular statute or executive order which allegedly mandated that a new program or higher level of service be provided by local agencies or school districts, and that, consequently, increased "costs mandated by the state" were being incurred. If the Board concurred with the claimant's allegations, then parameters and guidelines for reimbursement of costs associated with the newly identified unfunded mandates were developed.

Next, all eligible local governments filed "reimbursement" claims with the Board of Control, which were audited by the State Controller and approved for payment by the Board of Control. Such claims were included in the local government claims bill and, pending approval by the Legislature and the Governor, were paid from the General Fund. Pursuant to Revenue and Taxation Code Section 2231(b), the Department of Finance then began including appropriations for the newly funded mandates in the State Budget and the Budget Bill. Such appropriations covered costs to be incurred in the fiscal year addressed by the particular Budget. Consequently, the Board would still receive claims for costs incurred from the earliest reimbursable fiscal year to the first fiscal year for which an appropriation was included in the Budget Act.

Pursuant to Chapter 1256, Statutes of 1980 this old process was officially ended. This statute provided for the same process up to the date that parameters and guidelines were adopted. However, at this point, rather than approving individual claims by local entities, the Board is now required to recommend a statewide estimate sufficient to fund all claims under a given mandate. If approved by the Legislature, the monies are appropriated to the Controller who then audits and pays specific claims.

Estimates have been submitted for all of the mandates presented in this report. However, it should be pointed out that the Legislature has reviewed individual claims under three mandates: Chapter 1046, Statutes of 1976--Property Appraisals; Title 20, CAC, Chapter 2--Standard Industrial Code (SIC) classification; and P.U.C. Decisions 90144 and 91091--Uniformed Safety Attendants. The specific actions on these claims is included in the following statements, which list the amounts of the estimates, eligible claimants, fiscal effects, and specific findings supporting reimbursement.

ESTIMATES FOR MANDATES ADJUDICATED PRIOR TO ENACTMENT OF CHAPTER 1256, STATUTES OF 1980 (SB 90-Russell)

1. Mandate: Chapter 276, Statutes of 1974 — Amount: $772,000
ENERGY FORECASTING — Fiscal Years: 1978-79 through 1982-83

Eligible Claimants: Cities, Special Districts

Specific Findings Supporting Payment:

A. This legislation requires utilities to submit forecasts of their electricity demand, supply, and prices to the California Energy Commission (CEC). These forecasts, which must be prepared biennially, make 5-, 12-, and 20-year projections in accordance with the Common Forecasting Methodology adopted by the CEC.

B. Since the forecasting requirements had never existed under prior law, publicly owned utilities were compelled to provide a "new program" resulting in "costs mandated by the state".

C. Although publicly owned utilities could recoup costs through an increase in user's fees, the Board found that this was not a valid reason for denying the claim pursuant to the provisions of the Revenue and Taxation Code. At the time the test claim was heard, Section 2253.2(b)(4) directed the Board to deny such claims only when "the chaptered bill provided for self-financing authority". Chapter 276, Statutes of 1978 provided no self-financing authority. Section 2253.2(b)(4) now requires the Board to deny a claim whenever a "local agency or school district has the authority to levy service charges, fees or assessments sufficient to pay for the mandated program". However, the Board has generally applied the law in effect at the time a claim is filed, unless otherwise directed to do so by the Legislature.

D. The Department of Finance has estimated that $772,000 has been incurred by publicly owned utilities in order to comply with this mandate during the 1978-79 through 1982-83 fiscal years. The Board approved this estimate, and, pursuant to the provisions of Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

2. Mandate: Chapter 357, Statutes of 1978 — Amount: $628,208
ZONING CONSISTENCY — Fiscal Years: 1978-79 through 1981-82

Eligible Claimants: City of Los Angeles

Specific Findings Supporting Payment:

A. This legislation requires that any charter city with a population of two million or more make its zoning ordinances consistent with its General Plan.

B. With concurrence of the Department of Finance, the Board determined that this statute imposed "costs mandated by the state" upon the city of Los Angeles.

C. In adopting parameters and guidelines, reimbursement was approved for costs related to the inventorying, reviewing, and, where necessary, the updating of base maps; the field surveying of "inconsistent" areas; and the preparation and presentation, in public hearings, of amended zoning ordinances.

D. The Department of Finance has estimated that $628,208 has been incurred by the City of Los Angeles in order to comply with this mandate during the 1978-79 through 1981-82 fiscal years. The Board approved this estimate and, pursuant to the provisions of Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

3. Mandate: Chapter 718, Statutes of 1978
LIMITATION OF JUROR DAYS

Amount: $1,676,000
Fiscal Years: 1978-79 through 1982-83

Eligible Claimants: Counties

Specific Findings Supporting Payment:

A. This statute provides that a trial juror is obligated to serve only ten court days in a year unless more days must be served in order to complete a specific trial.

B. Under prior law, such limitations were established by local court rule. Consequently, some local governments would have been able to call fewer jurors who could serve for longer periods of time. Therefore, the Board, in concurrence with the Department of Finance, determined that the statute imposed "an increased level of service" upon counties.

C. In adopting parameters and guidelines, the Board approved reimbursement for the increased costs related to contacting, summoning, and processing warrants for additional jurors. Counties are only reimbursed for those contacts that exceed the total number of contacts made in 1978, the most recent year prior to the effective date of the mandate.

D. The Department of Finance has estimated that $1,676,000 has been incurred in order to comply with this mandate during the 1978-79 through 1982-83 fiscal years. The Board approved this estimate, and, pursuant to the provisions of Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

4. Mandate: Chapter 1046, Statutes of 1976
PROPERTY APPRAISALS

Amount: $280,000
Fiscal Year: 1977-78 through 1981-82

Eligible Claimants: Counties

Specific Findings Supporting Payment:

A. This statute required that county assessors reappraise all properties at least once every five years. With the passage of Proposition 13, this requirement was removed from all but five types of real property (timberland, historical properties, nonprofit golf courses, California Land Conservation Act Lands, and land owned by other local governments that is located outside of their respective jurisdictions). The statute self-repealed on January 1, 1982.

B. Under prior law, counties were free to establish their own reappraisal cycles. Consequently, the Board determined, with the concurrence of the Department of Finance, that the statute imposed an "increased level of service" upon counties that reappraised properties less than quintennally.

C. In adopting parameters and guidelines, the Board approved reimbursement for the overall increase in reappraisal workload occurring after the statute became effective.

D. The Department of Finance has estimated that $280,000 has been incurred in order to comply with this mandate during the 1977-78 through 1981-82 fiscal years. The Board approved this estimate and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

E. The Legislature has previously considered and deleted ten claims totaling $390,260 under this mandate. This action, taken in Chapter 1090, Statutes of 1981, represented a reversal of recommendations made by both the Legislative Analyst's Office and the Department of Finance. At that time, it was suggested that any increased costs incurred by counties would be offset by corresponding increases in revenue derived from higher reappraisals. The Board is resubmitting this mandate to the legislature for two reasons: 1) no specific finding or prohibition concerning this statute was enacted in Chapter 1090, Statutes of 1981; and 2) the Board continues to support the assertion by counties that the five eligible property types were reassessed less than quintennially because they had relatively stable, unique values and were difficult to assess.

5. Mandate: Chapter 1363, Statutes of 1978 — Amount: $3,991
MENTALLY INCOMPETENT VOTER DISQUALIFICATION — Fiscal Years: 1979-80 through 1982-83

Eligible Claimants: Counties

Specific Findings Supporting Payment:

A. This statute requires that county superior courts conduct a separate proceeding in order to disqualify a voter who has been declared mentally incompetent. This proceeding is mandated when the court grants a petition seeking the establishment of a conservatorship.

B. Under prior law, counties were authorized to remove the names of voters from the roll automatically, once a person's mental incompetence was legally established. Therefore, the Board determined, with the concurrence of the Department of Finance, that counties were required to provide an "increased level of service" when disqualifying mentally incompetent persons from voting.

C. In adopting parameters and guidelines, the Board approved reimbursement for costs associated with modifying forms and notices; determining whether the alleged ward or conservatee can complete an affadavit of voter registration; and resubmitting the affadavit to disqualified voters at least every two years.

D. The Department of Finance has estimated that $3,991 has been incurred in order to comply with this mandate during the 1979-80 through 1982-83 fiscal years. The Board approved this estimate and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the Controller.

6. Mandate: Title 20, CAC, Chapter 2 — Amount: $675,992
SIC CODES — Fiscal Years: 1976-77 through 1982-83

Eligible Claimants: Publicly owned utilities

Specific Findings Supporting Payment:

A. These regulations, promulgated under the authority of Chapter 1195, Statutes of 1974, require utilities to submit Quarterly Fuel and Energy reports to the California Energy Commission. These reports must categorize energy sales to nonresidential customers according to the Standard Industrial Classification (SIC) Code established by the Federal Government.

B. Under prior law, no such reporting requirement existed for publicly owned utilities. Since such reports were not required, many public utilities were forced to reprogram their computerized billing systems in order to disaggregate the sales as directed. Consequently, the Board determined that the regulations required local agencies owning utilities to provide an "increased level of service".

C. In adopting parameters and guidelines, the Board approved reimbursement for the one-time costs associated with establishing an SIC encoded billing system as well as the ongoing cost of preparing the Quarterly Reports.

D. The Department of Finance has estimated that $675,992 has been incurred in order to comply with this mandate during the 1976-77 through 1982-83 fiscal years. The Board approved this estimate and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the controller.

E. The Legislature has considered and deleted funds for claims under this mandate which were submitted in three previous local government claims bills; the Governor deleted legislatively approved funds from a fourth local government claims bill. In those cases, the Department of Finance and Legislative Analyst gained support for two arguments against reimbursement: 1) the publicly owned utilities have the ability to recover the costs by increasing their rates; and 2) providing reimbursement would provide a subsidy to customers of the publicly owned utility at the expense of tax payers who are customers of private utilities. The Board is resubmitting this mandate to the Legislature for two reasons: 1) No specific finding or prohibition has ever been made by the Legislature concerning these regulations; 2) at the time the mandate was determined, there existed no statutory basis for denying the test claim because of the existence of alternative methods for paying the mandated costs.

7. Mandate: P.U.C. Decisions 90144 and 91091 UNIFORMED SAFETY ATTENDANTS — Amount: $498,817

Fiscal Years: 1980-81 through 1982-83

Eligible Claimants: Bay Area Rapid Transit (BART)

Specific Findings Supporting Payment:

A. Following the Transbay Tube Fire in January 1979, the Public Utilities Commission (PUC) issued these decisions, which required BART to station uniformed safety attendants on trains traveling specified routes. These decisions were enforced under the authority of Public Utilities Code Section 29047, which empowers the P.U.C. to issue "regulations...for the purpose of safety to employees (of BART) and the general public."

B. BART alleged that it was entitled to reimbursement for costs mandated by the state because the decisions are executive orders that, pursuant to Revenue and Taxation Code Section 2207(c), "implemented...a state statute and...by such implementation...increases program levels above the levels required prior to January 1, 1973; therefore, the Board concluded that an "increased level of service" had been imposed.

C. The Board further determined that it lacked authority to deny the test claim because the claimant had the authority to collect fees to cover the increased costs. At the time the test claim was filed, (March 12, 1980), there existed no statutory provision directing the Board to deny test claims under executive orders on the basis that self-financing authority existed. Such a provision now exists in Revenue and Taxation Code Section 2253.2(b)(4). Unless otherwise directed by statute, the Board of Control does not retroactively apply such changes in the Revenue and Taxation Code, when the retroactive application would harm the claimant's interests.

D. In adopting parameters and guidelines, the Board approved reimbursement for costs associated with the hiring of additional safety personnel (called "emergency procedures advisors") on designated trains.

E. The Department of Finance has estimated that $498,817 has been incurred in order to comply with this mandate during the 1980-81 through 1982-83 fiscal years. The Board approved this estimate, and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

F. The Legislature has previously reviewed and deleted claims under this mandate which were submitted in Chapter 1090, Statutes of 1981. These claims covered costs incurred during the 1978-79 and 1979-80 fiscal years; consequently, no estimates for those fiscal years are being submitted. At the time the claims were deleted on the Assembly side (they had been approved in the Senate), the Department of Finance and the Legislative Analyst opined that 1) the new self-financing provisions of the Revenue and Taxation Code should be applied; and 2) the new safety requirement did not increase the level of services required because it merely affirmed what the "duty" of BART in the area of public safety had always been. The Board is resubmitting this mandate to the Legislature because no specific finding or prohibition has ever been made by the Legislature concerning these executive orders.

ESTIMATES FOR MANDATES ADJUDICATED UNDER CHAPTER 1256, STATUTES OF 1980 (SB 90-Russell)

8. Mandate: Chapter 946, Statutes of 1973 and implementing regulations (Title 19, CAC, Sections 17.11 and 18.07)
STANDARDS FOR HIGH RISE STRUCTURES

Amount: 1,880,740
Fiscal Years: 1977-78 through 1982-83

Eligible Claimants: Local Agencies (including fire departments and fire districts)

Specific Findings Supporting Payment:

A. Among numerous other provisions, this statute authorized the State Fire Marshal to promulgate regulations effecting fire safety and requiring local agencies to ensure compliance with such regulations. Title 19, CAC, Section 17.33 and 18.07 set standards for the prevention of fire and the protection of life and property against fire in existing and new high rise structures.

B. The Board determined that, to the extent that local agencies incurred costs as a result of ensuring compliance with the standards, that the "crimes and infractions" disclaimer contained in Revenue and Taxation Code Section 2253.2(c)(2) was inapplicable. That section requires that the Board "shall not consider" a claim when the "chaptered bill created...or...eliminated a crime or infraction, or changed the penalty for a crime or infraction;" however, it also limits this restriction to "that portion of chaptered bill relating directly to the enforcement of the crime or infraction." The Board determined that a reimbursable mandate existed because: (1) the regulations in quesion did not create, change or eliminate a crime or infraction; 2) the regulations established minimum safety standards; and 3) local agencies were required to inspect facilities in order to make the standards applicable to individual high rise facilities.

C. In adopting parameters and guidelines, the Board approved reimbursement for costs related to inspecting high rise structures and reviewing relevant reports, correspondence, and plans.

D. The Department of Finance has estimated that $1,880,740 has been incurred in order to comply with this mandate during the 1977-78 through 1982-83 fiscal years. The Board approved this estimate and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the Controller.

9. Mandate: Chapter 282, 1035, and 1039; Statutes of 1979 SCHOOL CROSSING GUARDS
Amount: $6,131
Fiscal Years: 1980-81 through 1982-83

Eligible Claimants: County of Santa Cruz

Specific Findings Supporting Payment:

A. These statutes allowed either the county board of supervisors or individual school districts to establish school crossing guard programs. Under prior law, no such option was necessary because the California Highway Patrol administered the program. The statutes further provided that any school districts that chose to implement the school crossing guard program would be entitled to reimbursement from the county road fund.

B. The claimant alleged that, although school districts had an option to porovide the program, counties were mandated to provide reimbursement. Moreover, the claimant alleged that, in adopting a school crossing guard program, for use by participating schools in the county, it was ensuring the minimum reimbursement and providing a more cost-effective method of providing the services than would have been possible if each school district developed its own program. Consequently, the Board determined that, 1) pursuant to Revenue and Taxation Code Section 2207(h), a "new requirement" (for counties) had been added to an "existing optional program or service"; 2) increased costs resulted; and 3) "no reasonable alternatives" to providing the services existed.

C. In adopting parameters and guidelines, the Board approved reimbursement for costs associated with the employment of school crossing guards, including salaries and employee benefits, necessary travel-related expenses, specialized clothing and equipment, and allowable overhead costs. Santa Cruz County is the only county eligible for reimbursement of these costs because it was the only county without such a program at the time the legislation became effective (thereby allowing school districts to exercise their option).

D. The Department of Finance has estimated that $6,131 has been incurred in order to comply with this mandate during the 1980-81 through 1982-83 fiscal years. The Board approved this estimate, and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

10. Mandate: Chapter 1060, Statutes of 1980 — Amount: $8,675,000
DETENTION OF STRAY CATS — Fiscal Years: 1980-81 through 1982-83

Eligible Claimants: Counties (except Los Angeles) and Cities

Specific Findings Supporting Payment:

A. This statute requires that stray cats be detained in animal control facilities for at least 72 hours before being destroyed. Prior to enactment of Chapter 1060/80, there was no statutory requirement to hold cats for a specified period of time prior to euthanasia.

B. Pursuant to Revenue and Taxation Code Section 2207(f), which defines "costs mandated by the state" as resulting when "any statute...removes an option previously available", the Board determined that a reimbursable mandate existed under Chapter 1060/80. In public testimony, the Department of Finance supported the Board's determination.

C. In adopting parameters and guidelines, the Board approved reimbursement for costs related to the necessary expansion of animal detention services, including personnel, cages, food, litter and cleaning supplies.

D. The Department of Finance estimated that $8,675,000 has been incurred in order to comply with this mandate during the 1980-81 through 1982-83 fiscal years. The Board approved this estimate, and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

11. Mandate: Chapter 1399, Statutes of 1976 — Amount: $3,691,000
CUSTODY OF MINORS — Fiscal Years: 1977-78 through 1982-83

Eligible Claimants: Counties

Specific Activities Supporting Reimbursement:

A. This statute requires counties to undertake specified activites in order to assist resolution of child custody disputes and enforce child custody decrees. Specifically, the law requires the District Attorney's Office to represent persons having custody of a child and assist them in gaining enforcement of custody decrees, in locating their children when they are unlawfully taken away, in defraying expenses related to the return of an illegally detained or concealed child, in proceeding with civil court action, and in guaranteeing appearance of offenders in court actions. Under prior law, the District Attorney was under no statutory obligation to assist or represent a parent or other person having custody of a child.

B. With the concurrence of the Department of Finance, the Board determined that Chapter 1399, Statutes of 1980 imposed an "increased level of service" upon counties.

C. In adopting parameters and guidelines, the Board approved reimbursement for activities necessary to assisting a child's custodian, including investigation, mediation, legal representation, service of warrants, preparation of reports, foster care, etc, provided that reimbursements be reduced by any costs assessed against an offender.

D. The Department of Finance has estimated that $3,691,000 has been incurred in order to comply with this mandate during the 1977-78 through 1982-83 fiscal years. The Board approved this estimate and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

12. Mandate: Chapter 1435, Statutes of 1974 — Amount: $49,122,000
VOCATIONAL REHABILITATION — Fiscal Years: 1978-79 through 1982-83

Eligible Claimants: Local agencies and school districts

Specific Findings Supporting Reimbursement:

A. This statute seeks to ensure that any public (or private) employee would be guaranteed vocational rehabilitation in the event of a serious injury suffered while on the job. In order to accomplish this goal, all local agencies and school districts must establish an adminstrative system to ensure that Qualified Injured Workers receive the vocational rehabilitation necessary to help them regain employment. Under prior law, employers were only required to provide disability payments to injured employees.

B. After the Legislature enacted this statute, the Attorney General issued an opinion declaring that the law did not apply to local agencies and school districts. However, the California Supreme Court, in refusing to hear the Slotten case, upheld an Appeals Court ruling that local agencies and school districts must comply with this statute. Consequently, the Board determined, with the support of the Department of Finance, that "an increased level of service" was imposed.

C. In adopting parameters and guidelines, the Board approved reimbursement for either 1) increased insurance premiums or 2) increased costs (of self-insured entities) resulting from the establishment of "rehabilitation units" responsible for administering the program and providing various benefits directly to the QIW's.

D. The Department of Finance has estimated that $49,122,000 has been incurred in order to comply with this mandate during the 1978-79 through 1982-83 fiscal years. The Board approved this estimate, and, pursuant to Revenue and Taxation Code Section 2255, recommends that the Legislature appropriate the approved amount to the State Controller.

## SUMMARY OF RECOMMENDED EXPENDITURES

Reflecting Actions taken by the State Board of Control May 27 through June 30, 1982

I. Appropriations to the Controller based on estimated statewide costs of unfunded mandates, submitted pursuant to Revenue and Taxation Code Section 2255.

A. Statutes - Estimates for Mandates Adjudicated prior to Enactment of Chapter 1256, Statutes of 1980 (SB 90-Russell)

1. Chapter 276, Statutes of 1974--Energy Forecasting $772,000 (Rounded)

Eligible: Cities, Special Districts

| Fiscal Year | Amount |
|---|---|
| 1978-79 | $ 476 |
| 1979-80 | 87,809 |
| 1980-81 | 203,106 |
| 1981-82 | 230,000 |
| 1982-83 | 250,000 |

2. Chapter 357, Statutes of 1978--Zoning Consistency $628,208

Eligible: City of Los Angeles

| Fiscal Year | Amount |
|---|---|
| 1978-79 | $ 82,054 |
| 1979-80 | 151,777 |
| 1980-81 | 102,645 |
| 1981-82 | 291,732 |

3. Chapter 718, Statutes of 1978--Limitation of Juror Days $1,676,000 (Rounded)

Eligible: Counties

| Fiscal Year | Amount |
|---|---|
| 1978-79 | $ 134,415 |
| 1979-80 | 229,303 |
| 1980-81 | 223,041 |
| 1981-82 | 522,285 |
| 1982-83 | 566,680 |

4. Chapter 1046, Statutes of 1976--Property Appraisals[1] $280,000 (Rounded)

Eligible: Counties

| Fiscal Year | Amount |
|---|---|
| 1977-78 | $ 23,471 |
| 1978-79 | -0- |
| 1979-80 | 187,047 |
| 1980-81 | 44,623 |
| 1981-82 | 23,673 |

5. Chapter 1363, Statutes of 1978--Mentally Incompetent 3,991

Eligible: Counties

| Fiscal Year | Amount |
|---|---|
| 1979-80 | $ 626 |
| 1980-81 | 957 |
| 1981-82 | 1,155 |
| 1982-83 | 1,253 |

B. Executive Orders-Estimates for Mandates Adjudicated Prior to Enactment of Chapter 1256, Statutes of 1980 (SB 90-Russell)

1. Title 20, CAC, Chapter 2--SIC Codes[1] $675,992

Eligible: Cities, Special Districts

| Fiscal Year | Amount |
|---|---|
| 1976-77 | $ 81,029 |
| 1977-78 | 81,759 |
| 1978-79 | 60,780 |
| 1979-80 | 59,666 |
| 1980-81 | 94,758 |
| 1981-82 | 143,000 |
| 1982-83 | 155,000 |

[1] Individual reimbursement claims previously submitted to the Legislature and deleted.

2. P.U.C. Decision 90144 & 91091--Uniformed Safety Attendants $498,817

Eligible: BART

| Fiscal Year | Amount |
|---|---|
| 1980-81 | $ 157,531 |
| 1981-82 | 163,686 |
| 1982-83 | 177,600 |

C. Statutes - Estimates for Mandates Adjudicated Pursuant to Chapter 1256, Statutes of 1980 (SB 90-Russell)

1. Chapter 946, Statutes of 1973 (and implementing regulations, Title 19, CAC, 17.33 and 18.07)--Standards for High Rise Structures $ 1,880,740

Eligible: Local Agencies (fire departments and fire districts) $1,880,740

| Fiscal Year | | Amount |
|---|---|---|
| 1977-78 | (Six months City & County of San Francisco only) | $ 67,581 |
| 1978-79 | (City and County of San Francisco only) | 147,186 |
| 1979-80 | | 634,922 |
| 1980-81 | | 327,007 |
| 1981-82 | | 330,281 |
| 1982-83 | | 373,763 |

2. Chapter 282, 1035, and 1039; Statutes of 1979--School Crossing Guards $6,131

Eligible: County of Santa Cruz

| Fiscal Year | Amount |
|---|---|
| 1980-81 | $ 1,878 |
| 1981-82 | 2,040 |
| 1982-83 | 2,213 |

1 Individual reimbursement claims previously submitted to the Legislature and deleted.

3. Chapter 1060, Stautes of 1980--Detention of Stray Cats $ 8,675,000

Eligible: Counties and Cities

| Fiscal Year | Amount |
|---|---|
| 1980-81 | $1,705,000 |
| 1981-82 | 3,285,000 |
| 1982-83 | 3,565,000 |
| One-time start up | 120,000 |

4. Chapter 1399, Statutes of 1976--Custody of Minors $ 3,691,000 (Rounded)

Eligible: Counties

| Fiscal Year | Amount | |
|---|---|---|
| 1977-78 | $ 48,000 | (San Bernardino only) |
| 1978-79 | 598,000 | |
| 1979-80 | 653,000 | |
| 1980-81 | 714,000 | |
| 1981-82 | 781,000 | |
| 1982-83 | 847,000 | |
| 1978-83 | 50,000 | (Los Angeles County) |

5. Chapter 1435, Statutes of 1974--Vocational Rehabilitation $ 49,122,000

Eligible: All local agencies and school districts

| Fiscal Year | Amount |
|---|---|
| 1978-79 | $1,530,000 |
| 1979-80 | 4,822,000 |
| 1980-81 | 11,585,000 |
| 1981-82 | 14,958,000 |
| 1982-83 | 16,227,000 |

GRAND TOTAL $ 67,909,879.00