

CITY OF JACKSONVILLE, FLORIDA

**REPORT ON AUDIT OF STATEMENT
OF CONFLICT COUNSEL FEES FORM AND
CONFLICT COUNSEL EXPENSES AND COSTS FORM
for the year ended September 30, 1997**

Audit Report #474

OFFICE OF THE COUNCIL AUDITOR
Room 1103, City Hall



INDEPENDENT AUDITOR'S REPORT

Honorable Mayor and
Members of the City Council

We have audited the accompanying statements of Conflict Counsel Fees Form and Conflict Counsel Expenses and Costs Form of the City of Jacksonville, Florida for the year ended September 30, 1997 pursuant to Section 925.037(5)(a) of the Florida Statutes. Our examination was made in accordance with standards established by the American Institute of Certified Public Accountants and, accordingly, included such procedures as we considered necessary in the circumstances.

In our opinion, the statement referred to above is presented, in all material respects, in conformity with Sections 925.037(5)(a) and 925.037(5)(b) of the Florida Statutes.

A handwritten signature in cursive script that reads "Robert O. Johnson".

Robert O. Johnson, CPA
Council Auditor

April 14, 1998

ROJ/ml
Report:474

STATEMENT OF CONFLICT COUNSEL FEES
SUBMIT TO THE JUSTICE ADMINISTRATIVE COMMISSION
Section 925.037(5)(a), F.S.

EXPENDITURE REPORTING

County of DUVAL

Section A: ALL PUBLIC DEFENDER DECLARATION OF CONFLICT OF INTEREST CASES (Request for Reimbursement)

REPORTING PERIOD: 10/1/96 through 9/30/97

NUMBER OF CASES: 793

TOTAL EXPENDITURES: \$753,121,96

Section B: PUBLIC DEFENDER CASES INVOLVING A STATED LACK OF RESOURCES (For Legislative Information Only)

NUMBER OF CASES: -0-

TOTAL EXPENDITURES:

The above figures are true and correct:



SIGNATURE/TITLE/DATE

Senior Deputy Court Administrator

3-30-98

Submit completed form to:
Justice Administrative Commission
Post Office Box 1654
117 West College Avenue
Tallahassee, FL 32302

**STATEMENT OF CONFLICT COUNSEL EXPENSES AND COSTS FORM
 SUBMIT TO THE JUSTICE ADMINISTRATIVE COMMISSION
 Section 925.037(5)(b), F.S.**

County of Duval

REPORTING PERIOD: 10/1/96 - 9/30/97

Section A: TOTAL COUNTY EXPENDITURES

| | | |
|---|----------------------------|--------------|
| (1) Number of Cases | <u>793</u> | |
| (2) Witness Fees and Expenses | <u>\$ 291.00</u> | regular only |
| (3) Court Reporter Fees and Costs | <u>159,315.60</u> | |
| (4) Defense Counsel Travel and Per Diem | <u>- 0 -</u> | |
| (5) Other Expenses and Costs | <u>95,875.10</u> | |
| TOTAL | <u><u>\$255,481.70</u></u> | |

Section B: APPOINTED COUNSEL DUE TO A STATED LACK OF PUBLIC DEFENDER RESOURCES

| | |
|---|--------------|
| (1) Number of Cases | <u>- 0 -</u> |
| (2) Witness Fees and Expenses | _____ |
| (3) Court Reporter Fees and Costs | _____ |
| (4) Defense Counsel Travel and Per Diem | _____ |
| (5) Other Expenses and Costs | _____ |
| TOTAL | <u>_____</u> |

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STATEMENT OF COMPLIANCE FORM 1
COUNTY
SUBMIT TO THE JUSTICE ADMINISTRATIVE COMMISSION
Section 925.037(5)(a), F.S.

I hereby certify that all forms submitted to the Justice Administrative Commission as provided for in Section 925.037 (5)(a) and (5)(b), F.S. accurately represent, in all material respects, the above referenced county expenditures incurred in Public Defender Conflict of Interest cases and were made and reported in compliance with the relevant portions of Florida law for the fiscal year ended September 30, _____.

Signature of Certified Public Accountant

Date

Submit completed form to:
Justice Administrative Commission
Post Office Box 1654
117 West College Avenue
Tallahassee, FL 32302