

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, 1999**

Audit Report # 518

OFFICE OF THE COUNCIL AUDITOR
Suite 200, St. James Building



INDEPENDENT AUDITOR'S REPORT

Honorable Mayor and
Members of the City Council

We have examined 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, 1999 pursuant to Section 925.037(5)(a) of the Florida Statutes.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and generally accepted government auditing standards published by the Comptroller General of the United States, and accordingly, included examining on a test basis, evidence supporting the Conflict Counsel Fees Form and the Conflict Counsel Expenses and Costs Form and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion.

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

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Robert O. Johnson".

Robert O. Johnson, CPA
Council Auditor

June 30, 2000

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: October 1, 1998 through September 30, 1999

NUMBER OF CASES: 787

TOTAL EXPENDITURES: \$679,036.42

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

NUMBER OF CASES: _____

TOTAL EXPENDITURES: _____

The above figures are true and correct:

C. A. Lewis
SIGNATURE/TITLE/DATE

Jr. Deputy Court Administrator

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

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