

**CITY OF JACKSONVILLE, FLORIDA**

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**REPORT ON AUDIT OF STATEMENT  
OF CONFLICT COUNSEL FEES FORM AND  
CONFLICT COUNSEL EXPENSES AND COSTS FORM  
For the year ended September 30, 2001**

**Audit Report # 555**

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



## **INDEPENDENT AUDITOR'S REPORT**

Honorable Mayor and  
Members of the City Council

May 27, 2002

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, 2001 pursuant to Section 925.037(5)(a) of the Florida Statutes. This statement is the responsibility of the management of the Court Administrator's Office of Duval County. Our responsibility is to express an opinion on this statement based on our examination.

Our examination was made 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

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, 2000 through SEPTEMBER 30, 2001

NUMBER OF CASES: 1108

TOTAL EXPENDITURES: \$1,099,545.30

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  
Sr. Deputy Ct Adm

DATE OF FILING

*[Handwritten signature]*

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: OCTOBER 1, 2000 thru SEPTEMBER 30, 2001

**Section A: TOTAL COUNTY EXPENDITURES**

(1) Number of Cases	<u>1108</u>
(2) Witness Fees and Expenses	<u>\$142.48</u>
(3) Court Reporter Fees and Costs	<u>\$179,602.34</u>
(4) Defense Counsel Travel and Per Diem	<u>-----</u>
(5) Other Expenses and Costs	<u>\$144,566.92</u>
<b>TOTAL</b>	<u><u>\$324,311.74</u></u>

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

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

Submit completed form to:  
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Tallahassee, FL 32302

STATEMENT OF COMPLIANCE FORM 1  
Duval 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, 2001.

Robert D. Johnson  
Signature of Certified Public Accountant

JUNE 28 2002  
Date

Submit completed form to:  
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Tallahassee, FL 32302

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