

# Board Contract Summary

BC 15-064  
*- Ramon R. Oceano II x211*

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: Auditor-Controller Intranet Policies->Contracts.

D1.	Fiscal Year .....	FY 14/15
D2.	Department Name .....	Court Special Services
D3.	Contact Person .....	Casie E. Hill
D4.	Telephone .....	805-882-4682

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Alternate Counsel when Public Defender Conflicts Out
K3.	Department Project Number .....	
K4.	Original Contract Amount .....	\$ 1,721,952
K5.	Contract Begin Date .....	7/1/12
K6.	Original Contract End Date .....	6/30/14
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	9/30/14
K9.	- Total Number of Amendments .....	0
K10.	- This Amendment Amount .....	\$ 215,244.06
K11.	- Total Previous Amendment Amounts .....	\$
K12.	- Revised Total Contract Amount .....	\$ 215,244.06

B1.	Intended Board Agenda Date .....	July 1, 2014
B2.	Number of Workers Displaced (if any) .....	0
B3.	Number of Competitive Bids (if any) .....	
B4.	Lowest Bid Amount (if bid) .....	
B5.	If Board waived bids, show Agenda Date .....	
	and Agenda Item Number .....	
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	Not County's standard contract

F1.	Fund Number .....	0069
F2.	Department Number .....	025
F3.	Line Item Account Number .....	7470
F4.	Project Number (if applicable) .....	MIL
F5.	Program Number (if applicable) .....	5400
F6.	Org Unit Number (if applicable) .....	2000
F7.	Payment Terms .....	71,748.02 monthly

V1.	Auditor-Controller Vendor Number .....	593720
V2.	Payee/Contractor Name .....	North County Defense Team
V3.	Mailing Address .....	201 S. Miller St., Suite 106
V4.	City State (two-letter) Zip (include +4 if known) .....	Santa Maria, CA 93454
V5.	Telephone Number .....	805-965-2717
V6.	Vendor Contact Person .....	Michael J. Scott
V7.	Workers Comp Insurance Expiration Date .....	04/01/15
V8.	Liability Insurance Expiration Date .....	G - 02/25/15, P - 08/16/14
V9.	Professional License Number .....	77-0491751
V10.	Verified by (print name of county staff) .....	AMMON M. HOENIGMAN

V11 Company Type (Check one): ☒ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: JUN 30 2014 Authorized Signature: *Casie E. Hill* *RJ*

**AMENDMENT NO. 1 TO**  
**MASTER CONTRACT FOR LEGAL REPRESENTATION OF ELIGIBLE INDIGENTS**  
**(CONTRACT NO. BC-14-049)**

This Amendment No. 1 hereby amends and extends the Master Contract for Legal Representation of Eligible Indigents dated July 10, 2012 (Contract) between *North County Defense Team* referred to as "Contractor" and the Superior Court of the State of California for the County of Santa Barbara (for the Santa Maria Divisions "Cook" and "Miller", including North County juvenile court; and the Lompoc and Solvang Divisions of the Court) and the County of Santa Barbara, hereinafter referred to as "County".

WHEREAS, Contractor has been serving as alternative counsel pursuant to Penal Code Section 987.2(a), in cases in which the Court finds that, because of a legal conflict of interest or other failure to act, the Public Defender has properly refused to represent the person accused; and

WHEREAS, the Contract expires on June 30, 2014, and the parties wish to continue the term of the Contract until September 30, 2014;

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties hereby amend the Contract as described below.

1. In Section III. Fiscal Management, subsection 1, after this existing language:

The County shall pay Contractor the following sum for the Contractor's services under this Contract for each of the following contract years (July 1 through June 30 fiscal years):

2012-13	\$860,976
2013-14	\$860,976

the following is added:

The County shall pay Contractor the following sum for the Contractor's services under this Contract for each of the following contract months (July 1 through September 30, 2014):

July	\$71,748.02
August	\$71,748.02
September	\$71,748.02

2. In Section IV. Monitoring/Evaluation, subsection 1, the following is added at the end:

For the time period from July 1, 2014 through September 30, 2014, Contractor shall continue to comply with the requirements in this subsection 1, and the documentation for September 2014 must be submitted in triplicate to the Superior Court Executive Officer by October 15, 2014, before the final monthly payment can be made to Contractor.

3. In Section VIII. Term and Conditions, subsection 1, June 30, 2014 is replaced with September 30, 2014.



This Amendment No. 1 may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original. All other terms of the Contract remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 1 to be effective on the date executed by County.

**ATTEST:**  
MONA MIYASATO, COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

By: \_\_\_\_\_  
Deputy

**COUNTY OF SANTA BARBARA**

By: \_\_\_\_\_  
STEVE LAVAGNINO, CHAIR  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF SANTA BARBARA**

By:  \_\_\_\_\_  
ARTHUR A. GARCIA  
Superior Court Presiding Judge

**CONTRACTOR:**  
NORTH COUNTY DEFENSE TEAM

By:  \_\_\_\_\_  
MICHAEL J. SCOTT  
Lead Attorney


**RECOMMENDED FOR APPROVAL:**  
MONA MIYASATO  
COUNTY EXECUTIVE OFFICER

By: \_\_\_\_\_

**APPROVED AS TO FORM:**  
MICHAEL C. GHIZZONI  
COUNTY COUNSEL

By:  \_\_\_\_\_  
Deputy County Counsel

**APPROVED AS TO ACCOUNTING FORM:**  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By:  \_\_\_\_\_  
Deputy

**APPROVED AS TO FORM:**  
RAY AROMATORIO  
RISK MANAGER

By:  \_\_\_\_\_