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Statement of Work and Compensation Schedule Evaluation Services

This document sets forth the terms and conditions related to compensation for a range of services delivered by a forensically certified Superior Court provider; hereinafter referred to as **Provider**. **The Adult Probation Department of the Arizona Superior Court in Pima County**, hereinafter referred to as the **Department**, has made this statement of work to detail the services required by the **Department** and the accompanying compensation schedule for all **Providers** who provide services detailed below.

Overview of Work:

Psychological Evaluation with One Testing Instrument (IQ or Personality): \$800

Evaluations will include the following: review of records that are available, interview of the defendant, a minimum of one personality test (as specified by the **Department**) or an individual IQ test (as requested by the **Department**), and a written report in **Department**-approved format. The evaluations shall generally address amenability to and strategies for supervision, risk to the community, and any Axis I and/or Axis II diagnosis, as applicable. The **Department** may address any additional specific concerns and may ask for specific instruments to be used, at the time of the referral. Testing done by the **Provider** that was not specifically requested by the **Department** will receive no added compensation.

Evaluation with Two Testing Instruments (IQ ± Personality): \$1100

Evaluations will include the following: a review of records that are available, interview of the defendant, a minimum of two written tests e.g. two personality tests, or one IQ test plus one personality test (as specified by the **Department**), and a written report in **Department**-approved format. The evaluations shall address amenability to and strategies for supervision, risk to the community, and any Axis I and/or Axis II diagnosis, as applicable. The **Department** may address any specific concerns and may ask for specific instruments to be used, at time of referral. Testing done by the **Provider** that was not specifically requested by the **Department** will receive no added compensation.

Psychosexual Evaluation: \$1300

Evaluations will include the following: a review of records that are available, interview of the defendant, a written report in **Department**-approved format, and psychometric testing specifically pertaining to sex offenders and risk assessment (**Department** may ask for specific risk assessment(s) to be administered). The evaluations shall address amenability to and strategies for supervision, risk to the community, and any Axis I and/or Axis II diagnosis, as applicable. Testing done by the **Provider** that was not specifically requested by the **Department** will receive no added compensation.

Canceled, Refused or Missed Appointments- less than 24 hours' notice: \$175.00

Payment

The **Department** agrees to pay the **Provider** within **45 days** upon receipt of invoice and the completed report in a **Department**-approved format. The **Department** will only pay for approved services rendered. Testing done by the **Provider** that was not specifically requested by the **Department** will receive no added compensation. In the event of a no-show, the **Provider** shall report the missed appointment to the **Department's** Treatment Coordinator within one working day so that it can be rescheduled. Invoices must be submitted to the Treatment Coordinator with the original report, either upon completion or monthly no later than by the 10th of each month. No invoices will be accepted after July 10 for the previous fiscal year.