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**In the Matter of the Claim of the Oneida**

**County Probation Department**

under Section 606 of the Correction Law for Payment  
of Legal Expenses Incurred in the Defense of Inmates  
of the State of New York

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**AFFIDAVIT IN SUPPORT OF  
CLAIM FOR PAYMENT OF  
OF  
SECTION 606 EXPENSES**

STATE OF NEW YORK    ) ss:  
COUNTY OF ONEIDA    )

Holly Bolton, being duly sworn, deposes and says:

1. I am a Probation Director for the County of Oneida and make this affidavit for the purpose of certifying to the Oneida County Board of Legislators and the State of New York that the legal services of the attorneys and staff assigned to the above-mentioned matters are true and accurate.

2. All rates for legal services are based upon Section 722-b of the County Law of the State of New York.

3. The following times and dates represent legal services provided by this office on behalf of the following inmates, to wit:

- A. Tyrone Alston
- B. Koron bailey
- C. Elijah Flowers
- D. Dylan Foster
- E. Luis Gracia
- F. Daniel Hernandez
- G. Donkavius Howard
- H. Bennie Jackson
- I. Shy Samuel
- J. Romeo Williams
- K. Anthony Wilmont-Francis.

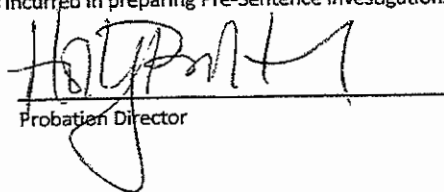
A true and accurate copy of the indictment follows the itemization of expenses for each inmate.

PRISON PSI2024

<u>DATE</u>	<u>STAFF NAME (PO)</u>	<u>DEFENDANT / FACILITY</u>	<u>IND/SCI #</u>	<u>HRS/WORKED</u>	<u>HRLY/RATE</u>	<u>(TOTAL)</u>	<u>DIN #</u>
7/15/24	Mary Jo Frattasio	Tyrone Alston	I24-048	3	\$41.72	\$125.16	23R0817
1/23/24	Kelly O Donnell	Koron Bailey	I23-256	3	\$42.71	\$128.13	19A2158
12/9/24	Anna Ferrone	Elijah Flowers	I24-185	3	\$27.59	\$82.77	15A4505
11/4/24	Mary Jo Frattasio	Dylan Foster	I24-096	3	\$41.72	\$125.16	19A4124
2/15/24	Carissa Mazza	Luis Garcia	I23-191	3	\$32.19	\$96.57	18A4619
5/14/24	Kelly O Donnell	Daniel Hernandez	I24-049	3	\$42.71	\$128.13	19A1992
10/30/24	Patrick Splann	Donkavius Howard	I24-203	3	\$26.72	\$80.16	19B0377
1/11/24	Cara Oliveras	Bennie Jackson	I23-231	3	\$41.72	\$125.16	20B0671
5/1/24	Mary Jo Frattasio	Shy Samuel	I24-039	3	\$41.72	\$125.16	19A0776
1/29/24	Mary Jo Frattasio	Romeo Williams	I23-178	3	\$41.72	\$125.16	14B2281
1/17/24	Cara Oliveras	Anthony Wilmont-Francis	I23-245	3	\$41.72	\$125.16	21A1315
Total Wages						\$1,266.72	
Fringe's at 50.9% of wages						\$629.56	
TOTAL VOUCHER						\$1,896.28	

I, Holly Bolton, hereby certify that the above statement is a true and accurate account of the expenses incurred in preparing Pre-Sentence Investigations in the above stated matters.

Dated: 3/5/25

  
 Probation Director

Subscribed and sworn to before me this  
 This 5<sup>th</sup> Day of March, 2025

2025



SHANNON M. KELLY  
 Notary Public, State of New York  
 Reg. #01KE6138946  
 Qualified in Oneida County  
 My Commission Expires 12/27/2025

2024

## Personnel Services

## FRINGES

\$1,266.72 (Salaries)

OT

\$1,266.72 Total


Retirement	Per Budget Office .14 X C4	\$	177.34
Social Security	.0765 x C4	\$	96.90
Workers Comp	.028 x C4	\$	35.47
UIB	.0025 x C4	\$	3.17
Health Ins	Per Budget Office .2620 X C4	\$	316.68
	total	\$	629.56

Program Salaries		\$1,266.72
Fringes	\$	629.56
Training	\$	-
Travel	\$	-
Printing	\$	-
Total Cost	\$	1,896.28

TOTAL OF EXPENSES

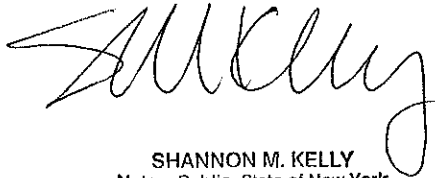
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I hereby certify that the above statement is a true and accurate account of the expenses incurred in the defense of the above matters.

  
Holly Bolton, Probation Director

Dated: 3/5/25

Sworn and subscribed to before me this  
5th day of March, 2025

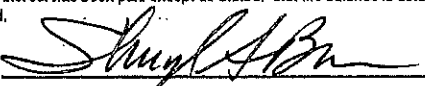


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Notary Public, State of New York  
Reg. #01KE6138946  
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State of  
New York

## STATE AID VOUCHER

Voucher No.

1. Originating Agency <b>NYS DIVISION OF CORRECTIONAL SERVICES</b>				Orig. Agency Code <b>NY032013G</b>		Interest Eligible (Y/N)					
Payment Date (MM/DD/YY)		OSC Use Only		Liability Date (MM/DD/YY)							
2. Payee ID <b>300100000</b>		Additional	Zip Code	Route	Payee Amount			MIR Date (MM/DD/YY)			
4. Payee Name (Limit to 30 spaces) <b>ONEIDA COUNTY COMPTROLLER</b>				IRS Code			IRS Amount				
Payee Name (Limit to 30 spaces)				Stat Type		Statistic		Indicator-Dept.	Indicator-Statewide		
Address (Limit to 30 spaces) <b>800 PARK AVENUE</b>						5. Ref/Inv. No. (Limit to 20 spaces) <b>A3140-3310-105 REIMBURSEMENT FROM DOCS</b>					
Address (Limit to 30 spaces)						Ref/Inv. Date (MM) (DD) (YY)					
City (Limit to 20 spaces) <b>UTICA</b>			State (Limit to 2 spaces) <b>NY</b>		Zip Code <b>13501</b>						
Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)					Amount				
		Reimbursement for services rendered and expenses incurred by the Oneida County Probation Department in preparing Pre-Sentence Investigations on DOCS inmates who committed crimes while being incarcerated in DOCS facilities in Oneida County during <p style="text-align: center;">Period 1/1/2024 - 12/31/2024</p>									
Wages: \$1,288.72      Fringes: \$629.56							TOTAL	<b>1,896.28</b>			
I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  Signature in Ink <u></u> Date <u>3/5/25</u> Title <b>DEPUTY COMPTROLLER</b>  Name of Municipality <b>ONEIDA COUNTY</b>							Less Receipts	0			
							Net	<b>1,896.28</b>			
							State Aid Claimed	<b>1,896.28</b>			
FOR STATE AGENCY USE ONLY							STATE COMPTROLLER'S PRE-AUDIT				
Merchandise Received		I certify that this claim is correct and just, and payment is approved						State Aid			
Date		Director of Financial Administration						Certified For Payment of State Aid Amount	By		
Page No.		Date					Verified				
By							Audited				
Expenditure				Liquidation							
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center	Variable	Year		Dept.	Statewide					