

d. 2025-1320 – PROBATION

**RE: CERTIFICATION OF SECTION 606 EXPENSES FOR THE ONEIDA
COUNTY PROBATION DEPARTMENT**

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

**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.

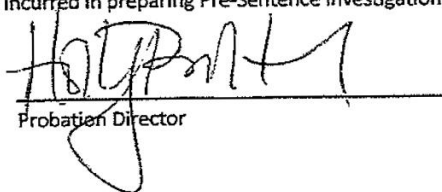
A true and accurate copy of the indictment follows the itemization of expenses for each inmate.

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 5th 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

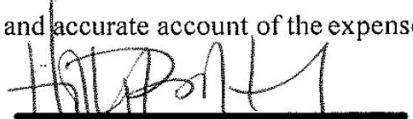
Retirement	Per Budget Office .14 X C4	\$	177.34
Social Security	.0765 x C4	\$	96.90
Workers Comp	.028 x C4	\$	35.47
UIB	.0025 x C4	\$	3.17
Health Ins	Per Budget Office .2620 X C4	\$	316.68
	total	\$	629.56

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

TOTAL OF EXPENSES

4 of 4 Pages

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

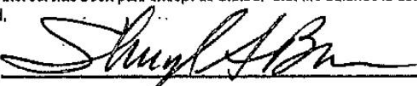


SHANNON M. KELLY
Notary Public, State of New York
Reg. #01KE6138946
Qualified in Oneida County
My Commission Expires 12/27/2025

State of
New York

STATE AID VOUCHER

Voucher No.

1. Originating Agency NYS DIVISION OF CORRECTIONAL SERVICES				Orig. Agency Code NY032013G		Interest Eligible (Y/N)					
Payment Date (MM/DD/YY)		OSC Use Only		Liability Date (MM/DD/YY)							
2. Payee ID 300100000		Additional	Zip Code	Route	Payee Amount			MIR Date (MM/DD/YY)			
4. Payee Name (Limit to 30 spaces) ONEIDA COUNTY COMPTROLLER				IRS Code			IRS Amount				
Payee Name (Limit to 30 spaces)				Stat Type		Statistic		Indicator-Depl.	Indicator-Statewide		
Address (Limit to 30 spaces) 800 PARK AVENUE						5. Ref/Inv. No. (Limit to 20 spaces) A3140-3310-105 REIMBURSEMENT FROM DOCS					
Address (Limit to 30 spaces)						Ref/Inv. Date (MM) (DD) (YY)					
City (Limit to 20 spaces) 6. UTICA			State (Limit to 2 spaces) NY		Zip Code 13501						
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: \$1,268.72 Fringes: \$629.56							TOTAL	1,896.28			
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 DEPUTY COMPTROLLER Name of Municipality ONEIDA COUNTY							Less Receipts	0			
							Net	1,896.28			
							State Aid Claimed	1,896.28			
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						Verified	Certified For Payment of State Aid Amount		
Page No.		Date						Audited	By		
By											
Expenditure				Liquidation							
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center	Variable	Year		Dept.	Statewide					

ONEIDA COUNTY BOARD OF LEGISLATORS

RESOLUTION NO.

**INTRODUCED BY: Messrs.
2ND BY: Mr.**

**RE: CERTIFICATION OF SECTION 606 EXPENSES FOR THE ONEIDA COUNTY
PPROBATION DEPARTMENT**

WHEREAS, Certain incarcerated individuals in the custody of the New York State Department of Corrections and Community Supervision (DOCCS) were charged with crimes while residing in a DOCCS Correctional Institution located in the County of Oneida, thereby requiring the Oneida County Department of Probation to prepare presentence investigation (PSI) reports on their behalf; and

WHEREAS, The Oneida County Department of Probation having prepared such PSI reports on behalf of said incarcerated individuals; and

WHEREAS, Section 606 of the Correction Law of the State of New York and 7 NYCRR Part 410 mandate reimbursement to the County of Oneida for expenses incurred in connection with the preparation of said PSI reports; and

WHEREAS, The Oneida County Department of Probation has certified to the Oneida County Board of Legislators that the expenses incurred by the Oneida County Department of Probation in connection with its preparation of said PSI reports concerning Tyrone Alston, Koron Bailey, Elijah Flowers, Dylan Foster, Luis Garcia, Daniel Hernandez, Donkavius Howard, Bennie Jackson, Shy Samuel, Romeo Williams, and Anthony Wilmont-Francis, all of whom were incarcerated individuals during the period of January 1, 2024 through December 31, 2024, amounts to the sum of \$1,896.28; and

WHEREAS, The Oneida County Board of Legislators has examined the documents provided by the Oneida County Department of Probation, and finds them to be a true and accurate account of the expenses concerning these matters; now, therefore, be it

RESOLVED, That this resolution, and the affidavit and voucher submitted on behalf of the Oneida County Department of Probation, be forwarded for payment to the Budget and Finance Office of the New York State Department of Corrections and Community Supervision as required by Section 606 of the Correction Law and 7 NYCRR Part 410.

APPROVED:

DATED:

Adopted by the following vote:
AYES NAYS ABSENT