

SVP Invoice Packet

April 23, 2026

SVP Invoices - April 23, 2026

Date Received	Vendor	I/3 Vendor #	Object	Invoice #	Description	Case Name	Amount
4/23/26	Eric Jensen	00003226504	2355	2051	Final Eval & Report	D. Bibens	\$4,000.00
4/23/26	Eric Jensen	00003226504	2355	2050	Commitment Trial	P. Bittner	\$2,400.00
4/23/26	Eric Jensen	00003226504	2355	2040	Initial Eval & Prelim Report	E. Zachmeyer	\$3,200.00
3/29/26	William. A. Schmitt Ph.D. LLC	00003101313	2355	032926	Initial Eval & Prelim Report	M. Kellett	\$3,200.00
4/2/26	William. A. Schmitt Ph.D. LLC	00003101313	2355	040226	Commitment Trial	D. Leach	\$2,400.00
3/30/26	William. A. Schmitt Ph.D. LLC	00003101313	2355	033126	Commitment Trial	Z. Marchese	\$2,400.00
4/16/26	William. A. Schmitt Ph.D. LLC	00003101313	2355	04126	Initial Eval & Prelim Report	T. Tighe	\$3,200.00
4/5/26	Dr. Tony Tatman	00003102864	2355	2026-4	Initial Eval & Prelim Report	G. Napoleon	\$3,200.00
4/18/26	Dr. Tony Tatman	00003102864	2355	2026-4b	Initial Eval & Prelim Report	S. Delacy	\$3,200.00
4/7/26	David Thornton	00003104034	2355		Commitment Trial	C. Barker	\$2,400.00
Pay Direct to Vendors:							\$29,600.00

3/24/26	Reimburse to AG's office		2453		Jill D. Hinders - Transcript	D. Garren	\$584.50
Reimburse to AG's office:							\$584.50

CDE coding: 0001-112-6201

Eric Jensen, Ph.D.
81 Kimball Terrace
Shelburne, VT 05482

ebjensen@comcast.net
Phone 352-214-2039

INVOICE

INVOICE # 2051
DATE: APRIL 23, 2026

TO:

Brianna Feldmann
Office of Iowa Attorney General
1305 E. Walnut St
Des Moines, IA 50319

REGARDING:

SVP Respondent: Dustin Bibens
[REDACTED]

DESCRIPTION	HOURS	RATE	AMOUNT
Final SVP review		Flat fee service	\$4000.00

Eric Jensen, Ph.D.
81 Kimball Terrace
Shelburne, VT 05482

ebjensen@comcast.net
Phone 352-214-2039

INVOICE

INVOICE # 2050
DATE: APRIL 23, 2026

TO:

Brianna Feldmann
Office of Iowa Attorney General
1305 E. Walnut St
Des Moines, IA 50319

REGARDING:

SVP Respondent: Phillip Bittner
ID# 6691640

DESCRIPTION	HOURS	RATE	AMOUNT
Trail prep/testimony		Flat fee service	\$2400.00

Eric Jensen, Ph.D.
81 Kimball Terrace
Shelburne, VT 05482

ebjensen@comcast.net
Phone 352-214-2039

INVOICE

INVOICE # 2040
DATE: APRIL 23, 2026

TO:

Brianna Feldmann
Office of Iowa Attorney General
1305 E. Walnut St
Des Moines, IA 50319

REGARDING:

SVP Respondent: Edward Zachmeyer
[REDACTED]

DESCRIPTION	HOURS	RATE	AMOUNT
Initial Report		Flat fee service	\$3200.00

William A. Schmitt, Ph.D.
Licensed Psychologist

PO Box 930376
Verona, WI 53593
(608) 698-2713
wschmitt55@gmail.com

INVOICE #032926
Preliminary Evaluation for Iowa §229A

Re: **Michael Kellett**

Evaluator: William A. Schmitt, PhD

Date: March 29, 2026

- Initial Evaluation/Preliminary Report was completed and submitted March 29, 2026.

Contracted fee for services rendered: \$3200.

Thank you for this interesting referral.



William A. Schmitt, Ph.D.
Licensed Psychologist

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Licensed Psychologist

PO Box 930376
Verona, WI 53593
(608) 698-2713
wschmitt55@gmail.com

INVOICE #040226
Iowa §229A Commitment Trial

Name: Dillon Leach

Evaluator: William A. Schmitt, PhD

Date: April 2, 2026

Commitment trial occurred on April 2, 2026

Contracted fee for services rendered:

\$2400

Total = \$2400

Thank you for this interesting referral.



William A. Schmitt, Ph.D.
Licensed Psychologist

William A. Schmitt, Ph.D., LLC
Licensed Psychologist

PO Box 930376
Verona, WI 53593
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INVOICE #033126
Iowa §229A Commitment Trial

Name: Zachary Marchese

Evaluator: William A. Schmitt, PhD

Date: March 30, 2026

Commitment trial occurred on March 30, 2026

Contracted fee for services rendered:

\$2400

Total = \$2400

Thank you for this interesting referral.



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Licensed Psychologist

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Licensed Psychologist

PO Box 930376
Verona, WI 53593
(608) 698-2713
wschmitt55@gmail.com

INVOICE #041626
Preliminary Evaluation for Iowa §229A

Re: **Thomas Tighe**

Evaluator: William A. Schmitt, PhD

Date: April 16, 2026

- Initial Evaluation/Preliminary Report was completed and submitted April 16, 2026.

Contracted fee for services rendered: \$3200.

Thank you for this interesting referral.



William A. Schmitt, Ph.D.
Licensed Psychologist



Invoice

Date	Invoice #
4/5/2026	2026 - 4

Bill to
Iowa Attorney General's Office

SVP 229A Evaluations			Amount
Initial Evaluation, Preliminary Report & PRC Meeting			
Respondent	Date Report Submitted	Fee (\$3,200)	\$3,200
Gene Napoleon	4/5/2026	3,200	
Interview, Final Evaluation, and Final Report			
Respondent	Date Report Submitted	Fee (\$4,000)	
Trial & Trial Preparation			
Respondent	Date Testimony Provided	Fee (In-Person \$2,400. Remote \$1,600)	
Total Amount Due			\$3,200.00

Please make payment out to:

Dr. Tony Tatman
14404 Oak Brook Dr.
Urbandale, Iowa 50323



Invoice

Date	Invoice #
4/18/2026	2026 - 4b

Bill to
Iowa Attorney General's Office

SVP 229A Evaluations			Amount
Initial Evaluation, Preliminary Report & PRC Meeting			\$3,200
Respondent	Date Report Submitted	Fee (\$3,200)	
Sean Delacy	4/18/2026	3,200	
Interview, Final Evaluation, and Final Report			
Respondent	Date Report Submitted	Fee (\$4,000)	
Trial & Trial Preparation			
Respondent	Date Testimony Provided	Fee (In-Person \$2,400. Remote \$1,600)	
Total Amount Due			\$3,200.00

Please make payment out to:

Dr. Tony Tatman
14404 Oak Brook Dr.
Urbandale, Iowa 50323

David Thornton, Ph.D.

INVOICE

4230 East Towne Blvd #115
Madison
WI 53704
USA
Phone 608-698-8406

DATE: APRIL 7, 2026

For the Attention of: Olivia McAtee, Office of the Attorney General of Iowa

Description	Amount
Testimony re Caleb Barker (04/06/2026)	\$2,400.00
Total	\$2,400.00

Payment should be by check made out to David Thornton and mailed to David Thornton, 4230 East Towne Blvd #115, Madison WI 53704

STATE OF IOWA

TP

OFFICIAL DOMICILE Polk County	TRAVEL PAYMENT	DOCUMENT NUMBER
PURPOSE OF TRAVEL: <input type="checkbox"/> NORMAL JOB DUTIES <input type="checkbox"/> MEETING <input type="checkbox"/> TRAINING <input type="checkbox"/> CONFERENCE/SEMINAR <input type="checkbox"/> STAFF DEVELOPMENT <input type="checkbox"/> OTHER (SPECIFY) _____		
<input type="checkbox"/> REQUIRED BY FEDERAL GOVERNMENT		

NAME AND HOME ADDRESS Jill D. Hinders 6423 N.W. 97th Street Johnston, IA 50131	ALTERNATE ADDRESS (send warrant to)	ACCOUNTING USE ONLY-REFERENCE ALL OTHER RELATED DOCUMENTS			
		DOC #	DATE PAID	DOC #	DATE PAID

YEAR 2026	TIME		FROM	TO	pages	RATE	CHARGE	MEALS				LODGING		TRANSPORTATION AND OTHER EXPENSES		
	LEFT	RETURNED						BREAKFAST	LUNCH	DINNER	TOTAL	REIMB	TOTAL	ACTUAL	REIMB TOTAL	CODE
6-Mar																
			IN Re the Detention of Daniel Garren, LACL079021 Zoom													
			Bench Trial, 2-17-26													
			Date Ordered: 2-20-26													
			Date Completed: 3-23-26													
			167 pages @ \$3.50 per page													
			E-Copy to AG Thomas E. Bakke													
TOTALS																

TRANS/OTHER EXPENSE: A-AIR, B-BUS/CAB, D-D PHONE, F-LOCAL PHONE, L-LAUNDRY, P-PARKING, R-REGISTRATION, S-SUPPLIES, T-TOLLS, O-OTHER SPECIFY HERE ->	DOCUMENT TOTAL	584.50
ROUTINE USES OF THIS FORM ARE TO FULFILL IRS REQUIREMENTS, IDENTIFY INDIVIDUAL CLAIMS FOR PUBLIC INSPECTION, PROVIDE THE STATE VEHICLE DISPATCHER INFORMATION, AND TO PREPARE ANNUAL SALARY BOOK	LESS ADVANCES	
	REIMBURSEMENT REQUESTED	584.50

CLAIMANT'S CERTIFICATION I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM.	AGENCY CERTIFICATION I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: CODE OR CHAPTER SECTIONS(S)
COMMUTING MILES EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N TRAVEL INCLUDES VICINITY MILES? <input type="checkbox"/> Y <input type="checkbox"/> N DIRECT DEPOSIT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N WARRANT TO ALT ADDR? <input type="checkbox"/> Y <input type="checkbox"/> N	TRAVEL AUTHORITY # / BLANKET TRAVEL #
TITLE Court Reporter	TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE)
SSN# _____ on file	AGENCY AUTHORIZED SIGNATURE
CLAIMANT'S SIGNATURE Jill D. Hinders	DATE 3/24/2026

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																	
DOC TYPE	DOC NUMBER	DOC DATE	ACCTG PRD	BUD FY	DOC TYPE 1=REF TO TE DOC, 2=NEW	ACTION	REFERENCE TE DOC	DOC TOTAL	I / D (MODIFICATIONS ONLY)								
TRAVEL CODE	ADDR OVERRIDE Y/N	SSN/EMPLOYEE ID	EFT IND Y/N	TRIP DATES FROM	TO	COMMENTS	PURP	DESTINATIONS									
LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	NAME	CODE	SSN / TIN	DESC	AMOUNT	I / D	CLOSED?
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
DOCUMENT TOTAL																	

WARRANT # TP 07-41U IFAS TP (3/99)	AUDITED BY	PAID DATE
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