

**Arizona Supreme Court
Administrative Office of the Courts
Juvenile Justice Services Division**

**INDEPENDENT PRACTITIONER
CONTRACT AMENDMENT NUMBER: 2**

Contractor Name: Dease, Iona B.

Contract Number: 913

Solicitation Reference: CY 09-10

Permissible Contract Extensions: 2

Contract Extensions Executed: 2

Original Contract Start Date: July 1, 2009

Extended Contract Start Date: July 1, 2012

Original Contract Expiration Date: December 31, 2010

Extended Contract Expiration Date: June 30, 2014

Contractor's Authorized Representative:

Name: Iona B. Dease

Phone: (480) 926-4089

Mailing Address: 632 West Horseshoe Avenue
Gilbert, Arizona 85233-6371

Fax: (480) 926-4916

Email: ibdcvr@yahoo.com

Contract Amendment Action:

- Extension
- Termination
- Service Change
- Compensation
- Special Term and Condition
- Address/Contact Information
- Other

Amendment Detail:

The Contractor and the Arizona Supreme Court amend the above-referenced Contract as specified in Section I below. All other requirements of the Contract are unchanged and remain in effect. Section II restates **for the Contractor's convenience** the services, compensation, special terms and conditions, and other changes to the Contract established in the Attachment A and previous Contract Amendments and Change Orders. To the extent that Section II is inconsistent with the Attachment A and previous Contract Amendments and Change Orders, Attachment A and the previous Amendments and Change Orders prevail.

**Arizona Supreme Court . Administrative Office of the Courts . Juvenile Justice Services Division
Amendment to Contract Form for Independent Practitioner**

Dease, Iona B.

Contract No.: 913

SECTION 1 - AMENDMENT

SERVICE	SERVICE CODE	COMPENSATION	EFFECTIVE DATE	COUNTY	SPEC. CONDS.
---------	--------------	--------------	----------------	--------	--------------

SPECIAL TERMS AND CONDITIONS:

Note: Due to extenuating circumstances, the effective date of a new or modified service may precede the date that the Contract Officer signed this Amendment. In signing this Amendment, the Contract Officer acknowledges that the Officer's designee verbally authorized the Contractor to begin providing the service before final execution of this Amendment, or ratifies that action.

SECTION II - RESTATEMENT OF SERVICES, COMPENSATION, SPECIAL TERMS AND CONDITIONS, AND OTHER CHANGES TO THE CONTRACT ESTABLISHED IN THE ATTACHMENT A AND PREVIOUS CONTRACT AMENDMENTS AND CHANGE ORDERS. (NOTE: The information set forth below does not include the changes established in Section I of this amendment.)

SERVICE	SERVICE CODE	COMPENSATION	EFFECTIVE DATE	COUNTY	SEPC. CONDS.
---------	--------------	--------------	----------------	--------	--------------

Evaluation and Diagnosis

Comprehensive Assessment	123	160.00 / assessment	07 / 01 / 09	12	
Substance Abuse Assessment	128	160.00 / assessment	07 / 01 / 09	12	

Outpatient Mental Health

Counseling: Individual	135	65.00 / hour	07 / 01 / 09	12	
Counseling: Family	137	65.00 / hour	07 / 01 / 09	12	
Counseling: Group	138	30.00 / hour / client	07 / 01 / 09	12	
Counseling: Home Based	140	70.00 / hour	07 / 01 / 09	12	
Counseling: Multi-Family Group	146	30.00 / hour / family	07 / 01 / 09	12	

**Arizona Supreme Court . Administrative Office of the Courts . Juvenile Justice Services Division
Amendment to Contract Form for Independent Practitioner**

Dease, Iona B.

Contract No.: 913

SERVICE	SERVICE CODE	COMPENSATION	EFFECTIVE DATE	COUNTY	SEPC. CONDS.
---------	--------------	--------------	----------------	--------	--------------

Ancillary Services

Professional Consultation	180	20.00 / 15 minutes	07 / 01 / 09	12
---------------------------	-----	--------------------	--------------	----

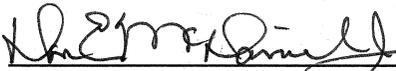
Substance Abuse Services

Counseling: Individual	225	65.00 / hour	07 / 01 / 09	12
Counseling: Group	226	30.00 / hour / client	07 / 01 / 09	12
Counseling: Family	228	65.00 / hour	07 / 01 / 09	12
Counseling: Home Based	229	70.00 / hour	07 / 01 / 09	12
Counseling: Multi-Family Group	232	30.00 / hour / family	07 / 01 / 09	12

SPECIAL TERMS AND CONDITIONS:

<p>AOC Contract Officer</p> <p>_____</p> <p>Date: _____</p>	<p>Contractor's Authorized Representative</p> <p>_____</p> <p>Date: _____</p>
--------------------------------------------------------------------	--------------------------------------------------------------------------------------

GILA COUNTY



Don E. McDaniel, Jr., County Manager

Date: 8/15/12