Legislation Details (With Text)

File #:	21-2709	**Version:**	1	**Name:**	
Type:	Request for approval			**Status:**	Passed
File created:	6/1/2021			**In control:**	Commissioners Court
On agenda:	6/8/2021			**Final action:**	6/8/2021
Title:	Request for approval of an order authorizing settlement in connection with Harris County, Texas v. Diane Waymire Maynard; Cause No. 2016-70903; In the 189th District Court of Harris County, Texas; CAO File# 16EMD0059.				
Sponsors:					
Indexes:					
Code sections:					
Attachments:					

Date	Ver.	Action By	Action	Result
6/8/2021	1	Commissioners Court		

To: Harris County Commissioners Court

Through: Director Name, Title, Department
Prepared By: Bridget Johnson, Executive Assistant, County Attorney Office

Subject: Settlement of a lawsuit: Harris County, Texas v. Diane Waymire Maynard; Cause No. 2016-70903; In the 189th District Court of Harris County, Texas; CAO File# 16EMD0059.
Project ID (If applicable]:

Purpose and Request:
Request for approval of an order authorizing settlement in connection with Harris County, Texas v. Diane Waymire Maynard; Cause No. 2016-70903; In the 189th District Court of Harris County, Texas; CAO File# 16EMD0059.

Background and Discussion:
[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]

Fiscal Impact:
[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

Fiscal Summary

Expenditures	**FY 20-21**	**FY 21-22 Projected**	**Future Years Projected [3 additional years]**
Service Impacted: *[Plea division where expenditur*			
Existing Budget			
Additional Appropriation R			
Total Expenditures			
Funding Sources			
Existing Department Budg			
Please Identify Funding S Special Revenue, Grant, I			
[INSERT FUNDING SOUI			
Total Sources			

Alternatives:

[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]

Alignment with Strategic Objective:

[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]

Attachments:

[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]