



## Legislation Details (With Text)

**File #:** 24-2425      **Version:** 1      **Name:**

**Type:** Financial Authorization      **Status:** Passed

**File created:** 4/12/2024      **In control:** Commissioners Court

**On agenda:** 4/23/2024      **Final action:** 4/23/2024

**Title:** Request for approval of an Order Authorizing Settlement in connection with Jose Romero v. Harris County, Texas; Cause No. 2018-62256; In the 333rd Judicial District Court in Harris County, Texas.

**Sponsors:** Bridget Johnson

**Indexes:**

**Code sections:**

**Attachments:**

| Date      | Ver. | Action By           | Action | Result |
|-----------|------|---------------------|--------|--------|
| 4/23/2024 | 1    | Commissioners Court |        |        |

**Department:** County Attorney  
**Department Head/Elected Official:** Christian D. Menefee

**Regular or Supplemental RCA:** Regular RCA  
**Type of Request:** Financial Authorization

**Project ID (if applicable):** N/A  
**Vendor/Entity Legal Name (if applicable):** N/A

**MWDBE Contracted Goal (if applicable):** N/A  
**MWDBE Current Participation (if applicable):** N/A  
**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**  
Request for approval of an Order Authorizing Settlement in connection with Jose Romero v. Harris County, Texas; Cause No. 2018-62256; In the 333<sup>rd</sup> Judicial District Court in Harris County, Texas.

**Background and Discussion:** N/A

**Expected Impact:** N/A

**Alternative Options:** N/A

**Alignment with Goal(s):** N/A

- \_ Justice and Safety
- \_ Economic Opportunity
- \_ Housing
- \_ Public Health
- \_ Transportation
- \_ Flooding
- \_ Environment
- \_ Governance and Customer Service

**Prior Court Action** (if any): **N/A**

| Date | Agenda Item # | Action Taken |
|------|---------------|--------------|
|      |               |              |

**Location:** **N/A**

Address (if applicable):

Precinct(s): Choose an item.

### Fiscal and Personnel Summary

|                                                                                 |                          |           |       |                    |
|---------------------------------------------------------------------------------|--------------------------|-----------|-------|--------------------|
| Service Name                                                                    |                          |           |       |                    |
|                                                                                 | Current Fiscal Year Cost |           |       | Annual Fiscal Cost |
|                                                                                 | Labor                    | Non-Labor | Total | Recurring Expenses |
| <b>Funding Sources</b>                                                          |                          |           |       |                    |
| <b>Existing Budget</b>                                                          |                          |           |       |                    |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Total Current Budget                                                            | \$                       | \$        | \$    | \$                 |
| <b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> ) |                          |           |       |                    |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Choose an item.                                                                 | \$                       | \$        | \$    | \$                 |
| Total Additional Budget Request                                                 | \$                       | \$        | \$    | \$                 |
| <b>Total Funding Request</b>                                                    | \$                       | \$        | \$    | \$                 |
| <b>Personnel</b> (Fill out section only if requesting new PCNs)                 |                          |           |       |                    |
| Current Position Count for Service                                              | -                        | -         | -     | -                  |
| Additional Positions Request                                                    | -                        | -         | -     | -                  |
| <b>Total Personnel</b>                                                          | -                        | -         | -     | -                  |

**Anticipated Court Date:** N/A

**Anticipated Implementation Date (if different from Court date):** N/A

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Bridget Johnson, Executive Assistant & Agenda Coordinator, Office of the County Attorney Christian D. Menefee

**Attachments** (if applicable): Settlement Release & Order