



## Legislation Text

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**File #:** 21-6582, **Version:** 1

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**Department:** Auditor

**Department Head/Elected Official:**

Michael Post

**Regular or Supplemental RCA:** Supplemental RCA

**Type of Request:** Financial Authorization

**Project ID** (if applicable): NA

**Vendor/Entity Legal Name** (if applicable): NA

**MWDBE Participation** (if applicable): NA

**Request Summary (Agenda Caption):**

Request by the Auditor for approval of a claim made payable to The Lewis Law Group, PLLC, Shewanna Phillip, Kilvain Phillip, and Lyric Phillip in the amount of \$488,000, and an additional claim made payable to Mutual of Omaha Structured Settlement Company for D.E.P. (a minor) in the amount of \$112,000, subject to the approval of a request made by the Harris County Attorney that Commissioners Court settle the lawsuit of Shewanna Phillip et al. v. Harris County et al. Case No. 4:18-cv-1586 for a total amount of \$600,000.

**Background and Discussion:**

**Expected Impact:**

**Alternative Options:**

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation

- Flooding
- Environment
- Governance and Customer Service

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name			
	<b>FY 21-22</b>	<b>FY 22</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Implementation Date:**

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

**Contact(s) name, title, department:** Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office

**Attachments** (if applicable):