

Harris County, Texas

1001 Preston St., Suite 934 Houston, Texas 77002

Legislation Text

File #: 21-6582, Version: 1

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.

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

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

- $_$ Flooding
- _ Environment
- _X Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): Precinct(s): Countywide

Fiscal and Personnel Summary			
Service Name			
•	FY 21-22	FY 22	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in tho	ousands or millions	s)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s in thousands o	r millions)	
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Additional Budget Requested	\$	\$	\$
Total Funding Sources	\$	\$	\$
Personnel (Fill out section only if reques	ting new PCNs)	•	<u>.</u>
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Implementation Date:

File #: 21-6582, Version: 1

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):