



Legislation Text

File #: 23-0688, **Version:** 1

Department: Probate Courts

Department Head/Elected Official: Pamela Medina

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 by Probate Court No. 2 for approval of a subscription to an online public data search company for staff to perform criminal and background checks on potential guardians.

Background and Discussion:

Bill has been paid using court's credit card but request was rejected due to needing commissioner's court approval.

Expected Impact: n/a

Alternative Options: n/a

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): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$500.00	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write values in thousands or millions)			
Existing Budget			
1000 - General Fund	\$500.00	\$	\$
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 requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Court Date:**Anticipated Implementation Date (if different from Court date):****Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item**Contact(s) name, title, department:** Maria Y. Lopez

Attachments (if applicable): Public Data's Receipt from credit card payment