

DEPARTMENT: DISTRICT ATTORNEY

BY: ROBERT H. BROWN

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**RECOMMENDED ACTION AND JUSTIFICATION:**

Request the Mariposa County Board of Supervisors to adopt a resolution approving the memorandum of understanding with John C. Fremont Healthcare District and the Mariposa County District Attorney's Office, regarding services to draw blood on suspected DUI and drug cases, for the period of February 14, 2006, through February 13, 2007.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

This has been an ongoing memorandum of understanding with John C. Fremont Healthcare District and the Mariposa County District Attorney's Office since 1996.

There are no county monies used to pay for these blood draws. The Court collects lab fees from each conviction.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Negative action would result in having to locate a new facility to provide services for drawing blood on suspected DUI and drug cases.

Financial Impact? ( ) Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? ( ) Yes ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively: _____
Additional Funding Needed: \$ _____		Memorandum of Understanding, 2 pages _____
Source: _____		_____
Internal Transfer _____		_____
Unanticipated Revenue _____ 4/5's vote		_____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
( ) General ( ) Other		_____

**CLERK'S USE ONLY:**

Res. No.: 06-41 Ord. No. \_\_\_\_\_  
 Vote - Ayes: 5 Noes: \_\_\_\_\_  
 Absent: \_\_\_\_\_  
 Approved  
 Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.  
Date: \_\_\_\_\_  
Attest: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California

By: \_\_\_\_\_  
Deputy

**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAO: Rob