

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, with an effective date of September 2004.

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. The new MOU will increase the cost for each blood draw from \$50.00 to \$60.00. John C. Fremont Healthcare District has not increased their fees in nine (9) years. There are no county monies used to pay for these blood draws. The Court collects lab fees for 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.: 05-69 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
MW 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: RH

*cc: Auditor
Co. Counsel*