



RESOLUTION NO. _____

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

DISCHARGING ACCOUNTABILITY FOR UNPAID COUNTY DEBTS

WHEREAS the attached debts have been determined to be uncollectible and, in most cases, applicable statute of limitations have expired; and

WHEREAS Government Code sections 25257 through 25259 authorize the Board of Supervisors to discharge the department of accountability for the collection of debtor accounts owed to the County for the reasons that the amount is too small to justify the cost of collection, the likelihood of collection does not warrant the expense involved, or the amount has been otherwise lawfully compromised or adjusted.

NOW, THEREFORE, IT IS HEREBY RESOLVED that the El Dorado County Board of Supervisors, pursuant to Government Code sections 25257 through 25259, finds that the likelihood of collection of the attached list of debts does not warrant the expense involved in collection, and therefore the Health Services Department, Mental Health Division, is discharged from accountability for the collection of the attached debtor accounts, and the County Auditor is directed to adjust any charge against said department. Such discharge from accountability for collection does not constitute a release of any person from liability for payment of any amount.

VERIFICATION

I, DIANA BUCKLEY, Chief Fiscal Officer, of the Department of Health Services for El Dorado County, hereby verify that I have reviewed the attached debts submitted herein for discharge of accountability pursuant to Government Code sections 25257 through 25259 by the El Dorado County Board of Supervisors. I hereby verify on information and belief that the information contained herein is true and correct to the best of my knowledge, based on my job duties and review of the accounts prior to signing this verification.

Dated: _____

DIANA BUCKLEY

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held on the ____ day of _____, 2009, by the following vote of said Board:

Ayes:

ATTEST
SUZANNE ALLEN DE SANCHEZ
Clerk of the Board of Supervisors

Noes:

Absent:

By _____

Deputy Clerk

Chairman, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE

Date _____

ATTEST: SUZANNE ALLEN DE SANCHEZ, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By _____
Deputy Clerk

By _____
Deputy Clerk