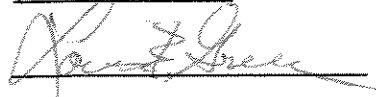


CONTRACT ROUTING SHEET

Date Prepared: 1/26/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: County Counsel
Dept. Contact: Lou Green
Phone #: (530) 621-5770
Department Head Signature: 

CONTRACTOR:

Name: Diepenbrock Harrison
Address: 400 Capitol Mall #1800
Sacramento, CA 95814
Phone: (916) 492-5000

CONTRACTING DEPARTMENT: County Counsel

Service Requested: Legal Counsel for Legal Services

Contract Term: _____

Compliance with Human Resources Requirements? ()

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 1/26/07 By: ABG
Approved: _____ Disapproved: _____ Date: _____ By: _____

Assignment

Date: _____
Atty: _____
Index #: _____
By: _____

FORWARD TO RISK MANAGEMENT? YES

RISK MANAGEMENT: (All contracts & MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 1/26/07 By: J. Coletto
Approved: _____ Disapproved: _____ Date: _____ By: _____

Conditionally approved on receipt of proof of insurance

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

07 JAN 26 11:15 AM '07