

CONTRACT ROUTING SHEET

Date Prepared: 6/24/14

Need Date: _____

PROCESSING DEPARTMENT:

Department: Child Support Services
Dept. Contact: Ginger Harms
Phone #: ext. 7238
Department
Head Signature: *Rebecca Hiles*
Rebecca Hiles, Interim
Director

CONTRACTOR:

Name: Superior Court of El Dorado
Address: 2850 Fairlane Ct., Building C
Placerville, CA 95682
Phone: 530-621-7453

CONTRACTING DEPARTMENT: Child Support Services

Service Requested: Court will refer Juvenile Dependency Counsel cases to Revenue Recovery for collection

Contract Term: 3 years effective 7/1/14 Contract Value: 25% of collection

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: *X* Disapproved: _____ Date: 6/26/14 By: *[Signature]*

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

Routing sheet says Contract term 3 yrs effective 7/1/14. Paragraph 5 a on page 3 of 6 says Contract term is 2 years.

EL DORADO COUNTY COUNSEL
2014 JUN 25 PM 3:35

Please call Ginger Harms at #7238 when ready for pick up.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

N/A – Superior Court of El Dorado _____

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

Departments: _____

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

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