ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

					Date of Request: _	July 19 2011	
Ple	ease mark one:	x ☐ Bill Request	or	☐ Resolution F	_	July 17, 2011	
1.	Has your agency submitted this request in the last 12 months?						
	☐ Yes	x□ No					
	_	_					
	If yes, please explain:						
2.	Title: State of Colorado Judicial Department reimbursement to Denver County Court Probation for alcohol evaluations.						
3.	Requesting Agency	y: Denver County Court					
4.	Contact Person: Name: Matt N Phone: 720 8 Email: matt.r						
5.	Name: Matt NPhone: 720 8						
Ju	Idicial Department wourt Probation Depa	the following fields: (Incomple	Court for al	cohol evaluation se	ervices rendered by t	he Denver County	
	enter N/A for that field.)						
		Control Number: RC01037					
	b. Duration:c. Location:	• • • • • • • • • • • • • • • • • • • •	2012				
		Council District: All					
	e. Benefits: alcohol asses	The ADDS funding from S sments on DUI offenders. D and education classes as it r	OUI offenders	on probation are	eligible for vouchers	to assist in paying	
			- /-				
7.	Is there any contro explain. None.	oversy surrounding this ordin	ance? (Group	os or individuals who	nay have concerns at	bout it?) Please	
		To be comp	oleted by May	or's Legislative Tear	n:		
SIRE Tracking Number:				Date Entered:			