

## LEGAL REQUEST MEMORANDUM (LRM)

From: (Name) Devaney Kristina (Dept) COUT	+ House	
Last First (Title) Court Operations Manager	(Phone)	352-401-6796
Signature	Date	06/25/2024
The Office of the County Attorney is requested to provide legal assistant supporting documents (attached).	ce as detailed in t	his legal request and
Request for:  New Document  Review & Comment  ✓ Approve as to Form  Other	nt RESUBMIT LRM No.	
Description of Request		
Programs, Bureau of Justice Assistance, "Comprehensive Opioid, Stimulant, and Subst Marion County to expand the services of the Family Treatment Courts.  Budget Impact: Up to \$1,300,000.00 grant award for the 3 years for Family Treatment		Program" FY24 on behalf of
For more information or discussion, contact: Same as above		
(Name) (Title)	(Phone)	
Last First		
Agenda Item? ✓ Yes No Agenda Date: 07/02/202	4	
Agenda Deadline Date for <b>Legal:</b> Agenda Deadline D	da Deadline Date for <b>Admin:</b>	
Note: Please allow a MINIMUM of 5 working days BEFORE deadline	s for LRM to be com	pleted.
DO NOT COMPLETE - Office of the County Atto	orney use ONLY	d Section des visites de l'implication d
LRM No. 2024-545		
	omas Schwartz County Attorney	Valdoston Shealey Asst. County Attorney
Outcome:	Date Received:	
Approved as to form and legal sufficiency		<u> </u>
Approved with revisions: Suggested Completed	RECEIVEL	
Attorney Signature: hours Albumber Da		Attorney- AT at 8:26 am, Jun 25, 2024
Staff Signature: Church Date: 6125124 Returned: \[Contract \]	Department \( \) Ac	lmin 🗀
Completed	id III III III III III III III III III I	Rev 11/22/2023