

DV  
HSS  
Adrienne

# Legislative Review Form – Ordinance 3



**King County**

2015-408

Merging  
DCHS FMHCA  
to create  
behavioral  
health  
dept

Agency: DCHS Contact person Adrienne Quinn Phone 263-1491

Ordinance ☒ Motion ☐ Proviso ☐ Report ☐ Other ☐

## Civil Division Prosecuting Attorney Review

Name Mike Sinsky Version Final Date 9/29/15

## Dept. Director or Designee Review

Name Adrienne Quinn Version Final Date 10/2/15

## Performance Strategy & Budget Office Review

Name Emmy McInnell Version final Date \_\_\_\_\_

## Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name Bruce Ritzen Version Final Date 9/29/15

## Executive Office Review & Transmittal Approval

Name Michelle Allison Version final Date \_\_\_\_\_

RECEIVED  
2015 OCT 12 PM 4:08  
CLERK  
KING COUNTY COUNCIL

## ENTRANCE CRITERIA REVIEW

### EXEC OFFICE (initials) KCC CLERK

Fiscal note?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>
Costs identified/described in letter	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>
Regulatory Note Required and Complete?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>
Any special circumstances affecting processing time?	Y <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>

Other background information not included in transmittal letter, including explanation of impact to cities, county agencies, or stakeholders