

DV  
H3S  
Abstract form

# Legislative Review Form – Ordinance 4



## King County

2015-40

Creating  
Behavioral  
health advisory  
board

Agency: DCHS Contact person Adrienne Quinn Phone 263-1491

Ordinance X  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 McLonnell Version final Date

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

### 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 Date

### ENTRANCE CRITERIA REVIEW

**EXEC OFFICE (initials) KCC CLERK**

	Y	NA		Y	NA	
Fiscal note?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KC Strategic Plan reference in letter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proof read for spelling and grammar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All pertinent attachments listed/labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO
Costs identified/described in letter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO
Regulatory Note Required and Complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO
Formatted/Delivered in word-searchable doc format?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Potential Annexation Area (PAA) impacts identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO
Advertising required? if yes, cite all pertinent code/laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO
Any special circumstances affecting processing time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO

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