

LEGISLATIVE FACT SHEET

DATE: 11/16/16

BT or RC No: BT17-037BT
(Administration & City Council Bills)

SPONSOR: Court Administration - Judicial Courts
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Chuck Patterson, Admin Services Manager

Provide Name: Pamela Trent, Court Admin - Fourth Judicial Circuit

Contact Number: 904-255-1005

Email Address: Ptrent@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

To assist the Courts in disposing of 3,850 cases as mandated by the District Court of Appeal. The funds will be used to hire contract attorneys to support the courts Judicial Staff Attorneys in expediting these cases. Post Conviction Relief - Florida Rules of Criminal Procedure 3.850 provide relief for defendants seeking to vacate or set aside a sentence.

APPROPRIATION: Total Amount Appropriated \$450,000.00 as follows:

List the source **name** and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

| | | |
|-----------------------------------|-------------|---------------|
| Name of Federal Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|----------------------------------|-------------|---------------|
| Name of State Funding Source(s): | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|---|---------------------------|----------------------|
| Name of City of Jacksonville Funding Source(s): | From: Cash Carryover | Amount: \$450,000.00 |
| | To: Professional Services | Amount: \$450,000.00 |

| | | |
|----------------------------------|-------------|---------------|
| Name of In-Kind Contribution(s): | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|-----------------------------------|-------------|---------------|
| Name & Number of Bond Account(s): | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

Funding will assist the courts in disposing of 3,850 cases as mandated by the District Court of Appeal. Funds will be used to hire contract attorneys to support our Judicial Staff Attorneys in expediting these cases. Funding is provided through a \$65 court cost fee per Florida Statute 939.185. No match funding required by the City of Jacksonville.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

| | Yes | No | |
|--------------------------------|-------------------------------------|-------------------------------------|---|
| Emergency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Justification of Emergency: If yes, explanation must include detailed nature of emergency. |
| Federal or State Mandate? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. |
| Fiscal Year Carryover? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year sub fund carryover language. <i>This is an all year fund. A any carryover would occur by budget process</i> |
| CIP Amendment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. |
| Contract / Agreement Approval? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? |
| Related RC/BT? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Attachment: If yes, attach appropriate RC/BT form(s). |
| Waiver of Code? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. |
| Related Enacted Ordinances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper. |

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

| | Yes | No | |
|---------------------------------|--------------------------|-------------------------------------|---|
| Continuation of Grant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund? |
| Surplus Property Certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attachment: If yes, attach appropriate form(s). |
| Reporting Requirements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports. |

Division Chief: Joseph D. Stelma
 (signature)
 Joseph Stelma, Trial Court Administrator

Date: 11/15/16

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Joseph Stelma, Trial Court Administrator

(Name, Job Title, Department)

Phone: _____

E-mail: jstelma@coj.net

From: Pamela Trent

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-255-1005

E-mail: Ptrent@coj.net

Primary Contact: Chuck Patterson

(Name, Job Title, Department)

Phone: 904-255-1009

E-mail: Cpatterson@coj.net

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

E-mail: psidman@coj.net

From: _____

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: _____

E-mail: _____

Primary Contact: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED