

JMed  
BEM  
Soo Koo

# Legislative Review Form

Supplemental  
for behavioral  
health



## King County

2015-405

Agency: DCHS Contact person Adrienne Quinn Phone 206-263-9100

Ordinance  Motion  Proviso  Report  Other

### Civil Division Prosecuting Attorney Review

Name Peggy Pahl Version Final Date 10/7/15

### Dept. Director or Designee Review

Name Adrienne Quinn Version Final Date 10/1/15

### Performance Strategy & Budget Office Review

Name Emmy McConnell Version final Date

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

Name Bruce Ritzen Version Final Date 10/7/15

### Executive Office Review & Transmittal Approval

Name Michelle Allison Version final Date

RECEIVED  
2015 OCT 12 PM 4: 07  
CLERK  
KING COUNTY COUNCIL

## ENTRANCE CRITERIA REVIEW

**EXEC OFFICE (initials) KCC CLERK**

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

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