

DEPARTMENT: County Clerk BY: Lynne Robinson PHONE: 966-2005

**RECOMMENDED ACTION AND JUSTIFICATION:** (Policy Item: Yes \_\_\_ No X)  
Penal Code Section 933(c) requires Board comment on Final Report of the Grand Jury to Superior Court Judge no later than 90 days after the report has been filed and comment by elected officials no later than 60 days after the report has been filed. The final Report was filed with this office on June 23, 1992. It is recommended that the Board set August 24th, 1992 as the date by which elected officials are to respond to the Grand Jury Report, with a copy of each response to be forwarded to the Board; that September 21, 1992 be set as the date by which the Board must respond in order to meet the County requirement; and that the Administrative Officer and the County Clerk be directed to forward the report to the department heads, notifying them of the date by which responses are due. NOTE: Grand Jury reports distributed to Board members and County Administrator in the afternoon of June 23, 1992.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**  
This is an annual routine action.

**LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**  
Non-compliance with Code.

**COSTS:** ( ) Not Applicable  
A. Budgeted current FY \$ \_\_\_\_\_  
B. Total anticipated costs \$ \_\_\_\_\_  
C. Required add'l funding \$ \_\_\_\_\_  
D. Source: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**  
List the attachments and number pages consecutively:  
\_\_\_\_\_  
Penal Code Section 933(c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOURCE:** ( ) 4/5ths Vote Required  
A. Internal transfers \$ \_\_\_\_\_  
B. Unanticipated revenues \$ \_\_\_\_\_  
C. Reserve for Contingency \$ \_\_\_\_\_  
D. Description: \_\_\_\_\_  
Balance in Reserve for Contingency if approved: \$ \_\_\_\_\_

**CLERK'S USE ONLY:**  
Res. No.: 92-377  
Ord. No.: \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_ Abstained: \_\_\_\_\_  
*MWS* Approved ( ) Denied  
( ) Minutes Order Attached

**ADMINISTRATIVE OFFICER'S RECOMMENDATION:**  
This item on agenda as:  
 Recommended  
\_\_\_\_ Not Recommended  
\_\_\_\_ For Policy Determination  
\_\_\_\_ Submitted With Comment  
\_\_\_\_ Returned for Further Action

The foregoing instrument is a correct copy of the original on file in this office.

Date: \_\_\_\_\_  
ATTEST: MARGIE WILLIAMS  
County of Mariposa, State of CA  
By: \_\_\_\_\_  
Deputy

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
A.O. Initials: 