

CRIMINAL JUSTICE MEETING  
PROBATION AGENDA  
12/1/11

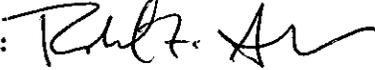
- I. Committee Meeting called to Order by Chairman
- II. Motion to approve minutes prior to Committee Meetings
- III. Action Agenda
  - **Request** – Resolution Request to transfer funds from Reserve for Probation account, Custody Investigation fees, (\$10,300) and Salaries Overtime (\$1350) to Office Equipment (\$9,700) and Office Supplies (\$1950) to purchase a new server and related software to handle upgrades to our caseload management system. Our Department has consulted with the I.T. Department regarding this upgrade.  
  
**Rational** – A higher functioning server is needed to accommodate the technical upgrades to Caseload Explorer, our caseload management system.
- IV. OLD BUSINESS  
None
- V. TOPICS TO BE REPORTED ON/DISCUSSIONS/UPDATE
  - \* Governor’s Traffic Safety Committee (GTSC) Ignition Interlock Device Monitoring Award (\$25,683) split between Probation Department and District Attorney’s Office for time period of 10/1/11 to 9/30/12.
  - \* Raising Age of Criminal Responsibility to 18 (Please see attached documents)

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** Probation Department

**SIGNED:** 

**DATE:** 12/1/11

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3140.883.00	Reserve For Probation	A.3140.220	Office Equipment	\$9,700.00
A.3140.883.00	Reserve for Probation	A. 3140.410	Office Supplies	\$ 900.00
A.3140.120	Salaries – Overtime	A.3140.410	Office Supplies	\$1,350.00

**Please state reason for transfers requested: to purchase a new server and software to handle upgrades to our caseload management system.**

**\*Please note: All amounts must be in whole dollars – no cents.**

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

**Please state reason for transfer request:**

**Please file original request with Clerk of the Board and retain copy for your records.**

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

**TO:** JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

**FROM:** District Attorney's Office  
Name of Department

**SIGNED:**  **DATE:**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 1165 130	Part Time Salaries	A. 1165 440	Legal / Transcription	\$5,047.00

**Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx**

**Please state reason for transfers requested:** Running low in 400 codes.

**\*Please note: All amounts must be in whole dollars – no cents.**

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

**Please state reason for transfer request:**

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