

DEPARTMENT: Sheriff

BY: Brian Muller  
PHONE: 966-3615

**RECOMMENDED ACTION AND JUSTIFICATION:** Request review and approval of service contract with Forensic Nurse Specialists of Central California, Inc. for sexual assault examination services.

Due to the technical and medical expertise required as part of a sexual assault investigation, it is desirable to utilize medical professionals who possess the skills and equipment to perform and record the examination process. Due to these specialized needs it has been necessary in the past to transport victims to Fresno area hospitals so that the necessary examinations could be completed. This procedure is both inconvenient and time consuming for the victim, Law Enforcement and Victim Advocates.

Forensic Nurse Specialists of Central California possesses both the personnel and equipment necessary to perform these crucial forensic examinations. Forensic Nurse Specialists is able to perform the examinations at Mercy Dominican Hospital in Merced, which is of greater convenience for the victim and investigating personnel. A representative from Forensic Nurse Specialists has met with members of the sheriff's office, D.A.'s Office, Child Protective Services and Mountain Crisis Services. All agencies agree that this service would benefit the victim and involved agencies.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:** A contract currently exists between the sheriff's office and Forensic Nurse Specialists of Central California but is due to expire on June 30, 2006.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:** If the contract is not approved, Forensic Nurse Specialists of Central California will continue to provide services to the sheriff's office, however the contract will ensure that the cost for services will remain unchanged for the duration of the contract.

Financial Impact? ( ) Yes (X) No	Current FY Cost: \$ 0	Annual Recurring Cost: \$0
Budgeted In Current FY? (X) Yes ( ) No ( ) Partially Funded		
Amount in Budget:	\$ _____	See attached service contract agreement
Additional Funding Needed:	\$0 _____	_____
Source:		_____
Internal Transfer	_____	_____
Unanticipated Revenue	_____ 4/5's vote	_____
Transfer Between Funds	_____ 4/5's vote	_____
Contingency	_____ 4/5's vote	_____
( ) General ( ) Other		_____

**CLERK'S USE ONLY:**  
Res. No.: 06-249 Ord. No. \_\_\_\_\_  
Vote - Ayes: 5 Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_  
Approved \_\_\_\_\_  
( ) Minute Order Attached ( ) No Action Necessary

**COUNTY ADMINISTRATIVE OFFICER:**  
 Requested Action Recommended  
 No Opinion  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The foregoing instrument is a correct copy of the original on file in this office.  
Date: \_\_\_\_\_  
Attest: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
By: \_\_\_\_\_  
Deputy

CAO: 