(Return in triplicate) <u>FIS</u>	CAL NOTE	
Bill/Resolution No.:	Amendment to: HB 1191	
Requested by: Legislative Coun	cil_ Date of Receipt:2/17/89	
Please estimate the fiscal impa	ct of the above measure for:	
X State general or special for	unds Counties Citi	es
In the following space note the measure:	fiscal effect in dollars of thi	s
Narrative:		
	ments for rehabilitation services. Th and insure uniformity in rehabilitati	
State Fiscal Effect:		
1989-90 General Special Genera	1990-91 Biennium Tot 1 Special General Sp	al ecial
Fund Funds Fund		unds_
County and City Fiscal Effect:		
	990-91 Biennium Tota	
<u>Counties</u> <u>Cities</u> <u>Counti</u>	<u>es Cities Counties Ci</u>	ties
If additional space is needed,	Signed A	
attach a supplemental sheet.	Typed Name Randy Hoffman	
Date Prepared: 2/19/89	Department Workers Compensa	ation