## FISCAL NOTE

(Re	turn ori	ginal and	lO copies)			
Bil	l/Resolu	tion No.: _	нв 1239	Amendment	to:	
Req	uested b	y Legislati	ve Council	Date of R	equest: 1-	15-97
1.	Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.					
	attorne in disc to the will ha	ys fees aga ipline case Attorney Ge	inst podiates. This, incral's Off fiscal imp	e will permit rists as part n turn, will ice for servi act on the st	of the civ facilitate ces rendere	ril penalty payments d. It
2.	State f	iscal effec	t in dollar	amounts:		
		1995- <u>Bienn</u> General <u>Fund</u>	ium Special	1997-99 <u>Biennium</u> General Speci <u>Fund</u> <u>Fund</u>	al Gene	1999-2001 <u>Biennium</u> ral Special <u>d Funds</u>
Reve	nues:					· •
Expe	nditures:	N/A		N/A		N/A
	for your	agency or	department:			<del>-</del>
				um: The I		
				recei	ves no app	ropriation.
	c. For	rue 1999-50	001 biennium	l:		
4.	County,	City, and S	School Distr	ict fiscal ef	fect in dol	lar amounts:
	1995-9			97-99		9-2001
	Bianni	School	<u>B16</u>	<u>ennium</u> School	Big	nnium School
Coun	<u>ties Citie</u>	<u>s Districts</u>	<u>Counties</u> <u>Ci</u>	ities Districts	Counties Ci	ties Districts
	N/A		N/2	A	N,	/A
		l space is plemental s		Signed Typed Name	Gary R. Tr	Thune
Date	Prepare	d: January	17, 1997	Department B	oard of Poo	liatric Medicin
				Phone Number	223-2890	