

FORT BEND COUNTY FY 2010  
COMMISSIONERS COURT AGENDA REQUEST FORM

17

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 3/25/2010

Submitted By: Risk Management  
Department:

Court Agenda Date: 4/6/2010

Phone Number: 281 341 8630

SUMMARY OF ITEM: Consent Agenda Item:

Consider and approve a workers compensation and subrogation claim settlement for Cause # 10-DCV-178452 in the amount of \$7,325.64 and authorize ~~Risk Manager~~ to execute release.

*County Judge*

AGREEMENT/APPOINTMENT YES ☐ NO ☐

REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES ☒ NO ☐

*Approved by Randy Morse*

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☐ NO ☐

FUNDNG SOURCE: Accounting Unit:  
Activity (If Applicable):

Account Number:

COUNTY JUDGE  
RECEIVED

MAR 26 2010

DESCRIPTION OF LAWSOM ACCOUNT: \_\_\_\_\_

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:

Original Form Submitted with back up to County Judge's Office ☐ (✓ when completed)

If by E-Mail to [ospindon@co.fort-bend.tx.us](mailto:ospindon@co.fort-bend.tx.us)

If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

- |                                                                |                                                      |
|----------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Auditor (281-341-3774)                | <input type="checkbox"/> Comm. Pct. 1 (281-342-0587) |
| <input type="checkbox"/> Budget Officer (281-344-3954)         | <input type="checkbox"/> Comm. Pct. 2 (281-403-8009) |
| <input type="checkbox"/> Facilities/Planning (281-633-7022)    | <input type="checkbox"/> Comm. Pct. 3 (281-242-9060) |
| <input type="checkbox"/> Purchasing Agent (281-341-8642)       | <input type="checkbox"/> Comm. Pct. 4 (281-980-9077) |
| <input type="checkbox"/> Information Technology (281-341-4526) | <input type="checkbox"/> County Clerk (281-341-8697) |
| <input type="checkbox"/> Other:                                | <input type="checkbox"/> County Atty (281-341-4557)  |

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

4-2-10 copy received

## RELEASE OF ALL CLAIMS

FOR AND IN CONSIDERATION OF the payment to me/us the sum of Seven thousand three hundred twenty five and 64/100's (\$7325.64) dollars, and other good and valuable consideration, I/we, being of lawful age, have released and discharged, and by these presents do for myself/ourselves, my/our heirs, executors, administrators and assigns, release, acquit and forever discharge Daniel P Broussard, Jessica Broussard, and Kristi Anne Stogo and any and all other persons, firms and corporations, whether herein named or referred to or not, of and from any and all past, present and future actions, causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, third party actions, suits at law or in equity, including claims or suits for contribution and/or indemnity, of whatever nature, and all consequential damage on account of, or in any way growing out of any and all known and unknown personal injuries, death, and/or property damage resulting or to result from an accident that occurred on or about 02-11-2008 at or near HWY 36-1400 BLK- ROSENBERG TX.

I/we hereby declare and represent that the injuries sustained may be permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this release and agreement it is understood and agreed that I/we rely wholly upon my/our own judgment, belief and knowledge of the nature, extent and duration of said injuries, and that I/we have not been influenced to any extent whatever in making this release by any representations or statements regarding said injuries, or regarding any other matters, made by the persons, firms or corporations who are hereby released, or by any person or persons representing him or them, or by any physician or surgeon by him or them employed.

I/we understand that this settlement is the compromise of a doubtful and disputed claim, and that the payment is not to be construed as an admission of liability on the part of the persons, firms and corporations hereby released by whom liability is expressly denied.

It is agreed that distribution of the above sum shall be made as follows: lump sum payment

This release contains the ENTIRE AGREEMENT between the parties hereto, and the terms of this release are contractual and not a mere recital.

I/we further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same as my/our own free act.

WITNESS my/our hand(s) and seal this 6 day of April 2010

In the presence of:

CAUTION! READ BEFORE SIGNING

Witness Signature \_\_\_\_\_

Your Signature \_\_\_\_\_

Robert Hebert, County Judge

Witness Signature \_\_\_\_\_

Your Signature \_\_\_\_\_

State of Texas, County of Fort Bend

On this 6 day of April, 2010. Before me personally appeared Robert Hebert to me known to be the person...described herein, and who executed the foregoing instrument and he/she acknowledged that he/she voluntarily executed the same.

My term expires April 2, 2011.

D'Neal Krisch  
Notary Public

CLAIM NUMBER: 78 42 1 196840 02112008 01

