



City of Milwaukee Fiscal Impact Statement

A	Date <u>5/20/2022</u> File Number <u>212048</u> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Substitute
	Subject <u>Settlement of claims filed in Hadrian, et al. v. City of Milwaukee, E.D. Wis, Case no. 21CV219</u>

B	Submitted By (Name/Title/Dept./Ext.) <u>Robin Pederson/Deputy City Attorney/Office of the City Attorney/2633</u>
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C	This File	<input checked="" type="checkbox"/> Increases or decreases previously authorized expenditures.
		<input type="checkbox"/> Suspends expenditure authority.
		<input type="checkbox"/> Increases or decreases city services.
		<input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.
		<input type="checkbox"/> Increases or decreases revenue.
		<input type="checkbox"/> Requests an amendment to the salary or positions ordinance.
		<input type="checkbox"/> Authorizes borrowing and related debt service.
		<input checked="" type="checkbox"/> Authorizes contingent borrowing (authority only).
		<input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.

D	Charge To	<input type="checkbox"/> Department Account	<input type="checkbox"/> Contingent Fund
		<input type="checkbox"/> Capital Projects Fund	<input type="checkbox"/> Special Purpose Accounts
		<input type="checkbox"/> Debt Service	<input type="checkbox"/> Grant & Aid Accounts
		<input checked="" type="checkbox"/> Other (Specify) <u>2022 Common Council Contingent Fund (001-990-C001-006300) (2022) ; Damages and Claims Fund, Account No. 0001-1490-S118-006300</u>	

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages			\$0.00
		\$0.00	\$0.00
Supplies/Materials		\$0.00	\$0.00
		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
		\$0.00	\$0.00
Services		\$0.00	\$0.00
		\$0.00	\$0.00
Other	Damages	\$540,000.00	\$0.00
	Attorney's Fees and Costs	\$360,000.00	\$0.00
TOTALS		\$900,000.00	\$ 0.00

FAssumptions used in arriving at fiscal estimate. Terms of the settlement agreement.**G**

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

 1-3 Years 3-5 Years 1-3 Years 3-5 Years 1-3 Years 3-5 Years**H**

List any costs not included in Sections D and E above. _____

I

Additional information. _____

JThis Note Was requested by committee chair.