

## Board of Commissioners of Cook County

## Legislation Details (With Text)

File #:	24-3	3282	Version:	1	Name:	Multiple Illinois agencies	
Туре:	Inter	governme	ental Agreer	nent	Status:	Approved	
File created:	5/17	/2024			In control:	Board of Commissioners	
On agenda:	6/13	8/2024			Final action:	6/13/2024	
itle:	PRC						
	Department: Medical Examiner						
	Other Part(ies): Multiple Illinois agencies via the Illinois Coroners and Medical Examiners Association Kankakee, Illinois						
	Request: The Medical Examiner is requesting approval to enter into a Mutual Aid Agreement though the Illinois Coroners and Medical Examiners Association.						
	Goods or Services: The Mutual Aid Agreement will allow the Medical Examiner to prepare for potential emergencies which may require that they provide aid and assistance to other county coroners, and which will allow the Cook County Medical Examiner to request aid and assistance from other county coroners.						
	Agreement Number(s): N/A						
	Agreement Period: This a one-time agreement that will remain in effect until terminated by notice of withdrawal						
	Fiscal Impact: None						
	Accounts: N/A						
	Summary: Participation in this Mutual Aid Agreement will link the Cook County Medical Examiner to multiple coroner jurisdictions throughout the State of Illinois via the Illinois Coroners and Medical Examiner's Association, a not-for-profit entity. Participating jurisdictions agree to provide assistance such as personnel, services, facilities and equipment upon request to other jurisdictions where an emergency arises and is of such magnitude that the needs caused by that emergency exceed the resources of the stricken jurisdiction. The Agreement affords the Cook County Medical Examiner the ability to request the same assistance from other Illinois coroners. Each party has the right to refuse render assistance or to recall any rendered assistance where it is necessary to ensure adequate service to its own jurisdiction.						
Sponsors:	0011		Swiri Janioarot	1011.			
ndexes:	PON	INI ARUN	IKUMAR, M	.D. C	hief Medical Exa	aminer	
Code sections:							
Attachments:							
	Ver.	Action By	у		Ac	tion	Result
Date				ners		prove	

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