

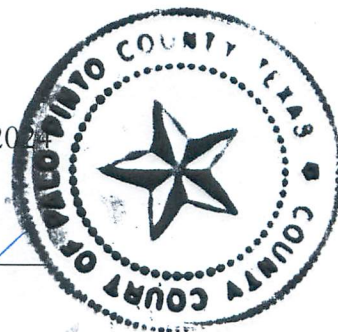
**NOTICE OF REGULAR MEETING**  
**OF PALO PINTO COUNTY JUVENILE BOARD**

Notice is hereby given that a Regular Meeting of the Palo Pinto County Juvenile Board will be held on **Wednesday the 21st day of August 2024 at 8:15 A.M.**, in the County Courtroom at the Palo Pinto County Courthouse in Palo Pinto, Texas. Persons with speech, and/or mental disabilities shall be assisted by interested parties and/or members of the Palo Pinto County Juvenile Board if 24-hour notice is given. The following subjects will be discussed, considered, passed, or adopted to-wit:

1. Call To Order;
2. Public Discussion on current agenda items;
3. Consider/Approve minutes of the August 7, 2024, Juvenile Board meeting;
4. Consider/Approve changes to Juvenile Department Policy and Procedures Manual;
5. Consider/Approve Contracts;
6. Budget Amendments;
7. Adjournment;

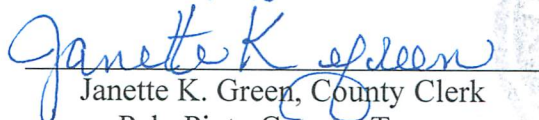
Dated this the 15 day of August 2024

By:   
Shane Long, Chairman



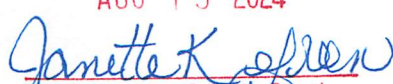
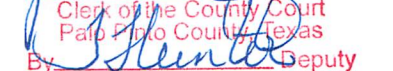
I, the undersigned County Clerk of Palo Pinto County, do hereby certify that the above Notice of Meeting of Palo Pinto County Juvenile Board is a true and correct copy of said Notice, and that I received said Notice. Said Notice has been posted on the Courthouse of Palo Pinto County, Texas, at a place readily accessible to the general public at all times on the 15th day of August 2024 at 11:17 AM, and said Notice remained posted at least 72 hours proceeding the scheduled time for this Meeting.

Dated this the 15th day of August 2024

  
Janette K. Green, County Clerk  
Palo Pinto County, Texas

**FILED**  
At 11:17 O'Clock A M

By: , Deputy

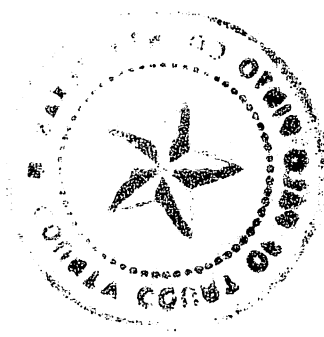
**AUG 15 2024**  
  
Clerk of the County Court  
Palo Pinto County, Texas  
By:  Deputy

REPUBLIC OF INDONESIA  
Ministry of Health

Dear Sir/Madam,

I am writing to you regarding the health status of my child, who is currently under your care. I have observed some changes in their behavior and health, and I would like to discuss this with you.

I am concerned about the possibility of an infection or other health issue that may be affecting my child. I would appreciate your professional opinion and any recommendations you can provide.



Yours faithfully,  
  
[Signature]

I am sure that you will take the necessary steps to ensure the health and well-being of my child. Thank you for your attention and care.

[Signature]  
[Name]  
[Address]

[Signature]  
[Name]  
[Address]