

Request for Legal Assistance

ATTORNEY – CLIENT COMMUNICATION

DATE RECEIVED: _____
MATTER ASSIGNED TO: _____

PLEASE SUBMIT COMPLETED REQUEST FORM TO
DCSD OFFICE OF LEGAL AFFAIRS:

- ___ H. ERIC HILTON (DISTRICT WIDE, BOARD AGENDA ITEMS & EXCEPTIONAL EDUCATION)
- ___ MARISSA KEY (EMPLOYEE RELATIONS, OPEN RECORDS & TITLE IX MATTERS)
- ___ GLINTON DARIEN (RISK MANAGEMENT & WORKERS COMPENSATION MATTERS)
- ___ CHASITY MIDDLEBROOKS-CODY (HUMAN RESOURCES & STUDENT RELATIONS)
- ___ DANIEL DENTON (CONTRACTS)

WITH A COPY TO:
___ SELYNTHIA WISE, OFFICE SPECIALIST

*** This request is a confidential communication and should be treated as such ***

Topic: _____
(e.g., contract review, policy matter, etc.)

Action/response required _____

Date of request: _____ Date by which a response is needed: _____
(Allow 3 to 5 business days)

Background information: _____

Please attach/include any additional information/documents that are relevant to your request.

Attachment(s)? ___ Yes ___ No Description of attachments, if any _____

Requested by: _____
Print Name Signature

Email: _____ Telephone: _____

Department: _____

Cabinet Member authorizing the request: _____

This item is approved as to form? _____ Yes _____ No

By: _____

Comments: _____

Please copy on email: All that are copied on original email

.....

Telephone Conference

Was this matter an emergency requiring immediate contact? Yes No

Date Called: _____ Time: _____ Total Time of Conference: _____

Advice Given: _____

Action Taken: _____