

Request for Legal Assistance
DCSD Office of Legal Affairs
ATTORNEY – CLIENT COMMUNICATION

DATE RECEIVED: _____
MATTER ASSIGNED TO: _____

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

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

DESCRIPTION OF REQUEST

Title of Item/Topic: Legal Review and Approval – Board Agenda Item Only
(e.g., contract review, policy matter, etc.)

Date of request: 9/6/2024 Due Date: 9/11/2024 (Allow 3 to 5 business days)

Background information/Detail: Reimbursement Funds Application – Capital Outlay Fuds FY’26
Application - \$1,058,030

PROCUREMENT DETAILS (if applicable)

Include details confirming that all applicable DCSD procurement policies and requirements have been
adhered to: _____

SUPPORTING DOCUMENTATION

Please attach/include any additional supporting documentation that are relevant to your request.

Description of supporting documentation, if any Chronology, BAI, and all applicable
documents

REQUIRED AUTHORIZATION

Requested by: Darlene Y. Hughes

Email: darlene_hughes@dekalbschoolsga.org Telephone: _____

Department: Operations Division

Cabinet Member authorizing the request: Erick Hofstetter

LEGAL APPROVAL

Approved as to form by the DCSD Office of Legal Affairs? X Yes _____ No

Approving Attorney: H. Eric Hilton

*If approved by outside counsel indicate approving attorney and law firm _____

Comments: _____
