



DATE RECEIVED: _____
MATTER ASSIGNED TO: _____

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

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 – Change Order Request
(e.g., contract review, policy matter, etc.)

Date of request: 5/19/2025 Due Date: 5/23/2025 3 to 5 business days)

Background information/Detail: **SNS Adult Meal Price Increase SY25-26**

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 _____

REQUIRED AUTHORIZATION

Requested by: Darlene Y. Hughes, Esq

Email: darlene_hughes@dekalbschoolsga.org Telephone: 678-676-1447

Department: Operations Division

Cabinet Member authorizing the request: Erick Hofstetter

LEGAL APPROVAL

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

-OR- (check one only)

Approved as to form by Outside Legal Counsel? Yes No

*Referrals to Outside Legal Counsel must be coordinated and approved by the DCSD Legal Dept. Approving Attorney (and law firm if Outside Counsel) _____

Comments: _____