



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:** \_\_\_\_\_

*(e.g., contract review, policy matter, etc.)*

**Date of request:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_ *(Allow 3 to 5 business days)*

**Background information/Detail:**

DCSD has served as the fiscal agent for Laurel Heights Hospital (LHH) since 2007. LHH is an educational program for students placed in its care by the Georgia Department of Human Resources "DHR," The Georgia Department of Behavioral Health and Developmental Disabilities "DBHDD" and the Georgia Department of Juvenile Justice "DJJ." Based on a revised law that went into effect on July 1, 2018 (HB 853), public school students who are admitted under a physician's order into a licensed psychiatric residential treatment center would be exempt from paying tuition or fees to the local school system. This law allows these students to continue their education and stay on track academically while receiving long-term medical and psychological treatment. This Agreement ensures that the educational requirements for students are met while the students are receiving educational services at LHH. These students are unable to leave the facility to attend school in the School District and are legally eligible to receive services from the School District.

**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:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Cabinet Member authorizing the request:** \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_