



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: \_\_\_\_\_  
 \_\_\_\_\_

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