



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:

ViewPoint Health operates a residential crisis stabilization facility located within the boundaries of the DeKalb County School District (DCSD), which shall provide public healthcare services to children placed in its care by the Georgia Department of Human services (DHS), the Department of Juvenile Justice (DJJ), the Department of Behavioral Health and Developmental Disabilities (DBHDD) or by parents or legal guardians pursuant to a physician’s order. DCSD is authorized and required, in accordance with O.C.G.A. § 20-2-133, to provide educational services to students assigned to the VPH’s residential treatment facility. **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: _____
