

REQUEST FOR AUTHORIZATION TO EMPLOY
ASSOCIATE COUNSEL

Please mark appropriate classification: Initial Request _____ Renewal _____ Amendment _____

From (Agency): _____

Individual Requesting Authorization (include title): _____

Case or Matter Caption: _____

Date: _____ County (in which case/matter occurs): _____

Name of requested law firm/attorney(s): _____

Address of requested law firm/attorney(s): _____

Brief description of legal services to be performed: _____