

Request for Attorney General Approval of Private Attorney Services

1. Agency Name: _____
Contact Person: _____ Phone #: _____ Fax #: _____

2. Proposed Agency SAMAS Contract Number: _____,
or Purchase Order # (if under \$5000): E or S _____
(This information is available from your agency fiscal/purchasing staff.)

3. Class/Group Number: 972-____ (This number identifies the area of legal specialization being provided for through contract. Please choose the most appropriate area from the list below.)

- | | | | |
|------------------------------|---------------------------------|---------------------------------------|---------------------------------|
| 010 Administrative Law | 240 Commercial Litigation | 400 Eminent Domain Law | 600 Labor Law |
| 020 Admiralty Law | 250 Communication Law | 410 Employment Practices Law | 605 Land Use Law |
| 030 Agricultural Law | 260 Constitutional Law | 420 Entertainment Arts and Sports Law | 610 Marital and Family Law |
| 040 Antitrust Law | 265 Construction Law | 430 Environmental Law | 630 Patent and Trademark Law |
| 060 Aviation Law | 270 Consumer Law | 440 Estate Planning and Probate | 700 Real Estate Law |
| 100 Bankruptcy Law | 280 Contract Law | 500 General Counsel | 710 Securities Law |
| 110 Bond Law | 285 Copyright Law | 510 Health Law | 720 Sunshine/Public Records Law |
| 200 Civil Appellate Practice | 290 Corporate Law | 530 Immigration Law | 800 Tax Law |
| 210 Civil Rights Law | 300 Corrections/Parole Law | 535 International Law | 850 Utilities Law |
| 220 Civil Trial Practice | 320 Criminal Appellate Practice | 540 Juvenile/Dependency Law | 900 Workers' Compensation Law |
| 230 Collections Law | 330 Criminal Trial Practice | | |

4. Type of Request (If this is an original request, please answer only through question #21; if this is a contract amendment, please answer all questions as appropriate):
Original Contract _____ Contract Amendment _____

5. If this is an original request, please provide the estimated total contract amount:
Fees \$ _____ Costs \$ _____ Total \$ _____

6. If this is an original request, please provide the proposed contract period:
From _____ to _____

7. Please provide a brief description of the legal services to be provided.

8. For trial and appellate litigation, please identify:
Style of Case: _____ Case Number: _____
Court: _____

9. Identify the reason outside counsel is needed as opposed to utilizing in-house attorney services:

- Necessary legal expertise not available on staff
- Time commitments exceed in-house staff resources
- Conflict of interest
- Local representation necessary
- Travel, lodging and other costs associated with in-house representation not cost effective
- Other, Identify: _____

10. Identify the proposed law firm/counsel:

Law Firm/Counsel Name _____
 Address _____

 City, State, ZIP _____

11. Identify by name which partners, associates, research associates or other personnel will be used to perform the contracted legal services; and a schedule of their current billing rates.

Name	Position Title	Billing Rate

_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Proposed Hourly Rate: Partner \$_____ Estimated Hours: _____
 Associate \$_____ Estimated Hours: _____

13. If the method of payment is to be hourly fee, identify what services will be covered by this fee (e.g., attorney services, paralegal services, research expenditures, overhead including reproductions of materials, administrative support services, telephone charges including faxing of materials, etc.). See Rule 2-37.010(2), FAC.

14. What items, if any, will be subject to additional charges not considered in the hourly fee. See Rule 2-37.010(2)(d), FAC.

15. If a cap is to be placed on the amount of non-attorney fee expenditures the agency can reimburse over and above the hourly fee, please identify the amount. \$ _____

16. Is a waiver to the established fee schedule required? ___ Yes ___ No
If yes, please complete Statement of Waiver.

17. If an alternate to the hourly billing method is proposed, please describe.
Fixed fee per case _____
Flat fee per service(s) _____
Contingency fee _____
Retainer _____
Other _____

18. Services to be Performed in: _____
(County)

19. Please identify the criteria used by your agency to select the proposed legal counsel and explain.
Magnitude/complexity of case requires firm's resources _____
Ratings and certifications (e.g., Martindale and Hubbell) _____
Firm experience _____
Minority counsel _____
Firm's physical proximity to case, agency _____
Firm's prior experience with agency _____
Firm's prior experience with similar case or issue _____
Billing methodology proposed/rate _____
Other _____

20. Indicate the names of those attorney(s)/firm(s) contacted in addition to the one proposed and their quoted fees.

Firm Name	Quoted Fee
*****	*****
_____	_____
_____	_____
_____	_____
_____	_____

21. Will agency staff be serving as co-counsel or participating with the outside counsel beyond oversight or coordination? _____ If yes, identify the participation?

Fact finding, including document review, witness interview _____

Legal research _____ Formal Discovery _____ Drafting documents _____ Pleading/motion practice _____

Negotiations _____ Appeals _____ Trial preparation _____ Trial _____

Co-Counsel _____ Lead counsel _____

Other _____, describe _____

22. If this request is a contract amendment, please identify the reason for the amendment, describe the change(s) from the last approval and provide justification for change(s) below.

_____ Increase in total contract amount (including fees & costs): From \$_____ to \$_____

_____ Increase in hourly rate: From \$_____ hourly to \$_____ hourly

_____ Increase in allowance for expenditures over and above hourly rate: From \$_____ to \$_____

_____ Extension of contract period: From _____ through _____, to _____ through _____

_____ Revision/change in services to be provided

_____ Other - Please explain _____

Justification for amendment: _____

23. If this request is an amendment to extend the contract period, please provide for the immediate prior fiscal year only:

\$ expended for fees: \$_____ \$ expended for costs: \$_____

Total \$ expended: \$_____

Signature of Requesting Officer

Date

Title of Requesting Officer