Oklahoma City Public Schools

LEGAL SERVICES REQUEST FORM

Submit Form to @legal

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| Date of Request:  Click here to enter a date. | Name and Email of Person Requesting Legal Services:  Click here to enter text. |
| Approved by (ILD/Leadership Name)\* :Click here to enter text.  Approver’s E-Signature:Click here to enter text.  Date:Click here to enter a date. | |
| Briefly describe the action(s) taken prior to the legal services request. (initial meeting, policy research, etc.) Click here to enter text. | |
| Type of service requested:  Choose an item. | |
| Were any of the following involved in the circumstances leading up to the request for legal services?Choose an item. | |
| Briefly describe the specific service needed:Click here to enter text. | |
| Briefly describe the desired outcome: Click here to enter text. | |
| All requests will be prioritized by Legal Services and a notification will be sent to the requestor within 48 business hours. | |