

Request for Attorney General 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 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 & 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 | 540 Juvenile/Dependency Law | 900 Workers' Compensation Law |
| 230 Collections Law | 330 Criminal Trial Practice | | |

4. Type of Request: Original Contract Contract Amendment

If this is an original request, please answer only through question #21; if this is a contract amendment, please answer all questions as appropriate.

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

10. Identify the proposed law firm/counsel:

Law Firm/Counsel Name: _____

Address: _____

City, State, Zip Code: _____

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 an 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 2-37.030, FAC.

14. What items, if any, will be subject to additional charges not considered in the hourly fee? *See* Rule 2-37.030, 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 the Statement of Waiver form.

17. If an alternative 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 the case requires the firm's resources: _____
Ratings and certifications (e.g., Martindale and Hubbell): _____
Firm experience: _____
Minority counsel: _____
Firm's physical proximity to the case, agency: _____
Firm's prior experience with agency: _____
Firm's prior experience with similar cases or issues: _____
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 |
| Lead counsel | | Co-counsel | |
| Other: | | | |

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 the 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 the 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 the funds expended for the immediate prior fiscal year only:

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

Total funds expended: \$ _____

 Signature of Requesting Officer

 Date

 Title of Requesting Officer

Statement of Waiver

Pursuant to Rule 2-37.010, F.A.C., the following rationale exists for waiver of the fee schedule for legal services to be rendered by _____.

1. The Agency is unable to obtain adequate legal representation within the confines of the standard fee schedule.
2. The Agency is unable to obtain legal services with the special expertise necessary to perform the particular function of the practice of law which the agency requires.
3. The waiver is necessary to provide legal services as a result of an emergency, an immediate danger to the public health, safety, and welfare, or an opportunity for the state to preserve or enhance the public fisc and that failure to contract immediately for legal services in excess of the standard fee schedule will work to the detriment of the state.

Please provide below the rationale for the justification selected.

Agency Head Signature

Date