AG Receipt Date:	
TO Receipt Date.	

## Request for Attorney General Private Attorney Services

1.	Agency Name:			
	Contact Person: _		Phone #:	Fax #:
2.	Proposed Agency	SAMAS Contract Numb	oer:, <i>o</i> .	r
	Purchase Order # (	if under \$5000): <u>E or S</u>		
		vailable from your agency fisc		
3.	Class/Group Nu: (This number identifi	mber: 972		Please choose the most appropriate area
020 030 040 060 100 110 200 210 220	Administrative Law Admiralty Law Agricultural Law Antitrust Law Aviation Law Bankruptcy Law Bond Law Civil Appellate Practice Civil Rights Law Civil Trial Practice Collections Law	240 Commercial Litigation 250 Communication Law 260 Constitutional Law 265 Construction Law 270 Consumer Law 280 Contract Law 285 Copyright Law 290 Corporate Law 300 Corrections/Parole Law 320 Criminal Appellate 330 Criminal Trial Practice	400 Eminent Domain Law 410 Employment Practices Law 420 Entertainment Arts & Sports I 430 Environmental Law 440 Estate Planning and Probate 500 General Counsel 510 Health Law 530 Immigration Law 535 International Law 540 Juvenile/Dependency Law	600 Labor Law 605 Land Use Law 610 Marital and Family Law 630 Patent and Trademark Law 700 Real Estate Law 710 Securities Law 720 Sunshine/Public Records Law 800 Tax Law 850 Utilities Law 900 Workers' Compensation Law
4.	Type of Request (If this is an origin answer all question	nal request, please answer ns as appropriate):	only through question #21; if t	his is a contract amendment, pleas
	Original Contr	act: Contract	t Amendment:	
5.	If this is an origina	al request, please provide	the estimated total contract am	ount:
	Fees \$	Costs \$	To	otal \$
6.	If this is an origina	al request, please provide	the proposed contract period:	
	From	to	·	
7.			gal services to be provided.	
	-			
В.		llate litigation, please ider	ntify:	
	Style of Case:			
	Case Number:			
Zorn	Court:	17/2025) Rule 2-37 010	EAC	

5	ouse staff	resources.	use representation are not c	ost-effective.
Identify the proposed law firm/counse	el:			
Law Firm/Counsel Name:		2		
				_
Identify by name which partners, associontracted legal services and a schedul	ciates, res	earch associ	ates, or other personnel wil ing rates.	l be used to perform t
Name		Position 7	litle .	Billing Rate
Proposed Hourly Rate: Partn	er: \$			
* .				
services, paralegal services, research ex	penditure	es, overhead	including reproductions of	materials, administrati
What items, if any, will be subject to FAC.	additiona	al charges no	ot considered in the hourly	fee? See Rule 2-37.0
	Conflict of interest.  Local representation is necessary Travel, lodging, and other costs a Other, Identify:  Identify the proposed law firm/counse Law Firm/Counsel Name:  City, State, Zip Code:  Identify by name which partners, associant acted legal services and a schedul Name  Proposed Hourly Rate:  Partn Associate the method of payment is to be an hervices, paralegal services, research expupport services, telephone charges into	Conflict of interest. Local representation is necessary. Travel, lodging, and other costs associated Other, Identify:  Identify the proposed law firm/counsel:  Law Firm/Counsel Name: City, State, Zip Code: Contracted legal services and a schedule of their contracted legal services and a schedule of their Name  Proposed Hourly Rate: Partner:  Associate:  f the method of payment is to be an hourly fee ervices, paralegal services, research expenditure upport services, telephone charges including far	Conflict of interest. Local representation is necessary. Travel, lodging, and other costs associated with in-ho Other, Identify:  Identify: Identify: Identify the proposed law firm/counsel: Law Firm/Counsel Name: Address: City, State, Zip Code: Identify by name which partners, associates, research associated entify by name which partners, associates, research associated entify by name which partners, associates, research associated entify by name  Position To Proposed Hourly Rate: Partner: Associate:  The method of payment is to be an hourly fee, identify wherevices, paralegal services, research expenditures, overhead upport services, telephone charges including faxing of materials.	Conflict of interest.  Local representation is necessary.  Travel, lodging, and other costs associated with in-house representation are not of Other, Identify:  Identify the proposed law firm/counsel:  Law Firm/Counsel Name:  City, State, Zip Code:  Identify by name which partners, associates, research associates, or other personnel will contracted legal services and a schedule of their current billing rates.  Name  Position Title  Proposed Hourly Rate:  Partner: \$

5.	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 \$
6.	Is a waiver to the established fee schedule required? Yes No If Yes, please complete the Statement of Waiver form.
7.	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:
8.	Services to be Performed in County.
9.	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
Э.	Has the proposed law firm/legal counsel reviewed the Attorney General's Policy Memorandum Regarding Outside Counsel for the State of Florida, located at the following link: <a href="https://www.myfloridalegal.com/sites/default/files/agjulawfirmpolicy.pdf">https://www.myfloridalegal.com/sites/default/files/agjulawfirmpolicy.pdf</a> , and certified that it is in compliance with the Policy Memorandum? Yes No
1.	Indicate the names of those attorney(s)/firm(s) contacted in addition to the one proposed and their quoted fees.  Firm Name  Quoted Fee

22.	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		

Trial preparation

Co-counsel

Trial

Appeals

23. 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 \_\_\_\_\_\_, \_\_\_\_\_ through \_\_\_\_\_\_. To: Revision/change in services to be provided. Other – Please explain: Justification for amendment: 24. 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:

Date

Signature of Requesting Officer

Title of Requesting Officer

Negotiations

Other:

Lead counsel

## Statement of Waiver

	to Rule 2-37.010, F.A.C., the following rationale existices to be rendered by	sts for waiver of the fee schedule for
f ————————————————————————————————————	1. The Agency is unable to obtain adequate legal repstandard fee schedule.	presentation within the confines of the
? <del></del> ?	2. The Agency is unable to obtain legal services we perform the particular function of the practice of la	
	3. The waiver is necessary to provide legal service immediate danger to the public health, safety, and we to preserve or enhance the public fisc and that fair services in excess of the standard fee schedule will we	velfare, or an opportunity for the state lure to contract immediately for legal
Please pro	ovide below the rationale for the justification selected.	
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4 <u></u>		
\$		
Agency H	ead Signature	Date
rigericy 11	end Digitalitie	Date