

**Request for Attorney General Private Attorney Services**

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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  
 020 Admiralty Law  
 030 Agricultural Law  
 040 Antitrust Law  
 060 Aviation Law  
 100 Bankruptcy Law  
 110 Bond Law  
 200 Civil Appellate Practice  
 210 Civil Rights Law  
 220 Civil Trial Practice  
 230 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 Law  
 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 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.


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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.

<u>Name</u>	<u>Position Title</u>	<u>Billing Rate</u>

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, F.A.C.

14. What items, if any, will be subject to additional charges not considered in the hourly fee? See Rule 2-37.030, F.A.C.

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. 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: <https://www.myfloridalegal.com/sites/default/files/aglawfirmpolicy.pdf>, and certified that it is in compliance with the Policy Memorandum? Yes \_\_\_\_\_ No \_\_\_\_\_
21. Indicate the names of those attorney(s)/firm(s) contacted in addition to the one proposed and their quoted fees.
- | <u>Firm Name</u> | <u>Quoted Fee</u> |
|------------------|-------------------|
| _____            | _____             |
| _____            | _____             |
| _____            | _____             |
| _____            | _____             |

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

<u>Fact-finding, including document review, witness interview</u>			
<u>Legal research</u>	<u>Formal Discovery</u>	<u>Drafting documents</u>	<u>Pleading/motion practice</u>
<u>Negotiations</u>	<u>Appeals</u>	<u>Trial preparation</u>	<u>Trial</u>
<u>Lead counsel</u>		<u>Co-counsel</u>	
<u>Other:</u>			

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 \_\_\_\_\_,

To: \_\_\_\_\_ through \_\_\_\_\_.

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: \$ \_\_\_\_\_

\_\_\_\_\_

Signature of Requesting Officer \_\_\_\_\_ Date \_\_\_\_\_

Title of Requesting Officer \_\_\_\_\_

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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.

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Agency Head Signature

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Date