

Request No.: _____
(Attorney General Office Use Only)

**DIVISION OF DEVELOPMENTAL DISABILITIES
REQUEST FOR LEGAL ADVICE FORM**

Date of Request: _____ Date Response is needed: _____

Is a written response necessary? No Yes

	REQUESTER	CRM CONTACT
NAME		
TELEPHONE		
FAX		
MAIL STOP		

Issue area: Fair Hearing Contract Waiver Other

Is there any legal action pending? No Yes Describe _____

Describe issue:

Specific question(s) for the AAG:

If known list relevant statute (RCW), rules (WAC), contract language, policy:

Documents sent to AAG:

Approval to refer to AAG:

Signature of RA/FSA/OC/Program Manager Date _____

Additional Comments: