DIVISION OF DEVELOPMENTAL DISABILITIES
REQUEST FOR LEGAL ADVICE FORM

Date: ______________________

Requested by:  Name:  __________________________________________________________
Job Title: __________________________________________________________
Telephone: __________________________________________________________
Mail Stop: __________________________________________________________
Subject: __________________________________________________________

Do you know of statutes, regulations, or policies that apply:
__________________________________________________________________________________________
__________________________________________________________________________________________

Summary of issue:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

(If more space is needed, attach additional pages(s))

Copies of pertinent documents attached:  [  ] Yes  [  ] No

Is a written response necessary?  [  ] Yes  [  ] No

Date answer required:
_________________________________________________________________________________________

Person and telephone number to contact if additional information is needed:
_________________________________________________________________________________________

SEND TO DDD REGIONAL ADMINISTRATOR FOR APPROVAL, THEN TO DDD HEADQUARTERS, ATTENTION: SUE POLTL OR SUE HARRISON, WITH CC TO AGO – DDD

[  ] Approved by
__________________________________________
Regional Administrator/Office Chief/Program Manager

[  ] Approved by
__________________________________________
Central Office Coordinator

QR

Comments:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

If approved, send to the Office of the Attorney General, MS 40124, Attn: