

**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

OR

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

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