REQUEST FOR REPRESENTATION

1. REQUESTOR INFORMATION (Please list your preferred contact information for assigned attorney to reach you):							
Your Name:				P	Phone Number:		
Address	Address:			E	mail Address:		
City:	State: OK Zip Code:						
2. CASE INFORMATION							
Case Nu	se Number: Case Type:				Court:		
Plaintif	:					DOC Number:	
Enter plaintiff's name (first plaintiff only, if more than one) Facility Where Incident Occurred:							
3. SERVICE INFORMATION							
Date you were served with lawsuit/pleading:							
	Method of Service:			From:			
	Certified Mail	O Institutional Mail		○ Attorney	○ Court Clerk	O Private Process Server	
	○ In Person	🔿 Regular U.S. Mail		○ County Sheriff	○ Inmate	○ United States Marshal	
I hereby request representation by the office of the general counsel or the attorney general in the foregoing lawsuit. I have attached all documents that I have received regarding this lawsuit. I further acknowledge that my participation and cooperation with the attorney assigned to represent me is essential in representation being provided by the Office of the General Counsel and/or the Attorney General.							
	Enter date of signature						
Signature of Requestor				Date			
Enter requestor's name Requestor				Print Form			

Forward originals to: Office of the General Counsel, Oklahoma Department of Corrections,

3400 Martin Luther King Avenue, Oklahoma City, OK 73136

To be completed by the Office of the General Counsel; in reference to Title 51, Section 161.1 and 162.

After a review of the relevant information I have available to me, I believe the person requesting representation above was acting within the scope of his/her employment during all times relevant to the above-referenced case. If I receive any information that leads me to believe the named defendant was not acting within the scope of his employment, I will notify you immediately.