

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: