**LEGAL SERVICES REQUEST**

Date Received by Requestor:

Date Sent to Attorney:

Date Returned by Attorney:

Matter Number Assigned by Attorney:

Date Approved by District:

**----------------------------------------------------------------------------------------------------------**

**Completed by Requestor**

Department/Person Requesting:

Date Requested:

Brief description of services needed:

**Completed by Attorney**

Estimated Timeframe to provide Services:

*(provide start date and finish date)*

Estimated budget for service request:

*Provide a rough outline of budget requirements for services requested*