



## GEORGIA DEPARTMENT OF CORRECTIONS REQUEST FOR REPRESENTATION

Date: \_\_\_\_\_

Georgia Department of Corrections  
Office of Legal Services  
P.O. Box 1529  
Forsyth, Georgia 31029  
Telephone - (478) 992-5240  
Facsimile - (478) 992-5241

RE: Plaintiff Name & I.D.#: \_\_\_\_\_  
Case No: \_\_\_\_\_  
Court: \_\_\_\_\_

Legal Services:

I hereby request that the Attorney General's Office represent me in the above-referenced action.

Name \_\_\_\_\_ Position: \_\_\_\_\_  
Institution where incident arose (or if Habeas, where the offender is located): \_\_\_\_\_

Requestor's Present Address: \_\_\_\_\_  
Present Telephone No: \_\_\_\_\_ **(Best number for your attorney to reach you)**  
Date Received: \_\_\_\_\_  
Check One-Received by:   a) Mail \_\_\_\_\_  
  b) Personal service \_\_\_\_\_

If received by personal service, provide the name of the individual who actually accepted the papers from the process server: \_\_\_\_\_

Enclosed are the complaint, service forms, and all documents received by me in this action. I also included one copy of the original papers for your administrative purposes. (If a Habeas, then no copy is necessary.) This litigation arose out of the performance of my official duties as an employee of the Georgia Department of Corrections. I understand that the Attorney General will furnish services as legal counsel for me under the terms and conditions allowed by law. I understand further that I may withdraw my request for representation at any time by properly notifying the Attorney General's Office.

Sincerely,

\_\_\_\_\_  
Name of Individual who processed  
this form (Please print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone No. of Processor

Retention Schedule: Upon completion, a copy will be placed in the GDC Case Litigation File and a copy will be forwarded to the Attorney General's Office.