

REQUEST FOR OUTSIDE COUNSEL APPROVAL FORM

MATTER NAME: _____

#: _____

Name of authorized party¹ seeking to engage outside counsel: _____
Name Title

Department/Organizational Unit responsible for payment: _____ Index to be charged: _____

Reason why outside counsel is needed for this engagement:

☐ Litigation² ☐ Legal Expertise ☐ Workload ☐ Conflict of Interest

Description of matter as to which outside counsel is to be engaged (attach additional pages if necessary):

Name of law firm requested to be engaged: _____

Name of individual lawyers staffing the engagement:

		Hourly Rate:			Hourly Rate:
_____	<input type="checkbox"/> Partner	<input type="checkbox"/> Associate	<input type="checkbox"/> Partner	<input type="checkbox"/> Associate	
		\$0.00			\$0.00
_____	<input type="checkbox"/> Partner	<input type="checkbox"/> Associate	<input type="checkbox"/> Partner	<input type="checkbox"/> Associate	
		\$0.00			\$0.00

Precise scope of work to be performed by outside counsel (attach additional pages if necessary):

Approved budget for this engagement³: \$ _____

Signature of Dean/Director/Vice President or above

Date

To be completed by Office of University Counsel:

If this is a litigation/arbitration matter, have you obtained the following (Please attach):

- ☐ A detailed, written litigation plan?
- ☐ A budget for discovery? If so, how much? _____
- ☐ A budget for motion practice? If so, how much? _____
- ☐ A budget to take the matter to trial? If so, how much? _____

RECOMMENDATION:

Lead Attorney: ☐ Approve

Signature of Lead Attorney

Date

OUC APPROVAL:

Chief Legal Counsel: ☐ Approve

Signature of Chief Legal Counsel

Date

1. The University's Regents, President, Provost, Vice Presidents, Deans, and Directors are authorized to seek legal services directly from the Office of University Counsel.

2. Attach Complaint.

3. To be consistent with the OUC Billing Guidelines.

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HSC APPROVAL (Health Sciences Center matters only):

Chancellor: ☐ Approve

Signature of Executive Vice President and Chancellor for Health Sciences

Date

UNM APPROVAL:

President: ☐ Approve

Signature of President of UNM

Date