REQUEST FOR OUTSIDE COUNSEL APPROVAL FORM

MATTER NAME:

Name of authorized party 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:

☐ Litigation ☐ 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:

<table>
<thead>
<tr>
<th>Hourly Rate:</th>
<th>Hourly Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner ☐</td>
<td>Partner ☐</td>
</tr>
<tr>
<td>Associate ☐</td>
<td>Associate ☐</td>
</tr>
<tr>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

Approved budget for this engagement:

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.
REQUEST FOR OUTSIDE COUNSEL APPROVAL FORM

MATTER NAME ____________________________

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 ______________