

Request for Outside Counsel Form

Name of authorized party seeking to engage outside counsel: _____

Name and Title

Department/Organizational unit(s) responsible for payment: _____

Dept 1

Dept 2

Dept 3

Index(s) and % to be charged: _____

Dept 1

%

Dept 2

%

Dept 3

%

Reason why outside counsel is needed for this engagement:

- Litigation
 Legal Expertise
 Workload
 Conflict of Interest

Brief scope of work to be performed by outside counsel (Please also attach memo with precise scope):

Name of law firm to be engaged: _____ Existing contract in place: Yes No

Name of individual lawyers staffing the engagement:

_____ <input type="checkbox"/> Partner <input type="checkbox"/> Associate	Hourly Rate	_____ <input type="checkbox"/> Partner <input type="checkbox"/> Associate	Hourly Rate
	<input type="text"/>		<input type="text"/>

_____ <input type="checkbox"/> Partner <input type="checkbox"/> Associate	Hourly Rate	_____ <input type="checkbox"/> Partner <input type="checkbox"/> Associate	Hourly Rate
	<input type="text"/>		<input type="text"/>

Approved budget for this engagement: _____ Anticipated end date: _____

Additional Notes: _____

Print Name of Lead Attorney

Signature of Lead Attorney

Date

Dean/Director/Vice President or Above

Print name of Dean/Director/Vice President or above

Signature of Dean/Director/Vice President or above

Date

HSC (Health Science Center Matters Only)

Print Name of Executive Vice President

Signature of Executive Vice President

Date

General Counsel

Print Name of Chief Legal Attorney

Signature of Chief Legal Attorney

Date

UNM President

Print Name of UNM President

Signature of UNM President

Date

Internal Use Only: For Litigation: Litigation plan received Budget for motion, discovery, trial _____

Suggested Matter Name _____

Payment Method: PCard PO Other _____