



**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: _____

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