Print Form

REQUEST FOR REPRESENTATION

CASE NUMBER: **ENTER CASE NUMBER**

Case Type: SELECT CASE TYPE **Court:** SELECT COURT

CAUSE OF ACTION: SELECT CAUSE OF ACTION

PLAINTIFF: **ENTER PLAINTIFF NAME** **DOC Number:** **ENTER DOC #**

Additional Plaintiffs:

_____ **DOC Number:** _____

_____ **DOC Number:** _____

Attorney for Plaintiff:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

DEFENDANT: **ENTER DEFENDANT NAME**

Additional Defendants:

_____ _____

_____ _____

_____ _____

DATE FILED: ENTER DATE FILED **DATE RECEIVED:** ENTER DATE RECEIVED

FACILITY WHERE INCIDENT OCCURRED: SELECT FACILITY

METHOD OF SERVICE: SELECT METHOD OF SEF **FROM:** SELECT METHOD OF SEF

DAMAGES REQUESTED: _____

I hereby request that the attorney general represent me in the foregoing lawsuit. I have attached all documents which have been served on me in this case, and certify that I have personal notice of this lawsuit pending against me.

_____
Signature of Defendant

ENTER DATE REPRESENTATION REQUESTED
Date

ENTER DEFENDANT'S NAME
Defendant

Preferred Contact Address

City State Zip Code

Phone

Forward originals to: Office of the General Counsel, Oklahoma Department of Corrections, 3400 Martin Luther King Avenue, Oklahoma City, OK 73136