NOTIFICATION OF SUIT RECEIVED REQUEST FOR REPRESENTATION

Office of the Attorney General		
P.O. Box 20207 Nashville, Tennessee 37202-0207		
Attn: Deputy Attorney General		
Case Style:	V	
Docket Number:		
Date Summons and Complaint Received:		
Full Name of Employee:		
Phone: Work: ()	Home: ()
Address: Work:	Home:	
Employee Email address: Work:		
Home:		
Duty Days and Hours:		
Do you request representation from the Att General to retain private counsel?	•	oval from the Attorney No

	nave any lawsuits or claims (worke c.) pending against the State?				ersonal prope No	
If yes, lis	t the style and nature of the case(s):	:				
_						
m	nes relevant to the allegations agains by employment and committed no riminal or for personal gain.	acts or	omissions	which wer		alicious,
I was a [s	state employee] [volunt all times relevant to the allegations	teers against m][ap	opointed co wsuit (chec	unsel ck applicable	status.)
	a detailed summary of and response r about which he or she has personal					
Attach th	e original complaint, summons, and	d all other	documents	relevant to	this lawsuit	
		Signature	of Employ	vee Request	ing Represen	ntation
cc: Gene	ral Counsel	Date				