

REQUEST FOR REPRESENTATION
BY THE ATTORNEY GENERAL'S OFFICE

1. Name of Plaintiff(s)/Complainant(s)/Grievant(s):

(a) Job Title: _____

(b) Department "*****" _____

2. Issue/Grievable Event: _____

3. Name of Plaintiff(s)/Complainant(s)/Grievant(s) Representative or legal counsel:

(a) Telephone Number: _____

(b) Address: _____

4. Name of Institution: _____

(a) Name and Telephone Number of Contact: _____

(b) Address of Contact: _____

5. Specific Attorney Requested, if any, and reason for request*: _____

**Please note that the Attorney General's Office reserves the right to make all case assignments and making the request does not guarantee their assignment to a particular case.*

IMPORTANT: Be sure to attach a copy of the Complaint, Grievance or other documents relevant to this matter.

Representation Requested By _____ Date _____

Please return form to:
Kristin Boggs
Higher Education Legal Division
1018 Kanawha Blvd. E.
Legal Division – 8th Floor
Phone: (304) 558-2102
Fax: (304) 558-4820
Email: kristin.boggs@wvhepc.edu