

**SOUTH CAROLINA ATTORNEY GENERAL
REQUEST FOR AUTHORIZATION TO EMPLOY ASSOCIATE COUNSEL**

Please mark appropriate classification: Renewal _____ Initial Request _____

From (Agency): _____

Individual Requesting Authorization (include title): _____

Case Caption: _____

Date: _____ County (in which case/matter occurs): _____

Name of requested law firm/attorney(s): _____

Address of requested law firm/attorney(s): _____

Brief description of legal services to be performed: _____

Reason private attorney is needed to perform services: _____

Requested dates of services (maximum of one fiscal year): _____

REQUESTED HOURLY RATE OR OTHER COMPENSATION

<u>Attorney Name</u>	<u>Years of Experience</u> <small>(as of date of this Form 1)</small>	<u>Requested Rate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheet if necessary)

Justification if hourly rate or other compensation exceeds standard rate range: _____

Requested maximum fees: _____

TO BE COMPLETED BY ATTORNEY GENERAL'S OFFICE

Approved by: _____ Date: _____

File number: _____ Service code: _____

Attorney approved: _____ Firm code: _____