

**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: \_\_\_\_\_