

## REQUEST FOR ASSISTANCE WITH CONTRACT, MEMORANDUM OF UNDERSTANDING (MOU) or SPECIAL AGREEMENT

State Form 53559 (R3 / 3-24)
INDIANA DEPARTMENT OF HEALTH - OFFICE OF LEGAL AFFAIRS

TO: Director, Office of Legal Affairs Indiana Department of Health 317-233-7409

## REQUESTED RESPONSE PRIORITY FROM DATE RECEIVED IN OLA

Emergency\* within 14 days
Expedite\* within 21 days
Regular Priority within 30 days

Date response needed:	Effective date:		
*If requesting response within 21 days or less, please answer the following questions:  Why is an Emergency or Expedite response necessary?  What prevented the submission of this Request to OLA sooner?			
		THRU:Assistant Commissioner	Month/Date/Year
		Division Director	 Month/Date/Year
FROM:Contact Person and Position	Month/Date/Year		
Please attach all pertinent documents, includir Attachments or documents referenced in the C	ng the Contract, MOU or Special Agreement; any Amendments, Contract, MOU or Special Agreement.		
Do you have any of the documents in electron If yes, the attorney assigned may contact you			
What type of legal assistance is needed for thi	is agreement? (Attach additional sheets if necessary)		
Has a Contract, MOU or Special Agreement of □YES □ NO □ DO NOT KNOW	f this nature been prepared in the past?		
If yes, state when the document was prepared	d and attach a copy, if available.  Month/Date/Year		
This Section for Use of the Office of Legal Affairs  Date received in OLA: Assigned by: Assigned to: Date Distributed:			