

[AG Receipt Date Stamp]

[AG Acceptance Date Stamp]

Transaction No: T- \_\_\_\_\_

Contract No: F- \_\_\_\_\_

\*\*\*FOR OFFICIAL USE - DO NOT WRITE ABOVE THIS LINE\*\*\*

**NOTICE OF PROPOSED CONTRACT  
FOR EMPLOYMENT OF PRIVATE ATTORNEY(S)  
UNDER TITLE 74 O.S. SUPP. 1998, § 20i**

**USE THIS FORM WHEN TOTAL COST OF THE TRANSACTION WILL REMAIN BELOW  
\$20,000.00.**

Name of Agency or Official: \_\_\_\_\_

Address: \_\_\_\_\_ Agency No: \_\_\_\_\_  
\_\_\_\_\_ Fax No: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email Address : \_\_\_\_\_

**I. REQUIRED INFORMATION (You may attach additional sheets if necessary)**

**A. Attorney's Name: (Each individual attorney including associates must be indicated; firm names will not suffice)**

Name: \_\_\_\_\_

FEI/SSN: \_\_\_\_\_ Bar No. \_\_\_\_\_

Firm: \_\_\_\_\_  
(If Applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- B. Citation of authority that permits the hiring of private attorney(s) by this agency or official:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- C. State the nature and scope of representation (Please describe the case, transaction or matter and attach any pleadings and the proposed contract):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- D. State the reason(s) for not utilizing an in-house or staff attorney for this matter:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- E. Describe what actions were taken to obtain representation of the Office of Attorney General:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. State the total anticipated costs of proposed representation (This includes all amounts that you anticipate may be paid in this matter and is not limited to the current fiscal year):** \_\_\_\_\_  
 \_\_\_\_\_
- i. Describe method of calculating fee, including applicable hourly rate of each attorney, paralegal, legal assistant or other person who will perform services: (NOTE: Each attorney must have previously filed a schedule of fee on Form 20i-1 with the Attorney General.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ii. Describe method of calculating any other expenses to be reimbursed by the agency under this contract (i.e. photocopies, travel, long distance, etc.):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- G. State the date the contract begins and the duration of the case, transaction or matter:** \_\_\_\_\_  
 \_\_\_\_\_

i If the contract is a multi-year contract state whether the contract contains a non-appropriation clause. If the contract does not contain a non-appropriation clause please state the exemption for not including a non-appropriation clause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Please identify any previous or related contracts concerning this case, transaction, or matter and the fiscal year in which such contracts were entered: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, after reasonable inquiry swear or affirm that the case, transaction or matter described in this Notice is not expected to cause this agency or official to incur a total cost equal to or exceeding Twenty Thousand Dollars (\$20,000.00) over its term.

I further understand that before the total costs of this case, transaction or matter equals or exceeds \$20,000.00, the agency or official must first apply for approval from the Office of the Attorney General.

**AGENCY HEAD OR OFFICIAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Type Name)

\_\_\_\_\_  
(Date)

**PLEASE SUBMIT ORIGINAL TO:**

**Office of Attorney General  
Attn: 20i Coordinator  
313 N. E. 21st Street  
Oklahoma City, OK 73105**

Upon acceptance of this Notice the original will be returned to you with an appropriate acceptance date stamp.

(REVISED 6/07)