

REQUEST FOR INDIVIDUAL DEFENSE BY THE ATTORNEY GENERAL

Please complete the top part of this form and remove the attached information sheet before submitting this form to the Attorney General's Office.

From: (Named Defendant)			
Home Address:			
	City	State	Zip
Work Address:	City	State	Zip
Home Phone:	Work Phone:		
Employing Agency:			
I request defense in the case of:	VS		
filed in the	Court; Case No		
Summons and Complaint were:			
Personally served upon me by a law er	nforcement official. Date receive	d:	
Mailed "certified" and accepted by		received:	
Left at my residence. Date received: _			
Other (describe). Date received:			

As a named defendant in the above-referenced case, I (DO) (DO NOT) request that the Attorney General defend me in this lawsuit, subject to the terms and limitations of the attached information sheet and RCW 4.92. To the best of my knowledge and belief, the actions giving rise to this suit occurred in the course of my official duties and responsibilities as an officer or employee of the State. If my request is granted, I agree to cooperate fully in the State's defense of this lawsuit.

I have received and read the Information Sheet Regarding Defense of Tort Lawsuits Against State Employees, which was attached to this Request for Individual Defense. I am forwarding the papers served on me.

_____ Date: _____ Signature of Individual Requesting Defense

Initial/Division Director or Office Chief

AGENCY APPROVAL/ENDORSEMENT **OF AGENCY DIRECTOR**

I understand that by law, defense of an officer or employee of the State by the Attorney General is warranted if the action arose while such officer or employee was performing, or in good faith purporting to perform, official duties.

I hereby (APPROVE) (DISAPPROVE	_) this request for defense in the above-referenced
cause of action.		

Signature: _____ Date: _____

ENDORSEMENT OF ASSISTANT ATTORNEY GENERAL REPRESENTING AGENCY

I,	, Assistant Attorney General,
Division, (DO) (DO	NOT) believe that defense of this individual by the Attorney Gen-
eral is warranted.	

Signature:	Date:	
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Mail Stop:	Telephone:
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AUTHORIZATION FOR DEFENSE BY ATTORNEY GENERAL

Pursuant to RCW 4.92.060, et seq., and your request for defense in the above-named action in which you are a named defendant, it appears that the alleged actions giving rise to this suit occurred during the performance of your official duties as a state officer or employee. Therefore, the Attorney General hereby grants your request for defense. The costs for such defense and any judgment which may be awarded will be at the expense of the State. If you have specific questions about the status of the State's defense of this lawsuit, please contact the

Division of the Attorney General's Office at

phone number

Date: _____

Deputy Attorney General

AG Log # _____