

KRIS MAYES ATTORNEY GENERAL

OFFICE OF THE ARIZONA ATTORNEY GENERAL STATE GOVERNMENT DIVISION

ERYN McCARTHY
INTERIM
DIVISION CHIEF COUNSEL

REQUEST FOR A WAIVER OF CONFLICT FORM

Standard turnaround for a waiver is 5-7 business days. Questions: 602.542.7723.

Date of Request:			Expedited Request: *	Yes:	No:	Date Needed:	
*If yes, please provide reason for exceptional circumstances:							
Requesting Attorney:				Email:			
Firm on State Contra	ct:			Phone:			
Firm Address:							
Atty(s) involved in new representation:							
State Agency(s) involved (be specific):							
REPRESENTATION IN THE NEW MATTER:							
Client(s):							
Caption Matter:							
Court (if any):							
Case/ID Number:							
Briefly describe your representation (attach copies of any documents relating to your waiver request (i.e., complaint, etc., if any):							
To the extent that the firm expresses an opinion that no waiver is required, provide an explanation of the basis for that belief:							
Please indicate whethe	r anv atto	rnevs who wil	l be working on the matte	r for which	the wai	ver is sought were	e employed by AGO, the
			ffice within the previous 2				
Is the firm currently i	representii	ng any State a	gency(s), if so, please list a	any and all	cases (in	clude attorney(s)	involved in the matter)
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If the firm has represented the State in the last 2 years, please list any and all cases (include attorney(s) involved in the matter)							
and dates of representation:							