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OFFICE OF THE ARIZONA ATTORNEY GENERAL STATE GOVERNMENT DIVISION

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REQUEST FOR A WAIVER OF CONFLICT FORM

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

Date of Request:		Expedited Req	uest:* Yes:	No:	Date Needed:
*If yes, please provide reason	for exceptional circums	stance:	-		
Requesting Attorney:			Email:		
Firm on State Contract:			Phone:		
Firm Address:			·		
Atty(s) involved in new represe	ntation:				
State Agency(s) involved (be sp					
	. ,				
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 whether any at	tornovs who will be we	rking on the mat	tor for which the	vaivor is so	ought were employed by AGO, the
Please indicate whether any attorneys who will be working on the matter for which the waiver is sought were employed by AGO, the relevant State entity, or the Governor's office within the previous 2 years. Additional sheets can be attached as necessary.					
Is the firm currently representing any State agency(s), if so, please list any and all cases (include attorney(s) involved in the matter)					
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:					

Email your request to: WaiverRequests@azag.gov
Copy to: Vanessa.Hickman@azag.gov; Connie.Lopez@azag.gov