

TO:

- * This form is accompanied by:
- | | |
|--|--|
| <input type="checkbox"/> Draft Consent Order | <input type="checkbox"/> Draft Final Order |
| <input type="checkbox"/> Draft NOV w/ supporting documentation | <input type="checkbox"/> Draft Site Access Order |
| <input type="checkbox"/> Draft Admin. Complaint for License or Permit Revocation | <input type="checkbox"/> Case Report |
| | <input type="checkbox"/> Other |

* FROM:

* DATE:

EMAIL TO: Kirk.White@FloridaDEP.gov

CC: Lea.Crandall@FloridaDEP.gov, Margaret.Ream@FloridaDEP.gov

SUBJECT LINE: "Request for Attorney Assignment - _____"

The following information is necessary for entry in the Legal Case Tracking System (LCTS):

* Case Name:

(The case name should mirror the caption in the enforcement action, e.g. DEP v. _____.)

* Case Alias:

(If you refer to the respondent, defendant, site, or matter in another way, include that here, e.g. Facility Name, etc.)

* Responsible Office:

* County:

* District Contact:

* Program Area: DEPT. OF HEALTH - OSP/OSTDS

2nd Program Area:

If available, please include the following information:

Enforcement Tracking Activity No.

* Link to supporting documentation for NOV: (Only include those documents that are necessary to support the violations in the NOV.)

Comments:

-----FOR OGC USE ONLY-----

Rev. 08/22

OGC ATTORNEY ASSIGNED: