

TO:

* This form requests OGC

to prepare and/or may be

accompanied by:

 Draft Consent Order Draft NOV Request Form Draft Admin. Complaint for
License or Permit Revocation Draft Final Order Draft Site Access Order Case Report Other

* FROM:

* DATE:

EMAIL TO: Kirk.White@FloridaDEP.gov

CC: Lea.Crandall@FloridaDEP.gov, Michelle.M.Knight@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. 12/24

OGC ATTORNEY ASSIGNED: