

**OFFICE OF THE TRIBAL ATTORNEY  
HOOPA VALLEY TRIBE**

*\*Revised 8/30/2019*

**ATTORNEY WORK REQUEST FORM**

**ALLOW UP TO TWO WEEKS FOR LEGAL REVIEW**

**Date:**

**Requesting Department:**

**Employee and Title:**

**Phone number:**

**Email:**

**Director's Signature (if not submitted by Program or Entity Director):** Stephen Stake, CEO

**Nature of Legal Work Request:**

Personnel Action  Contract Review  MOU/MOA Review  Grant Compliance Review

Other: \_\_\_\_\_

**Please briefly describe matter:**

\*Please note that contracts *shall not be accepted* for review unless they are Microsoft Word Format.

**Please list all other attached documents:**

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For use of the Office of the Tribal Attorney Only:

\_\_\_\_ Received and assigned to: \_\_\_\_\_.

\_\_\_\_ Completed on: \_\_\_\_\_.

OR

Returned to Department. See attached Return Form.