



REQUEST FOR INTERNAL LEGAL ADVICE

State Form 26925 (R6 / 2-24)
INDIANA DEPARTMENT OF HEALTH - OFFICE OF LEGAL AFFAIRS

TO: Director, Office of Legal Affairs
Indiana Department of Health
317-233-7409

REQUESTED RESPONSE PRIORITY FROM DATE RECEIVED IN OLA	
<input type="checkbox"/> Emergency*	- within 14 days
<input type="checkbox"/> Expedite*	- within 21 days
<input type="checkbox"/> Regular Priority	- within 30 days

**Date response needed
(month/day/year):** _____

****If requesting response within twenty-one (21) days or less, please answer the following questions:***

Why is an *Emergency* or *Expedite* response necessary? _____

What prevented the submission of this Request to OLA sooner? _____

THRU: _____
Assistant Commissioner Month/Day/Year

Division or Program Director Month/Day/Year

From: Contact Person and Position Month/Day/Year

Please state question(s) as clearly as possible. Attach additional sheets if necessary.

State relevant facts as clearly as possible and please include dates, any applicable documents and additional sheets if needed.

Statute, Rule, or other known authority involved in this issue:

Has other legal advice been received on this issue? Yes No Not Sure

If yes, from whom? _____ When? _____

Program's preferred outcome: _____

This section for use of the Office of Legal Affairs.	
Date received in OLA (month/day/year):	
Assigned by:	
Assigned to:	
Date Distributed (month/day/year):	