

Office of Civil Legal Aid (OCLA)

Request for Internal Review Form

Pursuant to GR 31.1

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

Requestor Information:

Printed Name: \_\_\_\_\_
Last First MI

Address: \_\_\_\_\_
Street City State Zip Code

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Administrative Records Officer's Decision \_\_\_\_\_ OCLA Tracking Number \_\_\_\_\_

Explain in detail your reason for requesting internal review of the Administrative Records Officer's Decision: \_

Multiple horizontal lines for writing the explanation.

- (1) The OCLA Director will respond within five (5) working days from receipt of this request.
(2) OCLA encourages electronic submission of internal review requests. If you are able to, please send your request to both e-mail addresses listed below: