



REQUEST FOR LEGAL DEFENSE AND INDEMNIFICATION
 RISK MANAGEMENT DIVISION
 SFN 61580 (12-2018)

Pursuant to North Dakota Century Code § ch. 32-12.2

On the date below, I was served with a copy of legal pleadings in the matter of:

Date Served
Matter of

in which a claim is asserted against me as a state employee. A copy of the pleading served on me is attached.

The allegations against me in this suit pertain wholly to activities within the scope of my employment.

Pursuant to N.D.C.C. § 32-12.2-03(6), I hereby request: 1) legal representation in this matter by an attorney hired by the Risk Management Fund and 2) indemnification by the state of North Dakota.

I promise to provide to the attorney assigned to represent me and/or the State of North Dakota, complete disclosure of all facts known to me or learned by me and I further promise to cooperate fully with the attorney(s) hired by the State in the defense of this lawsuit.

I have read, understand and agree to the foregoing conditions of representation by the Risk Management Fund and the State of North Dakota.

Signature	Date
Home Telephone Number	Cell Phone Number
Email Address	

Within 10 days of being served, send to:

ND Office of the Attorney General
 500 North 9th Street
 Bismarck ND 58501-4509
 Phone: 701-328-3645; Fax: 701-328-4300

The Head of Your Employing Agency

and to:

OMB – Risk Management Division
 1600 East Century Ave, Suite 4
 Bismarck ND 58503-0649
 Phone: 701-328-7584; Fax: 701-328-7585
 Email: rminfo@nd.gov