



**MARK BRNOVICH**  
**ATTORNEY GENERAL**

**OFFICE OF THE ARIZONA ATTORNEY GENERAL**  
**STATE GOVERNMENT DIVISION**

**DAWN NORTHUP**  
**DIVISION CHIEF COUNSEL**  
**DIRECT PHONE NO. 602-542-8872**  
**DAWN.NORTHUP@AZAG.GOV**

**REQUEST FOR A WAIVER OF CONFLICT FORM**  
Standard turnaround for a waiver is 5-7 business days.

Date of Request:		Expedited Request:*	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Date Needed:	
<b>*If yes, please provide reason for exceptional circumstance:</b>						
Requesting Attorney:		Email:				
Firm on State Contract:		Phone:				
Firm Address:						
Atty(s) involved in new representation:						
State Agency(s) involved (be specific):						

<b>REPRESENTATION IN THE NEW MATTER:</b>	
Client(s):	
Caption Matter:	
Court (if any):	
Case/ID Number:	
Briefly describe your representation (attach copies of any documents relating to your waiver request (i.e., complaint, etc., if any):	
To the extent that the firm expresses an opinion that no waiver is required, provide an explanation of the basis for that belief:	

Please indicate whether any attorneys who will be working on the matter for which the waiver is sought were employed by AGO, the relevant State entity, or the Governor's office within the previous 2 years. Additional sheets can be attached as necessary.

Is the firm currently representing any State agency(s), if so, please list any and all cases (include attorney(s) involved in the matter)
If the firm has represented the State in the last 2 years, please list any and all cases (include attorney(s) involved in the matter) and dates of representation:

Email your request to: [WaiverRequests@azag.gov](mailto:WaiverRequests@azag.gov)  
Copy to: Dawn Northup @ [Dawn.Northup@azag.gov](mailto:Dawn.Northup@azag.gov)