eROF Mitigation Specialist

Date Submitted:	Attorney Name:	Attorney Phone Number:

Return E-mail Address(es):

Client Name: (Last Name, First Name)	Case Number:

Case Type:	Primary Charge:

Status:	Preferred Specialist:	Hours Requested	Total Cost:

Has Mitigation Specialist agreed to accept appointment:

Rationale & Special Instructions:

Submit eROF

OCC Administration

OCC Comments:

Disposition:	Authorized Signature & Date:

Return eROF