



## Office of Legal Affairs

### Contract Review Intake Questionnaire

Date:

Requester Name:

Department Name:

Names of Parties to the Agreement Besides UCM:

Name of Sponsoring Campus Division:

Requested Timing for Review:

Please Summarize the Purpose of this Agreement:

Who Has the Authority to Execute this Agreement:

Please Highlight the Terms of the Agreement that Require Counsel Review

Has the Campus Ever Entered into this Agreement or a Similar One Previously? Yes No

(If "Yes", Please Provide the Name and Title of the Person who Reviewed it):

Has this Agreement Been Reviewed by UC Legal? Yes No

(If "Yes", Please Provide the Name of the Person who Reviewed it and Attach Their Advice if it Exists):

Is this a Renewal? Yes No

(If "Yes", Please Provide a Copy of the Original Agreement)

Term of Original Agreement (Provide Specific Dates):

Is this an Amended Agreement? Yes No

(If "Yes", Please Highlight the New Amended Terms for Our Review)

Is this Agreement from a UC Template? Yes No

(If "Yes", Please Attach a Copy of the Redline if it Exists)

Does this involve Review of Insurance and/or Indemnification? Yes No

(If "Yes", Please Forward to Cindi Zimmerman for Indemnification Review)