

APPLICATION FOR LEGAL AID PLAN

Date: _____

Name: _____

Lodge # _____

Address: _____

Member No: _____

President: _____

Phone: Work () _____

State Trustee: _____

Home () _____

Private e-mail address: _____

Reason for Legal Aid:

Criminal Charges or investigation: _____

Civil Suit _____

Administrative Hearing, grievance hearing, civil service hearing
etc.: _____

Date of Incident or agency decision: _____

Why are you requesting legal assistance? Please give a brief synopsis of the facts and reason(s) for your request for legal assistance. Include relevant information such as police reports and agency rules or policy if these documents are available. Please be brief and concise. Be explicit as to your exact reason for seeking legal assistance. (For example, if you have filed a grievance and need an attorney for a grievance hearing)

Chosen Attorney:

Name: _____

Address: _____

Phone: () _____

Send Completed Application to:

Richard Hattendorf

N.C. State Lodge FOP Counsel

1500 Walnut Street

Cary, NC 27511-5927

FOR FOP USE ONLY:

Date Received _____

Date Approved _____