|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Lodge #: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. | Member #: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. | Membership Class: | [ ]  Active [ ]  Class A Associate |

**Reason for Legal Aid:**

(Check the appropriate box below)

[ ]  Administrative Hearing [ ]  Disciplinary Hearing [ ]  Grievance Hearing

[ ]  Citizens Review Board Hearing [ ]  Civil Service Hearing [ ]  Giglio Hearing

[ ]  Worker’s Compensation Industrial Commission Hearing [ ]  Attorney Consultation

[ ]  Sheriff’s Education Training Standards Commission Hearing [ ]  Other

[ ]  Criminal Justice Education &Training Standards Commission Hearing

**All Criminal & Civil requests should be filed through the FOP Legal Defense Plan - www.foplegal.com**

**Date of Incident:**      **Date of Agency Decision:**

Please provided a detailed synopsis of the incident for which you are seeking legal assistance. Additionally, include the following information: the facts & circumstances of your incident, any allegations you are facing and/or recommended discipline, your hearing date, your hearing officers name, and any other pertinent information in reference to your legal assistance request.

**Synopsis of Incident:** Click or tap here to enter text.

**Attorney Information:**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone:        Click or tap here to enter text.

Email: Click or tap here to enter text.

If you do not know a lawyer or law firm that you would like to utilize, please reach out to your local executive board, State President, or Legal Aid Committee Chairman for guidance.

**Legal Aid Plan Agreement**

As a participant in the Legal Aid Plan of the North Carolina State Lodge of the Fraternal Order of Police, I understand that the plan will pay for legal services provided to me. I also understand that if I prevail and recover or receive compensatory damages, punitive damages, attorney’s fee awards or any other award or settlement, whether by order of court, jury verdict or agreement or settlement of the parties, I may be required to reimburse the Plan for legal services provided to me. I further understand that the amount of reimbursement required, if any, will not exceed the amount of my recovery.

I agree to the terms stated above and accept the legal aid or services provided to me through the plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Lodge Seal Local Lodge Secretary’s Signature

**Application Submission Procedure:**

Once you have completed your Application for Legal Aid Plan and signed for the Legal Aid Plan Agreement, please email it or mail it to your local lodge secretary for processing.

**The application must be typed.**

**For FOP Use Only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_