

REQUEST FOR LEGAL DEFENSE

1. Member's name, address and contact phone number: \_\_\_\_\_

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2. Lodge name and number: \_\_\_\_\_

3. Name of attorney, address and phone number: \_\_\_\_\_

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4. Amount requested by attorney: \_\_\_\_\_

5. Date of Incident: \_\_\_\_\_

6. Details of Incident (Use additional sheet if necessary)

7. Brief statement of facts concerning the allegations or issues in dispute

8. Final results of hearing or court decision

9. Any other relevant information

STATEMENT OF LODGE SECRETARY: The above member was a member in good standing of Lodge # \_\_\_\_\_ at the time the above incident occurred. His/her dues were not in arrears at the time the above incident occurred. Lodge # \_\_\_\_\_ was not in arrears of its per capita at the time said incident occurred.

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Signature of Lodge # \_\_\_\_\_ Secretary

STATEMENT OF STATE SECRETARY: The above information is correct and true to the best of my knowledge and the requesting member's application and fee for the Legal Defense plan had been received and accepted by the State Lodge and was covered by the Legal Defense Plan the date the incident occurred.

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Signature of State Secretary

STATEMENT OF REQUESTING MEMBER: The above information is correct and true to the best of my knowledge. I agree to comply with all of the provisions of the Constitution and By-Laws of the Alabama State Lodge of the Fraternal Order of Police and the terms and conditions of the Alabama State Lodge Fraternal Order of Police Legal Defense Plan including Article III, Section 2, part B of said Plan.

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Signature of Requesting Member of Lodge # \_\_\_\_\_

OFFICE USE ONLY

Effective Date of Coverage: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_

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

Date Mailed to Chairperson: \_\_\_\_\_