

**NORTHERN COLORADO FRATERNAL ORDER OF POLICE**

**LEGAL AID REQUEST FORM**

This form is to be completed and returned to the Lodge President for consideration by the board or membership. This form does not apply to any Legal Defense fund claim and is only used for offensive actions that a member may need assistance in. If you have questions regarding if the Lodge would cover an incident or, if it is a LDF claim, contact a board member. Failure to disclose information or giving false information will result in any approval being rescinded & the member liable for fees. The member shall be liable for all expenses above the approved amount. They member must request additional funds BEFORE the expenses are incurred.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

DESCRIBE INCIDENT (Include witnesses, description of event, need for legal aid):

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

attach additional sheet(s) as necessary.

I attest that the above information is accurate and complete about the incident.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Submitted to President: \_\_\_\_\_ Date: \_\_\_\_\_

Presented to: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_

Description of approval/denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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