Tennessee State Lodge Application for Legal Representation

Member Name:_____ Phone Number:_____

Member Address:_____

Member's Local Lodge Name and Number:_____

Member's Email:_____

Is this an emergency/critical incident request? Yes No
*if yes and you have already contacted an attorney under emergency guidelines then complete attorney information below:
Attorney name and phone number:_____

If not an emergency request do you have a preferred attorney? Yes No
*If yes, attorney name and phone number:_____
If no, would you like the State Lodge to assign you an attorney? Yes No

Brief description of why you are requesting legal (attach additional pages if needed).

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As a participant in the Legal Services Plan of the Tennessee 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 fees, or any other award or settlement, whether by court order, jury verdict, or agreement or settlement of the parties, I will 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.

_____ _____
Signature Date