

Aurora Police Association



LEGAL DEFENSE FUND *Request for Representation*

Claim # _____

Upon completion, please return form to APA Office

Membership #Aurora Police Association LD

Date: _____

Name: _____

Mailing Address: _____

City, State, ZIP Code: _____

Home Phone: _____ Alternate Phone: _____

Sex: _____ Age: _____ Rank: _____

Yrs in Dept: _____ Yrs in Current Rank _____ Yrs as Peace Officer _____

Probationary Employee? _____ Date of Incident _____

Other Subject Officers? _____

Description of Incident/Allegations (*Please describe in your own words*) if *CRIMINAL* only state the nature of investigation: _____

APA:

Date faxed to LD and BBC: _____ By: _____