

BROWARD COUNTY POLICE BENEVOLENT ASSOCIATION

PLAP LEGAL ASSISTANCE REQUEST

Personal Information

Full Name: _____
Last *First* *M.I.*

Home Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Dept. Station/Facility _____ Shift Days Off _____

Date of Request _____

***** PLEASE LIST REASON FOR SEEING MIKE BRAVERMAN *****

(No other legal assistance will be provided by the PBA unless specified in writing)

This form must be filled out an either faxed or emailed to (954) 583-0405 or legal@bcpba.org

TO BE FILLED BY PBA STAFF ONLY

Membership date: _____ Case Type: _____

Case No: _____ Category _____ Assigned Atty _____