

# BROWARD COUNTY POLICE BENEVOLENT ASSOCIATION

## PLAP LEGAL ASSISTANCE REQUEST

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Home Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

Home Phone: \_\_\_\_\_ ( ) \_\_\_\_\_  
City State ZIP Code

Alternate Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Dept. Station/Facility \_\_\_\_\_ Shift Days Off \_\_\_\_\_

Date of Request \_\_\_\_\_

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

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

This form must be filled out and faxed to 954-583-0405, or you can drop it off at our office.

### TO BE FILLED BY PBA STAFF ONLY

Membership date: \_\_\_\_\_ Case Type: \_\_\_\_\_

Case No: \_\_\_\_\_ Category \_\_\_\_\_ Assigned Atty \_\_\_\_\_