

# BROWARD COUNTY POLICE BENEVOLENT ASSOCIATION

## LEGAL ASSISTANCE REQUEST

I hereby request that an Attorney for the Broward County PBA investigate the following incident and provide the legal assistance necessary to obtain the relief sought. Below is noted my personal contact information.

### 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: \_\_\_\_\_

Social Security # \_\_\_\_\_ Dept. Station/Facility \_\_\_\_\_

Shift \_\_\_\_\_ Days Off \_\_\_\_\_ Date of Request \_\_\_\_\_

### DESCRIPTION OF EMPLOYMENT RELATED DISPUTE AND REMEDY SOUGHT

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

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

I HEREBY AUTHORIZE THE PBA TO USE MY NAME IN ANY OF ITS PUBLICATIONS, REGARDING THE OUTCOME OF MY CASE. \_\_\_\_\_ Initial Here

### LIST NAMES OF ALL INDIVIDUALS WHO COULD POTENTIALLY TESTIFY AGAINST YOU:

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

### TO BE FILLED BY PBA STAFF ONLY

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

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

## INITIAL ADVISEMENT CONCERNING PBA LEGAL ASSISTANCE

Please be advised that your initial contact with the PBA Staff Attorney regarding your specific case is strictly for the purpose of evaluation of the case to determine potential conflicts, whether the incident occurred within the scope of your official duties as a law enforcement officer, and the relative merits (strength) of your case. This is only an initial evaluation of the case, but it is important for you to understand that it is a consultation for evaluation purposes and not an assignment of representation by an attorney. However, any information provided during your initial consultation with a PBA Staff Attorney will be completely confidential under the attorney/client privilege. It is the responsibility of the PBA attorney evaluating your case, to use the information you have provided to determine how best to proceed with your case and whether your position conflicts with the position of the Association as a whole or the position of their members who have also sought the legal assistance of PBA Attorneys. In order to meet the responsibilities, you should expect that it will be necessary to discuss information relating to your case and its merits with the officers or representatives of the Association.

After gathering all pertinent information, an analysis of that information and a comparison thereof with Broward County PBA Legal Assistance Policies 86-1 and 95-1, a determination will be made concerning formal assignment of a Staff Attorney for representation. If no conflicts of interest are apparent in your case, your case presents sufficient merit and you otherwise qualify for legal assistance, you will receive written notification of Staff Attorney representation. On the other hand, if there are questions of merit, such as a relatively minor level of discipline, i.e., oral counseling or written reprimand with no widespread potential effect on the bargaining unit, involvement with drug usage or other prohibited activity under the policy or an extremely strong case against a member with defenses, pursuant to 95-1, a merit review before the Executive Board may be required to determine if assignment of a PBA Staff Attorney is warranted. Resolution of conflicts or merit review necessarily involves discussion of your case with other officers or representatives of the PBA.

With regard to incidents that occur off duty, and fall outside of the PBA's legal assistance policy, upon determination of such facts in the initial consultation, a written notice of non-assignment of PBA staff representation will be issued with a referral to the Broward County PBA Pre-Paid Legal Assistance Program (L.A.P.) which covers representation for administrative aspects of off duty incidents. Please be advised that the costs associated with the L.A.P. are governed by the L.A.P. Policy and will be explained to you by the L.A.P. Attorney. (Please be aware that for off duty incidents, representation on criminal aspects still remains the responsibility of the member, as the PBA does not provide representation for such matters.)

With regard to PBA legal assistance, if a staff attorney is assigned as a result of initial evaluation of your case or by direction of the Executive Board after merit review, the following limitations apply to that representation: PBA attorneys will not be able to assert legal positions on your behalf that conflict with positions of the Association as a whole or that of other members who have also sought legal assistance of PBA attorneys. Where a reasonable settlement is offered by the employer and rejected by the member, continued PBA legal assistance must first be approved by the Broward County PBA Executive Board. If the Executive Board determines that further legal representation is contrary to the best interest of the Association as a whole, then legal representation will be terminated and the member shall be responsible for any furtherance of the case, including any and all legal expenses, fees, and/or costs associated with the case. If at any point in your legal representation, it becomes apparent that a conflict exists: we may attempt to resolve the conflict; you may be referred to independent outside counsel or you may be denied continued legal representation. You will be notified if such a conflict is discovered and what action will be taken by the Association.

**I HEREBY** acknowledge reading and understanding the information provided above with regard to any legal assistance benefits.

**Member Name (Print)** \_\_\_\_\_

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- ◆ Member contacted the PBA under emergency circumstances by telephone, and the initial consultation was conducted by telephone conference at which time the member was read and advised of the information set out above.

**PBA STAFF ATTORNEY** \_\_\_\_\_ **Date** \_\_\_\_\_

## **UNDERSTANDING YOUR BENEFITS OF LEGAL ASSISTANCE TO REPRESENTATION FROM THE ASSOCIATION**

It is the policy of the PBA legal department to provide legal assistance to you in good faith, consistent with organizational policy, the duty of fair representation owed by the Association to you, applicable laws, regulations and ethical standards. Since the PBA is called upon to provide legal assistance to many members with differing and often conflicting interests, you must be aware of the following aspects of your legal assistance relationship with the PBA, your responsibility while receiving PBA legal assistance, those of the PBA and its attorneys, and the limits of your legal assistance benefits.

First, as to your obligations while receiving PBA legal assistance, it is your responsibility to assist the PBA and its staff personnel in gathering case related information, including the names of potential witnesses in this matter. This will allow us to determine the appropriate manner in which to proceed with your case.

Second, as to the responsibilities of the PBA attorneys during any legal representation, it is their responsibility to use the information you have provided to determine how best to proceed with your case and whether your position conflicts with the position of the Association as a whole or the position of other members who have also sought the legal assistance of PBA attorneys. In order to meet these responsibilities, you should expect that it will be necessary to discuss information relating to your case and its merits with the other officers or representatives of the Association.

Finally, as to the limits of your legal assistance benefits under Broward County PBA Policies 86-1 and 95-1, you should be aware that PBA Attorneys will not be able to assert legal positions on your behalf that conflict with positions of the Association as a whole or that of other members who have also sought the legal assistance of PBA Attorneys. If at any point in your legal representation it becomes apparent to PBA Legal Staff that a conflict exists: we may attempt to resolve the conflict; you may be referred to PBA approved, independent outside counsel; or you may be denied continued legal representation. You will be notified if such a conflict is discovered and what action will be taken by the Association.

I acknowledge receipt of this disclosure statement, agree to its terms and agree to work cooperatively with my PBA attorney in the handling of this matter.

\_\_\_\_\_ Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
**MEMBER SIGNATURE**

**MEMBER NAME (PLEASE PRINT)** \_\_\_\_\_

**BROWARD COUNTY PBA LEGAL ASSISTANCE POLICIES 86-1 AND 95-1**

PLEASE BE ADVISED, that pursuant to Broward County PBA Legal Assistance Policies, only members are entitled to legal assistance by PBA Attorneys.

If, at any time, it is determined that an applicant for legal assistance is not a PBA member in good standing, legal assistance by a PBA attorney will be terminated.

I acknowledge receipt of this admonition and understand it. I further acknowledge receipt of the Broward County PBA Legal Assistance Policies 86-1 and 95-1 and Florida PBA Policy No. 3-80, copies of which are herein attached, and agree to work cooperatively with my PBA Attorney or attorney retained by the PBA in the handling of this matter.

I have not retained any other attorneys regarding this matter. If I should at any time obtain private counsel in this matter I agree to immediately notify the PBA. I also understand that the PBA will withdraw from this matter and have no further responsibilities to represent me in this case.

I acknowledge receipt of this disclosure statement and agree to work cooperatively with my PBA Attorney in the handling of this matter.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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**Member Signature**

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

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

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

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