

BRANCH BOARD REF:



C1

APPLICATION FOR LEGAL ASSISTANCE - CIVIL CLAIM

1. Has legal assistance been obtained previously in respect of this matter? Yes No

If YES give Central Committee reference

Solicitor's name and reference (if known)

Names of other members also seeking assistance in relation to this matter

POLICE FEDERATION MEMBER'S DETAILS

Full name Sex

Private address

Postcode

Rank and number Force

Police station to which attached

Telephone: Home Telephone: Station

Mobile Email

APPLICANT'S DETAILS (IF NOT SAME AS ABOVE)

Full name Sex

Private address

Postcode

Telephone: Home Station

Mobile Email Date of Birth

(C) Ethnicity

White-British <input type="checkbox"/>	White-Irish <input type="checkbox"/>	White-Other <input type="checkbox"/>	<input type="checkbox"/>
Mixed-White & Black Carribean <input type="checkbox"/>	Mixed-White & Black African <input type="checkbox"/>	Mixed-White & Asian <input type="checkbox"/>	Mixed-Other <input type="checkbox"/>
Asian/Asian British-Indian <input type="checkbox"/>	Asian/Asian British-Pakistani <input type="checkbox"/>	Asian/Asian British-Bangladeshi <input type="checkbox"/>	Asian/British-Other <input type="checkbox"/>
Black/Black British-Caribbean <input type="checkbox"/>	Black/Black British-African <input type="checkbox"/>	Black/Black British-Other <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other (please specify)	<input type="text"/>		Prefer not to say <input type="checkbox"/>

RELEVANT INFORMATION

I CERTIFY that the incident/issue arose :

Whilst I was engaged on police duty Yes No

Whilst I was travelling to / from police duty Yes No

Whilst off duty Yes No

NOT APPLICABLE - FAMILY APPLICANT Yes No

Are you currently pursuing any other personal injury claim (including criminal injuries claim)? Yes No

Are you intending to pursue a CICA claim in relation to this accident/incident? Yes No

If **YES**, please provide details

Have you previously suffered personal injury in an accident/s or an incident/s and pursued a civil claim? Yes No

If **YES**, please give circumstances of accident and injuries sustained

Was your civil claim funded by the Police Federation? Yes No

If **YES**, please provide details of reference numbers, etc.

Have you received compensation for any injury/injuries sustained? Yes No

If **YES**, please provide details

ONLY TO BE COMPLETED IN THE CASE OF FATAL ACCIDENTS

Where available, copies of the relevant certificates are attached :

Marriage Yes No

Birth Yes No

Death Yes No

The name, relationship and date of birth of next of kin

Full address of above

Full names, addresses and dates of birth of deceased's children or other dependants

Is an Inquest to be held? If so, please give date and place (full address)

Has a Grant of Probate/Letter of Administration been taken out? If not, do you wish the Federation Solicitors to attend to this?

ACCIDENT DETAILS

Date, time and place of accident

Brief nature of incident (ie, R.T.A., etc)

In the case of an accident involving motor vehicles, give **FULL** names and addresses of **owners/drivers, registration marks and names, addresses and policy numbers** of insurers. (If own private vehicle involved state type of cover, ie, comprehensive/third party).

If road traffic accident, which force/station is handling investigation

Hearing Loss - complete Hearing Loss questionnaire

Health and Safety at work - issues -
Complete Health and Safety Information Sheet

Have you received compensation for any injury/injuries sustained?..... Yes No

If **YES**, please provide details

Who do you believe is responsible for the accident and why? Please give details of that party's name and address if not specified above.

Name and addresses of witnesses (if any)

IMPORTANT

PLEASE ATTACH A DETAILED WRITTEN STATEMENT, A SKETCH PLAN,
PLUS ANY OTHER SUPPORTING DOCUMENT

INJURIES

Please list all injuries suffered by you in the accident

Have you recovered from all your injuries? If not, please give full details of any physical or mental problems suffered as a result of the accident

Name and address of hospital attended with hospital number and name of consultant (if known)

How many times have you attended the hospital since the accident?

Name and address of your General Practitioner

Do you still need to resort to any medication, including painkillers? If so, please give details

Do you consider that your condition is improving, static or deteriorating?

ABSENCES AND FINANCIAL LOSSES

Specify dates of absence from work

Detail any loss of overtime, allowances, or other benefits

Please give your National Insurance number

Have you claimed any benefits yet from the DSS?

Please give FULL details of all other losses suffered as a result of the accident, including vehicle damage, increased transport costs, property damage and family expenses. (Continue on separate sheet if necessary)

AUTHORITY FOR RELEASE OF MEDICAL RECORDS

I authorise you to release details of my records in your possession to my Solicitors or to such other person or persons as they may direct.

Signed

Full name

Date of Birth

Dated

CONDITIONS

This section must be completed by the member

I understand that the Central Committee will not be responsible for any costs prior to their written instructions being sent to the nominated solicitor.

In consideration of the Police Federation granting legal assistance to me, I understand that if, as a result of any dishonest or wilful act of omission or exaggeration on my part, the Federation incurs liability for legal costs and/or disbursements that are not recoverable from a third party, then I will be liable to reimburse such costs and/or disbursements to the Federation. In the event of any recovery of damages, I authorise that such costs are paid from my damages.

I understand that in all cases where support is given to pursue a claim for injuries suffered by members of my immediate family, any costs and/or disbursements which the solicitors are unable to recover on the completion of the claim from the Defendants will be the responsibility of the members of my family on whose behalf they were incurred and the Federation may take all reasonable steps to recover these costs and/or disbursements from me.

Date **Signed**

CERTIFICATION

This section must be completed by the Branch Board Secretary

I certify that the member had signed the above conditions and is entitled to assistance as a contributor within the Rules of the Federation Funds.

Date **Signed**

(BRANCH BOARD SECRETARY)