

# POLICE FEDERATION

## APPLICATION FOR LEGAL ASSISTANCE — CIVIL CLAIM

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

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### TO BE COMPLETED BY THE APPLICANT

Full name ..... Sex .....

Private address .....

..... Post Code .....

Rank and number ..... Force .....

Police station to which attached .....

Telephone Home ..... Station .....

Ethnicity

Northern European		African		Oriental	
Southern European		Middle Eastern		Other	
African Caribbean		Asian			

### RELEVANT INFORMATION

I certify that the accident arose :

Whilst I was engaged on Police Duty	YES/NO
When travelling to / from Police Duty	YES/NO
Whilst off duty	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 .....

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Have you previously suffered personal injury in an accident/s or an incident/s and pursued a civil claim	YES/NO
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If **YES**, please give circumstances of accident and injuries sustained .....

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Was your civil claim funded by the Police Federation?	YES/NO
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If **YES**, please provide details of reference numbers, etc. ....

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Have you received compensation for any injury/injuries sustained?	YES/NO
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If **YES**, please provide details .....

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**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 .....

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Full address of above .....

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

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Is an Inquest to be held? If so, please give date and place (full address) .....  
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Has a Grant of Probate/Letter of Administration been taken out? If not, do you wish the Federation's Solicitors to attend to this?  
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**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  
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If road traffic accident, which force/station is handling investigation .....

Have you received compensation for any injury/injuries sustained?	YES/NO
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If **YES**, please provide details  
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Who does the officer believe was responsible for the accident and why? Please give details of that party's name and address if not specified above.  
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Names and addresses of witnesses (if any) .....

**IMPORTANT** A DETAILED WRITTEN STATEMENT, A SKETCH PLAN, PLUS ANY OTHER SUPPORTING DOCUMENTS, MUST BE ATTACHED TO THIS CLAIM BEFORE IT CAN BE PROCESSED

**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

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

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

Name and address of your General Practitioner .....

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How many times have you consulted your General Practitioner since the accident? .....

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

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

**ABSENCES AND FINANCIAL LOSSES**

Specify dates of absence from work .....

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Detail any loss of overtime, allowances, or other benefits .....

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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)

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**AUTHORITY FOR RELEASE OF MEDICAL RECORDS**

I authorise you to release details of my records in your possession to my Solicitors, Messrs Russell, Jones & Walker, 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 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.

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 or 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.

Date ..... Signed .....

## CERTIFICATION

This section must be completed by the Branch Board Secretary

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

Date ..... Signed .....

(BRANCH BOARD SECRETARY)