

# POLICE FEDERATION

*This form should only be  
used when accompanying  
Form C1*

## APPLICATION FOR LEGAL ASSISTANCE CIVIL CLAIM — MEMBER'S IMMEDIATE FAMILY

This form must be attached to, or relate to, an application by a Contributing Member on Form C1 and when seeking legal assistance in civil claims directly connected with the principal claim under Police Federation Fund Rules. The Branch Board Secretary is requested to ensure that both Forms C1 and C1F are completed IN DUPLICATE and forwarded to the appropriate Central Committee according to the rank of the applicant.

### 1. CONTRIBUTING MEMBER DETAILS

Full name of police officer .....

Force .....

Date of accident .....

### 2. PERSONAL DETAILS

Full name of family member .....

Address .....

.....

Date of birth ..... Relationship to member .....

Telephone number ..... (Home) ..... (Work)

### 3. INJURIES

- (a) Please list all injuries suffered by you in the accident .....
- .....
- .....
- .....
- (b) 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 .....
- .....
- .....
- .....
- (c) Name and address of hospital attended with hospital number and name of consultant (if known)
- .....
- .....
- (d) How many times have you attended the hospital since the accident? .....
- (e) Name and address of officer's General Practitioner .....
- .....
- (f) How many times have you consulted your General Practitioner since the accident? .....
- (g) Do you still need to resort to any medication, including painkillers? If so, please give details .....
- .....
- (h) Do you consider that your condition is improving, static or deteriorating? .....