



**REQUESTS FOR LEGAL ASSISTANCE
LEGAL DEFENSE FUND
Municipal Clerks' Association of New Jersey**

I. NAME: _____

HOMEADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ EMAIL _____

II. MUNICIPALITY: _____ COUNTY: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

III. TITLE: _____ DATE OF HIRE: _____

IV. DATE OF LAST INCIDENT LEADING TO COMPLAINT: _____
(COMPLAINT MUST BE SUBMITTED WITHIN (20) TWENTY DAYS)

V. COMPLAINT:

A. Attach separate sheet with

1. Complete explanation
2. List of dates and events leading to complaint
3. Nature of relief sought
4. Copies of pertinent documents and statutory references, if applicable.
5. Letter from attorney accepting the case.

VI. DEDUCTIBLE

I understand that if my claim is approved by the Legal Defense Fund Committee, that I am responsible for the first \$500.00 due to my attorney as the deductible.

Signed: _____

Date: _____

For office use only

Received by Legal Defense Fund

DATE: _____

Debra Sopronyi, MCANJ Chairperson LDF
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