



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd. - Albany, NY 12209
(518) [427-1551 nyscopba@nyscopba.org](mailto:nyscopba@nyscopba.org)



LEGAL DEFENSE FUND APPLICATION

To: _____ Date: _____
(Your Regional Vice President)

From: _____ Title: _____
(Your name) (Your title)

Agency and Facility: _____ E-Mail: _____
(Your agency and work location) (Please print)

Telephone: _____
(Home phone) (Cell Phone)

Amount Requested:

All information and documents below are REQUIRED. The application CANNOT be considered by the Executive Board until all three requirements below are met.

- 1. Attach a copy of the information, complaint, accusatory instruments and/or Grand Jury Subpoena.** If you do not have any of the above, attach an additional sheet containing date, time, nature of the arrest and the agency and/or department who arrested you.
- 2. On an attached sheet, state how your alleged act or omission occurred in the course and scope of your lawful performance of duty.** The Executive Board will consider whether assisting in such legal defense is consistent with the overall interests of the general membership.
- 3. Attach documents showing you applied for reimbursement under NYS Public Officer Law §19.** The application for reimbursement is attached to this application and must be sent by you, via certified mail return receipt requested and via regular mail to the Attorney General's Office. Reimbursement under Section §19 of the Public Officers Law is time-sensitive and is conditioned on delivering to the Attorney General's office a written request for reimbursement within ten (10) days after arraignment or after a grand jury appearance. Written evidence (such as a subpoena) of the grand jury appearance is also required. Further, §19 of the Public Officers Law conditions reimbursement upon your full cooperation in the defense of any action or proceeding against the State which might have arisen out of your actions. Reimbursement is left to the discretion of the Attorney General's Office. (Attached is a copy of Public Officer's Law §19 and the policy adopted by the Executive Assembly October 2012.)

Signed: _____ Date: _____



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[Date]

Hon. Letitia James
NYS Attorney General
Office of the Attorney General
The Capitol
Albany, NY 12224-0341

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
AND REGULAR MAIL

Re: Reimbursement of Attorney Fees

Dear Attorney General James:

I am employed as a _____ with the _____ (Department/Agency). Pursuant to § 19 of the Public Officers Law, I am writing to request reimbursement of attorneys' fees and litigation expenses.

Enclosed is a copy of my accusatory instrument.

Please let me know if you require any additional information.

Very truly yours,



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[Date]

Hon. Letitia James
NYS Attorney General
Office of the Attorney General
The Capitol
Albany, NY 12224-0341

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RETURN RECEIPT REQUESTED
AND REGULAR MAIL

Re: Reimbursement of Attorney Fees

Dear Attorney General James:

I am employed as a _____ with the _____ (Department/Agency).
On _____, I was required to appear before the _____ Grand Jury. Pursuant to § 19
of the Public Officers Law, I am writing to request reimbursement of attorneys' fees and litigation
expenses.

Please let me know if you require any additional information.

Very truly yours,