

To initiate request for AFT Connecticut Legal Assistance:

Send a copy of this Form to the AFT Connecticut Attorney. They will contact you by telephone upon receipt.

Date _____

REQUEST FOR LEGAL ASSISTANCE

1. This request is submitted on behalf of:

the undersigned local the individual specified below

2. A concise statement of the problem is: (i.e., the employee is threatened with termination because...; the local's right to be present at grievance hearings has been denied... Please use the reverse side if more space is required to make need clear.)

2a. If this is a DCF referral, is the member out on administrative leave?

Yes No

3. Is there a hearing or other proceeding which has **already** been scheduled and at which legal assistance is required? If so, before whom, where and when is it scheduled?

Yes No

4. If an individual rather than the local is the party in need of assistance, provide the following information:

Name _____ Position _____

Work Address _____ Cell _____
Phone _____

Home Address _____ Home _____
Phone _____

Personal Email _____

When did this individual join AFT CT? _____

5. This request submitted through Local # _____ Town of _____

By its President _____

Telephone Number _____ Address _____

INSTRUCTIONS:

- 1) Send one copy of this form to:
Ferguson, Doyle & Chester, P.C
35 Marshall Road
Rocky Hill, CT 06067
Email: office@fdclawoffice.com
Fax: (860) 529-0339
- 2) Send one copy of this form to the AFT CT Office:
Email: nshea@aftct.org
Fax: (860) 257-8214