



Application For Legal Disciplinary Assistance Under Regulation 17

PLEASE COMPLETE IN TYPED FORMAT - NO HAND WRITTEN SUBMISSIONS

Legal Conduct Form

Date sent

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Instructions:

1. Complete the form in full.
2. Sign and date the declaration.
3. Attach all relevant documents to the form.
4. If confidential, this may be forwarded directly to the chair.
5. Applicants must supply full and accurate information upon which a solicitor or friend can be instructed at this stage.

I am a contributing member of the British Transport Police Federation, not in arrears with contributions, and was a contributing member at the time of the alleged incident.

I hereby agree to pay the British Transport Police Federation on demand the legal costs contribution that may arise under the above terms and is contained in my letter of authorisation from the Chair.

I accept that the contribution will be determined at the discretion of the Chair and once notified to me, become payable on demand.

I understand that the Federation will not be responsible for any costs incurred prior to their written instructions being sent to the nominated Solicitor to act on my behalf.

I further understand that legal advice will cease at the time I am charged or summoned with any criminal or discipline offence and that it will be necessary to seek authorisation separately, through my Solicitors, for representation before any Criminal Court or Discipline Board at which I am entitled to legal representation.

Terms & Conditions

Subject to the terms of this regulation and the relevant member not being in arrears with the subscription or other dues, the said member should be entitled to such legal advice as the circumstances may require upon acting as a constable on or off duty, at the discretion of the chairperson. No member shall be entitled to legal advice upon the happening of such event as is mentioned above unless prior notification has been given through the area secretary or the national chairperson within 28 days of the event. An extension of this time limit may be permitted at the discretion of the national chairperson. The necessary application form must be completed with a full report of the event causing the application. This may be under separate cover, and anything within the report shall be treated as confidential between the member the national chairperson and where necessary, information concerning this application may be disclosed to the appointed conduct lead. No financial assistance in relation to any allegation of driving with excess alcohol or any non-prescription drink or drug-related matter will be granted.

GENERAL

The provision of legal assistance involving the support of legal proceedings is a matter entirely at the discretion of the chairperson, who shall, in considering whether or not proceedings shall be supported, take all factors into account, including the amount at stake, the principals involved, the conduct of the member and all other relevant factors. In all cases where it is decided that assistance shall be given, the member may, at the discretion of the national chairperson, be required to contribute to or pay the costs involved.

The acceptance by the Federation of liability for legal assistance under these regulations shall be strictly subject to the observance by the member of the following conditions:

- (a) negotiations or legal or other proceedings required in the case shall be wholly carried out or initiated or negotiated by the federation or its agents employed or retained for that purpose, and
- (b) should any member make arrangements to settle without consent of the national chairperson or the appointed legal representative the member shall be liable to indemnify the Federation for whatever costs the Federation may have incurred.

If there is a dispute regarding the granting of legal assistance, then an appeal may be made to the management board; three members sitting without the chairperson and general secretary for adjudication.

Application for legal advice shall only be made by a member, through the divisional secretary, to the national chairperson, who shall have discretion in granting such advice.

Any member or dependent receiving the benefit of the Federation's assistance under these rules shall at all times give such information and render such assistance within the member or dependent's power or control as the case may require.

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL – YOU CAN VIEW OUR PRIVACY POLICY AT www.btpolfed.org.uk/privacy

Section A — Claimant's details

☐ Mr. ☐ Mrs. ☐ Ms.
☐ Miss ☐ Other

Claimant's name

Home Address

Postcode

Date of birth

 / /

Telephone number

Personal e-mail address

Rank and Station

Warrant No.

Work Address

Postcode

Date of incident

 / /

If exact incident date is not known please select the most appropriate date and provide further details in Section 1.1

Section B — Representative details

Name

Station Address

Postcode

Committee

Telephone number

E-mail address

Section C — Incident details

1.1 Please provide a comprehensive account of the event or issue that forms the basis of your request for legal advice or assistance. Include, where possible:

- The name and details of any investigating officer appointed to the matter.
- Any other relevant information or circumstances that may assist in evaluating your application.

Please note that this written communication will be forwarded to nominated Solicitors and will be treated in the strictest confidence accordingly.

Section G — Other relevant information

2.1 I certify that the incident/issue arose
(please select all the applicable options)

Whilst I was engaged on police duty

Is directly related to police duty

Whilst traveling to or from duty

I am currently suspended from duty

2.2 If applicable, have you attached a
copy of your Regulation 17 Notice or
Summons?

Yes

No

2.3 Have you provided a typed or
handwritten statement detailing the
issue as requested in section C 1.1

Yes

No, this has been sent directly to the Chair

Section H — Signature

☐ I am the Claimant

☐ I believe that the facts stated in this form are true.

Signed - Full name accepted as Signature

Date

 / /

Name of Area Secretary

Date

 / /

☐ I have retained a signed copy of this form