



## North Carolina Fraternal Order of Police

### Legal Aid Plan

### AGREEMENT

As a participant in the Legal Aid Plan of the North Carolina State Lodge of the Fraternal Order of Police, I understand that the plan will pay for legal services provided to me. I also understand that if I prevail and recover or receive compensatory damages, punitive damages, attorney's fee awards or any other award or settlement, whether by order of court, jury verdict or agreement or settlement of the parties, I may be required to reimburse the Plan for legal services provided to me. I further understand that the amount of reimbursement required, if any, will not exceed the amount of my recovery.

I agree to the terms stated above and accept the legal aid or services provided to me through the plan.

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Date

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Signature

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Lodge Seal

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Local Lodge Secretary's Signature