



FOP Legal Defense Plan Testimonial Survey



Participants Name: _____ **Phone Number:** _____

Attorney Name: _____ **Phone Number:** _____

Plaintiff Name: _____ **Case Type:** _____

Date of Incident: _____ **Date Claim Reported:** _____

Claim Status: (Open/Closed) _____ **Date Closed:** _____

Total Defense Dollars Spent: _____

Below please provide a description of the incident and allegations:

(Use back or separate sheet if necessary)

Below please provide any additional comments relative to this case that would be worth mentioning. You can also use this section for any general comments about the FOP Legal Plan.

(Use back or separate sheet if necessary)

Do we have your approval to mention your name and firm in testimonial article? Y__ N__

Signed: _____ **Date:** _____