



PRELIMINARY LEGAL REPORT

Date submitted _____

Local name & number _____

Member name _____

Member address _____

NOTE: If there are multiple members, attach separate sheet with names and addresses.

Local president name _____

Local president email _____

Local president phone _____

ATTORNEY

Attorney name _____

Law firm name _____

Attorney email _____

Attorney phone _____

CFT/Local retainer Yes No

CASE DESCRIPTION

Section of Legal Defense Policy case applies to _____

Type of case Reduction in force Unfair labor practice Dismissal Binding Arbitration (Job Security)

Other _____

Where case is being pursued PERB/NLRB Court Other _____

Estimate of anticipated total legal cost _____

If cost exceeds \$25,000, please explain:

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CASE DESCRIPTION

Please outline the issues in the case and your recommended course of action.

Local President Signature _____ Date _____

CFT Field Representative Signature _____ Date _____

FOR OFFICE USE: Date received _____ Date reviewed by CFT Secretary Treasurer _____

