



Request For Representation By A NAPS Branch 100 Advocate Contact Sheet

Print Last Name, First Name: _____

Office Where Discipline Was Issued: _____

Cell Phone Number () - Personal eMail Address: _____@

Type of Discipline Issued: _____ Date of Discipline Letter: _____

Requirements For Representation

- I am currently a full-time member of NAPS Branch 100.
- I agree to fully cooperate with my NAPS representative by providing him/her with factual written statements and documentation to support my disciplinary appeal.
- False information provided may result in the withdrawal of representation by NAPS Branch 100.
- I understand that NAPS Branch 100 officers and advocates are not paid employees of the NAPS organization nor are they legally bound to provide representation.
- I understand that NAPS Branch 100 officers and advocates are not lawyers or legal advisors, and I will not hold them legally or financially responsible for the results that transpire from my disciplinary case.
- I reserve the right to withdraw the request for representation by a NAPS Branch 100 advocate at any time during my appeal process.

Signature of NAPS Branch 100 Member

Date

<https://napsbranch100.org/>