

REQUEST FOR LEGAL ADVICE/ASSISTANCE

Please note that legal advice and/or assistance may not be available to members who do not meet the Union's criteria. The criteria are listed in full on the MU website or in the Information Letter accompanying this form and published in the MU Members' Handbook.



Name:

Joining date:

Region:

Membership Number:

Address:

Postcode:

Please select how you would like us to contact you:

- Mobile:
- Daytime:
- Email:

Please complete the following and attach your signed statement: -

1) Who is your claim against?

.....

Address (if you can supply it, please include any phone numbers or email addresses):

.....

.....

Do you know if they are MU members? YES NO

2) Have you previously taken legal advice, issued or defended a claim, or made any application to the court on this matter? YES NO

If YES, please give details:

3) Does anyone else stand to benefit from legal advice/assistance on this matter?

YES NO

If YES, please give details:

Are they MU members? YES NO

4) Have you tried to resolve your dispute? YES NO

If YES, please give details:

5) Do you have legal expenses insurance which may cover your claim? YES NO

If YES, please provide a copy of the policy.

6). I attach: -

a). A signed written statement setting out the history of the matter, giving all material facts, events, and dates (including details of any action taken since my claim arose), and the nature of the assistance or advice sought.

b). A copy of any relevant agreements, correspondence or other documentation relating to my claim/query.

6) I confirm the above and the contents of my attached statement are true and accurate.

I consent to the disclosure of the fact I am an MU member in connection with any advice or assistance provided.

SIGNED.....

Date

Please save and email this completed form, your statement and copy documentation to your [regional office](#).