



**Kentucky Association of State Employees
Legal Defense Fund Application**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Home: E-mail: _____ Work e-mail: _____

Cabinet/Agency: _____

Work City: _____

Penalization (Check All that Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Termination | <input type="checkbox"/> Involuntary Transfer | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Layoff | <input type="checkbox"/> Employee Evaluation |
| <input type="checkbox"/> Discrimination → → → → → → | (Circle One) Race, Color, Religion, Ethnic Origin
Gender, Disability, Political, Age (over 40) | |

Other Penalization (Specify): _____

KASE Approved Attorney: _____

Attorney's Phone #: _____ City: _____

Member Signature: _____ Date: _____

Note: *An evaluation of your situation and recommendation by a KASE approved attorney must accompany this application. Contact KASE for a list of approved attorneys. KASE will not reimburse legal expenses incurred through a non-approved attorney.*

**Return Form To:
KASE Legal Defense Fund
P. O. Box 4110
Frankfort, Ky. 40604-4110
Fax: 502-875-3597, Phone: (800) 248-5273**