

# NAPS Disciplinary Defense Fund Representation Request Form

**DDF Applicant Name:** \_\_\_\_\_

**USPS EIN #:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Work Phone:** (     ) \_\_\_\_\_

**Home Phone:** (     ) \_\_\_\_\_

**Date of Notice of Proposed Action  
or Notice of Debt Determination:** \_\_\_\_\_

**Date of Letter of Decision or  
Notice of Involuntary Offset:** \_\_\_\_\_

I request representation from the NAPS Disciplinary Defense Fund (DDF). Representation will be provided by Scialla Associates. The representative provided may not be an attorney. The DDF covers fees and expenses up to \$3,500, authorized evidentiary expenses not to exceed \$1,000, and all travel costs.

If fees or expenses incurred for my defense are expected to exceed the \$3,500 limit, Scialla Associates will notify me, in advance. No additional fees or expenses will be incurred for my representation without my authorization. If I do authorize additional fees and expenses, I will be personally liable to the provider for these additional expenses.

In the event the MSPB should award any payment for my legal fees, it is understood that the monies will be used to reimburse the NAPS DDF for monies expended for my representation by Scialla Associates to the extent possible under the award.

**NOTE: I have been a member of NAPS since: Month \_\_\_\_\_ Year \_\_\_\_\_  
If you have been a NAPS member less than 90 days from the date of the  
proposed action, you should supply a statement that you signed a NAPS  
membership application within 30 days of your promotion from the craft.**

I understand that should I seek representation through any means other than the NAPS DDF at any time, I will, in effect, discharge the National Association of Postal Supervisors and Scialla Associates of any further obligation regarding my case. Furthermore, I understand that I will have to bear the cost and consequence of any outcome resulting from this action.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Branch President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Send this signed form and a copy of the adverse action file by **Priority Express Mail** to:

Scialla Associates  
PO Box 167  
Totowa NJ 07511-0167

**A copy of this completed DDF Form MUST be sent to NAPS Executive Vice President at NAPS HQ  
NAPS HQ, 1727 King St, STE 400, Alexandria VA 22314**