

# NAPS Disciplinary Defense Fund Representation Request Form

DDF Applicant Name: \_\_\_\_\_  
SS#: \_\_\_\_\_

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 Labor Relations Admin Group, LLC. The representative provided may not be an attorney. The DDF covers fees and expenses up to \$4,000 and all travel costs.

If fees or expenses incurred for my defense are expected to exceed the \$4,000 limit, Labor Relations Admin Group, LLC 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 Labor Relations Admin Group, LLC to the extent possible under the award.

**NOTE: I have been a member of NAPS since: Month \_\_\_\_\_ Year \_\_\_\_\_  
If you have been a NAPS members 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 Labor Relations Admin Group, LLC 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 **Express Mail** to:

Labor Relations Admin Group, LLC  
PO Box 25822  
Brooklyn, NY 11202

**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**