



Arkansas Law Enforcement Family Relief Fund Application

Please complete this form in its entirety. The information will be used to assess our ability to assist you. Besides your name, all information is considered privacy information and will not be released to the public.

Name of Requestor, if not LEO, list relationship to officer:		E-mail Address	
Mailing Address			
Home Phone		Work Phone	Cell/Other
Name/Rank of Certified Law Enforcement Officer		Law Enforcement Agency	
Certified Law Enforcement Officer's job title and salary			
Number of children in household	Ages	Special needs?	
Spouse's employer, job title and salary			
I am a LEO or family member requesting _____ ce for the following reason:			
<input type="checkbox"/>	Arkansas Certified Law Enforcement Officer Killed in the line of duty		
<input type="checkbox"/>	Arkansas Certified Law Enforcement Officer diagnosed by a medical professional with a terminal illness		
Please specify amount of family's need:			
Total Amount Requested \$ _____			
I have done the following things to attempt to alleviate need: (i.e., contacted the agency and requested an extension, etc.)			
Submitted by		Date	
The following documents are attached or available (as applicable or requested)			
___ Bills/statements	___ Repair or other estimate of cost		
___ Leave & Earnings Statements	___ Other (specify):		
Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	If Approved, Amount Approved: \$ _____	Date
For official use only:			
Reviewed and approved for disbursement		Date	
Authorized Representative		Date	