

Member Name:

Home Address:

Serving Ohio's middle level, high school and central office administrators

8050 N. High Street, Suite 180 Columbus, OH 43230-6484 Phone: 614-430-8311

Fax: 614-430-8315 www.oassa.org

NOTIFICATION OF POTENTIAL CLAIM

School:

School Address:

Homa Talanhana	School Tolombons
Home Telephone: Cell Phone:	School Telephone: School District:
Home E-Mail Address:	ן אנווטטו שואנו ונגו.
DESCRIPTION OF THE LEGAL S	ITUATION
CONFIRMATION	
	Plan and agree to be hound by its torms and conditions
I certify that I understand the OASSA Legal Assistance Plan and agree to be bound by its terms and conditions, and I acknowledge that the submission of this Notification of Potential Claim creates no obligation on the	
part of the OASSA to reimburse my legal expenses.	Clare of Congacion on the
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Signature of Member	 Date
orginatore of Mellinei	Date

INTERNAL - For OASSA Use Only

ANALYSIS OF THE CASE	
Membership Status:	
Membership status.	
Referred to (Attorney)	
Therefred to (Theoriney)	
Approved	
Approved	
Not Approved	
By:	
Executive Director	Date