OSBA Legal Assistance Trust

Application for Assistance



OSBA Director of Legal Services

hpercell@osba.org

Applicant Information

Name of School District, ESD or Community Colle	ge:
Contact Person:	
Address:	
Phone:	Email:
Litigation Information	
Case Title:	
Court:	
Date of Claim:	
Please attach a description of the litigation. The Leg decision making:	gal Assistance Trust uses the following criteria in its
 Outcome serves the public's interest and be Case has statewide significance or affects n Case legal costs are anticipated to be high; Case is at the state appellate or federal cour The LAT's current resources. 	nore than one district, ESD or community college;
Name of District's Attorney:	
Legal Fees Incurred to Date:	Expected Total Legal Fees:
Amount Requested:	
Insurance Information	
Was the complaint tendered to the district's insuran	ce company? □ Yes □ No
If yes, is there insurance coverage for this claim?	□ Yes □ No
Amount of Insurance Coverage:	
Please submit this application, the description of the board authorizing this request to:	e litigation, and a resolution from the district's school
Oregon School Boards Association	Haley Percell

LAT Request for Assistance – rev. April 2021

1201 Court Street NE, Suite 400

Legal Assistance Trust

Salem OR 97301