



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

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## NOTIFICATION OF POTENTIAL CLAIM

<i>Member Name:</i>	<i>School:</i>
<i>Home Address:</i>	<i>School Address:</i>
<i>Home Telephone:</i>	<i>School Telephone:</i>
<i>Cell Phone:</i>	<i>School District:</i>
<i>Home E-Mail Address:</i>	

### DESCRIPTION OF THE LEGAL SITUATION

### CONFIRMATION

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.

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

\_\_\_\_\_  
Date

**INTERNAL - For OASSA Use Only**

**ANALYSIS OF THE CASE**

Membership Status:

Referred to (Attorney) \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

By: \_\_\_\_\_  
Executive Director

\_\_\_\_\_ Date