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 financial assistance for the following reason:

☐ Arkansas Certified Law Enforcement Officer Killed in the line of duty

☐ 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: ☐ Approved ☐ Denied	If Approved, Amount Approved: $_____	**Date**

For official use only:

Reviewed and approved for disbursement	**Date**
Authorized Representative	**Date**

Form Revised February 28 2022