

DATE:	·

DEALER REQUEST FOR ASSISTANCE FROM IADA LEGAL DEFENSE FUND

The following informati	on must be supplied in order for IADA to evaluate a request for Fund assistance. (Please print).
Name of Dealership:	
Address:	
City, State, Zip:	
Title:	
Telephone Number:	

The information (and materials) listed in items 1 through 5 may be best supplied by your attorney, accountant or other professional advisor and should be attached to this form.

- 1. A summary of the nature of the case or proceeding.
- 2. Indicate what pleadings, briefs or other documents have been filed to date and state the court in which such pleadings have been filed and the case number. (Please enclose a copy of pleadings, orders, and briefs, if any).
- 3. The present status of the case or proceeding and the anticipated timetable for its resolution.
- 4. The effect of this case or proceeding, in your opinion, on other IADA members in Illinois.
- 5. Name, address and telephone number of professional advisor or counsel.
- 6. Indicate your membership in any local or national automobile association.

	Have you ever sought assistance from your local association? YES NO If yes, what was the nature of the assistance offered, if any? (Please provide correspondence if available).		
	How much have you expended to date in professional and related costs? (Please submit copies of such invoices).		
	kind of assistance do you seek—expert legal assistance to your professional advisor, financial assistance o		
•	seek financial assistance, what are your estimates additional expenses in connection with this case or eding?		
	portion or percentage of the amount in item 10 do you feel should be provided by the		
IMPORTANT:	PLEASE SEND THIS COMPLETED FORM AND ENCLOSURES TO IADA'S LEGAL DEFENSE FUND AND FORWARD A COPY OF THE COMPLETED FORM TO YOUR IADA DIRECTOR.		
SEND TO:	IADA LEGAL DEFENSE FUND 300 W. Edwards St. SPRINGFIELD, IL 62704		