REQUEST FOR DEFENSE OF OFFICERS AND EMPLOYEES OF MASON COUNTY

NAME OF CASE: CAUSE NUMBER:

COURT:

EMPLOYEE/OFFICER REQUESTING DEFENSE:

COMPLAINT – ATTACH COPIES OF ALL DOCUMENTS RECEIVED.

DATE COMPLAINT WAS RECEIVED:

FROM WHOM RECEIVED:

REQUEST FOR DEFENSE:

PURSUANT TO MASON COUNTY ORDINANCE NUMBER 06-18, I AM REQUESTING THAT MASON COUNTY PROVIDE FOR MY DEFENSE AND ANY NONPUNITIVE AT COUNTY EXPENSE.

I UNDERSTAND AND AGREE THAT IF ANY TIME I FAIL TO COOPERATE WITH THE PROSECUTING ATTORNEY'S OFFICE OR OTHER ATTORNEY RETAINED BY THE COUNTY OR, IF EVIDENCE INDICATES THAT I WAS NOT ACTING EITHER IN GOOD FAITH OR WITHIN THE SCOPE OF MY OFFICIAL COUNTY DUTIES, THE COUNTY MAY WITHDRAW ITS DEFENSE IN WRITING. I FURTHER UNDERSTAND AND AGREE THAT I MAY NOT ENGAGE IN ANY OF THE FOLLOWING ACTS REGARDING THIS CASE UNLESS SPECIFICALLY AUTHORIZED BY THE PROSECUTING ATTORNEY'S OFFICE OR OTHER AGENCY REPRESENTING ME ON BEHALF OF THE COUNTY:

(1) NEGOTIATE OR OTHERWISE AFFECT THE SETTLEMENT OF THE CASE;
(2) MAKE AN ADMISSION OF LIABILITY
(3) DISCUSS THE CASE WITH PERSONS WHO ARE NOT AN ELECTED OFFICIAL, DEPARTMENT HEAD, PROSECUTOR, ANOTHER COUNTY EMPLOYEE INVOLVED IN THE CASE, OR OTHER ASSIGNED ATTORNEY.

_____ _____

DATE OFFICER/EMPLOYEE/VOLUNTEER REQUESTING DEFENSE

Mason County Board of County Commissioners authorize payment for the defense and any non-punitive monetary judgment for based on the Ordinance 06-18. Mason County reserves the right to pay punitive monetary judgement entered against until a judgement has been awarded.

☐ APPROVED DATE: _____

☐ DENIED DATE: _____

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COUNTY COMMISSION CHAIR