

# CSEA Employee Benefit Fund

## Legal Services Claim Form



Form must be completed and signed by the CSEA Employee Benefit Fund member. All required documentation must be attached.  
**Incomplete forms will be returned.**

### MAIL COMPLETED CLAIMS TO

CSEA Employee Benefit Fund  
 PO Box 516  
 Latham, NY 12110-0516

### INSTRUCTIONS

- Attach a signed narrative statement from your attorney specifying services rendered, date completed, and fees charged.
- Cancelled checks, retainer agreements, and payment ledgers are not acceptable for this benefit.
- All claims must be submitted no later than December 31st of the following calendar year.
- Submit for this benefit only if it has been negotiated for you under your collective bargaining agreement.

*Please allow up to 6 weeks for processing.*

### PART 1 — TO BE COMPLETED BY MEMBER (PLEASE PRINT)

Member's Name \_\_\_\_\_ EBF ID# \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Claimant \_\_\_\_\_ Relationship \_\_\_\_\_

### PART 2 — TYPE OF SERVICE

- |   |   |
|---|---|
| <input type="checkbox"/> General Consultation<br>Subject Matter _____<br><input type="checkbox"/> Document Review<br><input type="checkbox"/> Wills and Living Trust<br><input type="checkbox"/> Principal Residence Real Estate Closing<br><input type="checkbox"/> Sale<br><input type="checkbox"/> Purchase<br><input type="checkbox"/> Refinancing<br>Address _____<br><input type="checkbox"/> Principal Residence Mortgage Protection<br><input type="checkbox"/> Without Trial<br><input type="checkbox"/> With Trial<br><input type="checkbox"/> Tenant Defense<br><input type="checkbox"/> Change of Name<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Legal Guardianship<br><input type="checkbox"/> Non-Business Contract<br><input type="checkbox"/> Personal Bankruptcy<br><input type="checkbox"/> Arraignment Service ( <i>non-traffic related</i> )<br><input type="checkbox"/> Juvenile Delinquency Representation *<br>* Benefit is subject to a \$50 deductible. | <input type="checkbox"/> Domestic Relations Representation<br><input type="checkbox"/> Divorce <input type="checkbox"/> Uncontested<br><input type="checkbox"/> Separation <input type="checkbox"/> Contested<br><input type="checkbox"/> Annulment <input type="checkbox"/> Litigated<br>Name of Spouse _____<br><input type="checkbox"/> Court Ordered Support<br><input type="checkbox"/> Veteran & Serviceman's Rights<br><input type="checkbox"/> Denial of Benefits <input type="checkbox"/> Change in Discharge<br><input type="checkbox"/> Court Martial<br><input type="checkbox"/> Traffic Violation Representation *<br><input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial<br><input type="checkbox"/> Automobile Defense Overage Matter *<br><input type="checkbox"/> Debt Collection Defense *<br><input type="checkbox"/> Without Trial<br><input type="checkbox"/> District/City/County Court<br><input type="checkbox"/> Supreme Court<br><input type="checkbox"/> With Trial<br><input type="checkbox"/> District/City/County Court<br><input type="checkbox"/> Supreme Court<br><input type="checkbox"/> Legal Defense in Other Civil Matters *<br><input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial |
|---|---|

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_