

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

* Benefit is subject to a \$50 deductible.

Member's Signature _____ Date _____