



# LEGAL SERVICES PLAN VOUCHER

• P.O. BOX 516 • LATHAM, NY 12110

## PART 1 MEMBER INFORMATION PLEASE PRINT

Member Name \_\_\_\_\_

Member Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Claimant \_\_\_\_\_

Relationship \_\_\_\_\_

## PART 2 TYPE OF SERVICE

General Consultation

Juvenile Delinquency Representation

Document Review

Domestic Relations Representation

Divorce  Uncontested

Wills and Living Trusts

Separation  Contested

Annulment  Litigated

Principal Residence Real Estate Closing

Court Ordered Support

Sale

Veteran & Serviceman's Rights

Purchase

Denial of Benefits

Refinancing

Change in Discharge

ADDRESS \_\_\_\_\_

Court Martial

Traffic Violation Representation

Without Trial

With Trial

Principal Residence Mortgage Protection

Automobile Defense Overage Matter

Without Trial

Debt Collection Defense

With Trial

Without Trial

Tenant Defense

District/City/County Court

Supreme Court

Change of Name

With Trial

District/City/County Court

Supreme Court

Adoption

Legal Defense in Other Civil Matters

Without Trial

Legal Guardianship

With Trial

Non-Business Contract

Personal Bankruptcy

Arraignment Service

## PART 3 NOTE: This member is also entitled to the benefits of the AFL-CIO Union Privilege Legal Services Program (UPLS).

Date Matter Completed \_\_\_\_\_

Attorney Name \_\_\_\_\_

\_\_\_\_\_  
ATTORNEY SIGNATURE

Attorney Address \_\_\_\_\_

\_\_\_\_\_  
MEMBER/SPOUSE SIGNATURE

Attorney Phone No. \_\_\_\_\_

### INSTRUCTIONS

- Complete All 3 Parts of Voucher
- Attach Attorney Bill for Services (Please be sure the bill is specific regarding type of service)
- Include Signatures of Attorney and Member or Spouse
- Mail to CSEA Employee Benefit Fund at Address Above

### Office Use Only

Date \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Ck.# \_\_\_\_\_  
 By \_\_\_\_\_