



IMPORTANT: PLEASE READ

Legal Reimbursement

This claim form should only be used if you are an employee of:

City of Long Beach
Ossining Library
Remsen School District
Riverhead School District
Smithtown Library
Town of Babylon
Town of Belmont
Town of Brookhaven
Town of Harrison
Town of Huntington
Town of Smithtown
Town of Southold
Unified Court System, Active, full time
Unified Court System, Retiree
Village of Lloyd Harbor
Village of Southampton
Village of Wappingers

Please refer to the detailed instructions on the claim form for more information.

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"/> Document Review
<input type="checkbox"/> Wills and Living Trust
<input type="checkbox"/> Principal Residence Real Estate Closing
<input type="checkbox"/> Sale
<input type="checkbox"/> Purchase
<input type="checkbox"/> Refinancing
Address _____
<input type="checkbox"/> Principal Residence Mortgage Protection
<input type="checkbox"/> Without Trial
<input type="checkbox"/> With Trial
<input type="checkbox"/> Tenant Defense
<input type="checkbox"/> Change of Name
<input type="checkbox"/> Adoption
<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. | <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
Name of Spouse _____
<input type="checkbox"/> Court Ordered Support
<input type="checkbox"/> Veteran & Serviceman's Rights
<input type="checkbox"/> Denial of Benefits <input type="checkbox"/> Change in Discharge
<input type="checkbox"/> Court Martial
<input type="checkbox"/> Traffic Violation Representation *
<input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial
<input type="checkbox"/> Automobile Defense Overage Matter *
<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"/> With Trial
<input type="checkbox"/> District/City/County Court
<input type="checkbox"/> Supreme Court
<input type="checkbox"/> Legal Defense in Other Civil Matters *
<input type="checkbox"/> Without Trial <input type="checkbox"/> With Trial |
|---|---|

Member's Signature _____ Date _____