



P.O. Box 516, Latham, NY 12110

UCS LEGAL SERVICES PLAN VOUCHER

(Unified Court System Employees)

PART 1 MEMBER INFORMATION PLEASE PRINT

Member Name _____ Member Soc. Sec. No. _____ - _____ - _____
 Address _____ Claimant _____
 City, State, Zip _____ Relationship _____
 Member Day Phone No. _____

PART 2 TYPE OF SERVICE

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

PART 3

Note: CSEA members may also be entitled to benefits under the CSEA Legal Services Program (1-800-342-4146) and/or the AFL-CIO Union Plus Legal Services Program (1-888-993-8886).

Date Matter Completed _____

Attorney Name _____

Attorney Address _____

Attorney Phone No. _____

Attorney Signature

Member/Spouse Signature

INSTRUCTIONS

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

Office Use Only

DATE _____
 Amount _____
 Check #: _____
 By _____

