

# LOCAL 639 LEGAL SERVICES TRUST FUND

3130 Ames Place, N.E. • Washington, D.C. 20018

Phone (202) 636-8181

## CLAIM CHECK REQUISITION

Member Name:		Social Security Number:	
Street Address:		Date of Birth:	
City/State/Zip		Telephone Number:	
Employer:			
Client Name:	Relationship:	Date of Birth:	

ASSIGNMENT: I hereby authorize the Fund to pay directly to the below attorney the legal benefits to which I am entitled under the terms of the Plan to the extent provided.

RELEASE: I hereby authorize my attorney to release all records and information necessary to determine whether the legal services described in this (Iain) Check Requisition ate expressly covered by the Legal Services Plan. I further authorize my attorney, in the event of an appeal of benefits determination made by the Board of Trustees or their agents, to release to the Board of Trustees or their agents any records, including but not limited to all files, bills, communications, pleadings, notices and memos deemed necessary by the Board of Trustees to resolve the appeal.

Area	Description (check all applicable)	Plan Benefit	Hours Previously Billed	Current Hours Billed
General Legal Matter	<input type="checkbox"/> Annual Family Benefit	5 Hours		
Domestic Matters	<input type="checkbox"/> Divorce-Separation (Participant Only – Per Incident)	15 Hours		
	<input type="checkbox"/> Child Support, Custody or Visitation Proceeding (Participant Only – Per Incident)	12 Hours		
	<input type="checkbox"/> Adoption (Participant and/or Spouse – Per Incident)	10 Hours		
	<input type="checkbox"/> Name Change (Family Benefit – Per Incident)	5 Hours		
Traffic Offense	<input type="checkbox"/> (Participant and/or Spouse – Per Incident)	10 Hours		
Defense of Civil Suite	<input type="checkbox"/> (Family Benefit - Per Incident)	12 Hours		
Real Estate	<input type="checkbox"/> Draft of Contract for Purchase/Sale of Person Residence (Participant and/or Spouse – Per Incident)	3 Hours		
	<input type="checkbox"/> Purchase Personal Residence Closing/Settlement (Participant and/or Spouse – Per Incident)	12 Hours		
	<input type="checkbox"/> Mortgage Foreclosure (Participant and/or Spouse – Per Incident)	6 Hours		
	<input type="checkbox"/> Zoning Disputes (Participant and/or Spouse – Per Incident)	10 Hours		
	<input type="checkbox"/> Property Owner Covenants	10 Hours		

Economic Matters	<input type="checkbox"/> Will Preparation (Participant and/or Spouse – Per Incident)	6 Hours		
	<input type="checkbox"/> Bankruptcy (Participant and/or Spouse – Per Incident)	12 Hours		
	<input type="checkbox"/> Garnishment (Participant and/or Spouse – Per Incident)	8 Hours		
	<input type="checkbox"/> Probate/Administration of Estates (Family Benefit -- Per Incident)	12 Hours		
Personal Injury	<input type="checkbox"/> Defendant (Family Benefit - Per Incident)	12 Hours		
Consumer Transactions	<input type="checkbox"/> (Participant and/or Spouse – Per Incident)	10 Hours		
<b>Tax Audits</b>	<input type="checkbox"/> Participant and/or Spouse - Per Incident)	10 Hours		
<b>Landlord/Tenant</b>	<input type="checkbox"/> Participant and/or Spouse - Per Incident)	8 Hours		
Criminal	<input type="checkbox"/> Misdemeanor (Participant and/or Spouse – Per Incident)	8 Hours		
	<input type="checkbox"/> Felony (Participant and/or Spouse – Per Incident)	10 Hours		
Criminal - Juvenile	<input type="checkbox"/> Misdemeanor (Eligible Minor Dependents – Per Incident)	8 Hours		
<b>Social Security Application and Appeals</b>	<input type="checkbox"/> Participant and/or Spouse - Per Incident)	12 Hours		
<b>Veterans Benefits Application and Appeals</b>	<input type="checkbox"/> Participant and/or Spouse - Per Incident)	12 Hours		
Immigration and Naturalization Matters	<input type="checkbox"/> (Family Benefit - Per Incident)	10 Hours		
<b>Tax Preparation Services</b>	<input type="checkbox"/> <b>(Annual Family Benefit)</b>	<b>Dollar Amount to be Determined Annually by Trustees</b>		

Service Provider	Tax ID Number (required)
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Street Address	City/State/Zip
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I hereby certify that the services referenced on this claim form and attached itemized invoice have been provided on the dates incurred. I am aware of the Exclusions under the Plan outlined in the Summary Plan Description and I affirm that the matters and proceedings which I have undertaken on behalf of the member do not involve any subjects excluded under the Plan.

<b>Signature:</b>	<b>Date:</b>
<b>Total Hours (150.00 per hour)</b>	<b>Total Billed \$</b>