



LEGAL SERVICES PLAN

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Dear Member:

Our records indicate that you utilized the reimbursement benefit from the Legal Services Fund. We request your feedback so we can determine if you were satisfied with the services provided by your attorney. You can remain anonymous if you wish.

Your Name (Optional): _____

Attorney's Name & Address: _____

Type of problem handled for which reimbursement of legal costs is sought:

Bankruptcy Family Court Wills Other: _____

How satisfied were you satisfied with this attorney's representation?

Extremely Satisfied Very Satisfied Satisfied Slightly satisfied Not Satisfied

Would you recommend this attorney to family or friends? Please Circle One: Yes No

If no, please select all reasons that apply:

- Cost
- Overall Quality of Legal Rep.
- Other (Please explain):

You may return this form via Fax: (516) 214-1331, email wflores@ufcw1500.org or by regular mail:

UFCW Local 1500: Legal Services Plan
425 Merrick Avenue,
Westbury, New York 11590

Thank you for your feedback. Your input will assist you and your fellow members going forward.

Sincerely,

Nicole Norris

Member Feedback Form