



# AFSCME Legal Trust Fund

## Application for use of Outside Attorney

### Instructions and Process

1. Member/Employee will contact Legal Trust Fund (LTF) Attorney and determine if they are able to help with the member's case.
2. If they are not, the LTF Attorney will provide a copy of the "Application for use of Outside Attorney" form to member/employee.
3. The application can also be obtained by sending a request to the LTF Board at [legaltrust@mef101.org](mailto:legaltrust@mef101.org).
4. Member/Employee shall fill out all of the required information on the form. Incomplete applications may be rejected and will slow your request for authorization.
5. Member/Employee shall send the completed application to [legaltrust@mef101.org](mailto:legaltrust@mef101.org).
6. The LTF Board will vote on the authorization of your application within 7 working days.
7. If approved, a signed copy of the application form will be returned to the member and Legal Trust Fund Attorney as proof of approval.
8. Authorization is valid for the calendar year in which it was approved. For each legal issue a new application for use of an Outside Attorney is required. If the legal issue continues into the next calendar year, members are required to obtain a new authorization from the LTF Board.
9. After completion of service, the Member/Employee shall direct their Attorney to invoice Sally Cooperrider, 142 George Street, San Jose, CA 95110 up to the LTF benefit maximum for work rendered per calendar year. This invoice must be received within 60 days of completion of service.
10. Upon receipt of said invoice, the Board will review the item for authorization and if valid shall make payment within 30 days.

# AFSCME - Legal Trust Fund

## Application for use of Outside Attorney

Application Date: \_\_\_\_\_

### Member Information

Name:	Employee ID:
Address:	
Home Phone:	Cell Phone:
Personal Email:	

Reason for seeking outside attorney (e.g. court hearing more than 50 miles away, etc.):

\_\_\_\_\_

Issue: check the box that applies (Please Note: A new authorization is needed for each issue).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Civil                | <input type="checkbox"/> Conservatorships | <input type="checkbox"/> Debtor/Creditor/Bankruptcy |
| <input type="checkbox"/> Estates/Wills/Trusts | <input type="checkbox"/> Family Law       | <input type="checkbox"/> Guardianships/Adoptions    |
| <input type="checkbox"/> Landlord/Tenant      | <input type="checkbox"/> Miscellaneous    | <input type="checkbox"/> Personal Injury            |
| <input type="checkbox"/> Real Estate          | <input type="checkbox"/> Tax              |   |

### Outside Attorney Information

Name:	
Address:	
Phone:	Email:

#### TO BE COMPLETED BY LEGAL TRUST FUND BOARD

Submittal Date:	
Date of issuance (date voted on by Board):	Circle one: Approved Denied
Signature of LTF Secretary	Denied
Date invoice received by LTF Attorneys:	Circle one: Paid Not Paid
Date invoice received by LTF Board:	Not Paid