

CSTG/Local 375 PROFESSIONAL EMPLOYEES LEGAL SERVICES

Tel: 212-815-7530 / Fax: 212-815-7534 / e-mail: pelsinfo@local375.org
125 Barclay Street, Suite 600, New York, New York 10007

OPEN FILE

Assigned Attorney / Date:


File No.:

Please COMPLETE this form and send it back to PELS. We will contact you after we receive this form – typically within 72 hours.
TAKE NOTICE THAT any solicitation or use of the PELS plan expressly constitutes your permission to PELS to report statistical information about your use of the legal plan, inclusive of your name, to the PLAN's Trustees and Auditors.

NOTE: No attorney-client relationship exists until we have agreed to represent you.

[PLEASE PRINT]: Last Name _____ First Name _____ Today's Date _____

Date of Birth _____ Social Security No. (last four digits) _____

Email Address _____ 

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Please call on the following phone: Home Cell Work [PLEASE CHECK YOUR VOICEMAIL FOR OUR RETURN CALL.]

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Address is Home Other (explain) _____

Fax # _____ Agency _____ Job Title _____

Date employed _____ Your Union Local and Chapter Number _____ 

MARITAL STATUS: Single/Unmarried/Divorced Married Domestic Partner Separated

Have you used this service before? _____ If yes, please briefly describe the service you received, when you received it and the name of the attorney who assisted you, if you remember the person's name.

Type of service you are requesting today _____

Have you received Court papers? Yes No [If you received Court papers please fax them with this intake sheet.]

When were the Court papers received? _____

FOR MATRIMONIAL AND FAMILY LAW CASES ONLY:

Spouse's/Adversary's Union Local _____ Has your Spouse/Adversary ever used your Legal Plan? Yes No

Your salary _____ Your spouse's/adversary's salary _____

How many dependent children do you have? _____ Ages _____

For office use: Questionnaire Sent for: WILL DIVORCE BANKRUPTCY Date: _____

INTAKE ENTERED INTO SPREADSHEET by: _____ Date: _____

MATTER TYPE: _____ LOG NO.: _____

Administrator Comment: _____