



# LEGAL SERVICES PLAN

**NICOLE NORRIS, Esq.**  
*Director*

**ROBERT W. NEWELL, JR.**  
*Plan Manager*

**ROBERT M. JANDOVITZ**  
**ROBERT SPINELLA**  
*Employer Trustees*  
**ROBERT W. NEWELL, JR.**  
**LYNN M. SHIELS**  
*Union Trustees*

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

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 legal issue:  Bankruptcy  Family Court  Wills  Other: \_\_\_\_\_

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

Please circle one:      Extremely                      Moderately                      Not at all

Would you recommend this attorney to family or friends?    Yes                      No

If no, please select all reasons that apply:  Cost  Overall Quality  Didn't Return Calls

Other (please briefly describe): \_\_\_\_\_

You may return this form via fax (877) 826-5259, email wpunzo@ufcw1500.org or by regular mail.

**Your opinion matters to us!** Thank you for your response.

Sincerely,

Nicole Norris