



LEGAL SERVICES PLAN

NICOLE NORRIS, Esq.
Director

ROBERT SPINELLA
Employer Trustees

ALY Y. WADDY
Plan Manager

MICHELE WRIGHT
Union Trustee

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 legal@ufcw1500.org or by regular mail.

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

Sincerely,

Nicole Norris