



U.S. Legal Services

Providing legal benefit plans.

The Family Protector
Designed for the Employees of
Lake County
Board of County Commissioners

What this Plan Covers...

What this Plan Covers...	Average Attorney's Fees	Cost with Plan
• Office Consultations	\$50-\$250	\$0
• Telephone Consultations	\$25-\$100 each	\$0
• Wills: Preparation & Review	\$50-\$3,500	\$0
• Document Review & Preparation	\$50-\$5,000	\$0
• Lawsuits as Plaintiff or Defendant	\$5,000-\$100,000 +	\$0
• Adoptions	\$1,000-\$3,500	\$0
• Traffic Violations	\$125-\$750	\$0
• Purchase or Sale of your home	\$300-\$4,500	\$0
• Landlord/Tenant Law	\$100-\$3,500	\$0
• Probate of Will	\$1,500-\$12,500	\$0
• Chapter 7 Bankruptcy	\$850-\$5,000 +	\$0
• Juvenile Law	\$1,500-\$5,500 +	\$0
• Criminal Law	\$2,500-\$10,000 +	\$0
• First Offense DUI	\$1,500-\$5,000 +	\$0
• Uncontested Divorce	\$500-\$2,500	\$0
• Contested Divorce	\$2,500-\$50,000	\$0
• Annulment	\$750-\$3,500	\$0
• Child Support	\$500-\$2,500	\$0
• Child Custody	\$750-\$25,000	\$0

Upon your effective date, you are covered for all of the above legal services...and more...

904-737-3366 Telephone * (800) 356-LAWS Toll-Free * 904-730-0023 Telecopier

WWW.USLPROTECTS.COM

Disclaimer Statement: You will receive a certificate describing the exact coverage benefits purchased. This flyer explains the general purposes of the insurance described, but in no way changes or affects the insurance afforded under the policy actually issued. All coverage is to be subject to actual policy conditions and exclusions.



U.S. Legal Services

Last Name _____ First Name _____ Middle Initial _____

Employee ID Number _____ Social Security Number _____

Mailing Address _____ Telephone _____

City _____ County _____ State _____ Zip Code _____

Company Lake County Board of County Commissioners Work Telephone _____

Email Address _____ Spouse's Name _____

No. of Pay Periods: 12 (24) 26 52 Amount of Deduction: \$ \$8.45 Family CDL _____
(Circle One) Other: _____ \$ _____ CDL Plus _____

Applicant Signature _____ Date _____

Associate Signature _____ License # _____ Assoc. # _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree. I understand that legal services will be provided as outlined in the contract and that I will be responsible for any filing fees, court costs, etc. associated with any action. I authorize for premiums to be collected as indicated above or by any other method I should change to in the future. I understand that the attorney-client relationship is confidential and such relationship is with my assigned attorney and not with U.S. Legal. I represent, that to the best of my knowledge, all information above is true and correct and that no person to be insured under the plan is now involved in any litigation, court proceeding, or other matter which could result in legal action. This agreement shall remain in effect until U.S. Legal has received written notice of cancellation and has had reasonable opportunity to act on it.