

Application



Full Name _____ **Date of Birth** _____
Last First Middle

Spouse Name _____ **Date of Birth** _____
Last First Middle

Address _____
Street Address Apartment/Unit #

City State Zip Code

Phone _____ **Email** _____
*(*Required as this will be where policy and ID are delivered)*

Social Security Number or Employee ID _____

Company Affiliation _____

[I want to enroll!](#) Family Defender \$18.75 per month

Disclaimer and Signature

I declare, under penalty of perjury, that the information provided in this application is true and correct to the best of my knowledge. 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. By submitting this application, I authorize for a monthly payment to be collected as indicated in this application or by any other method I 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 Services. By submitting this application, I understand that U.S. Legal Services will deliver electronically, via email, both the Plan Policy and Member ID Card. I understand that the Plan Policy will be made available at www.uslegalservices.net. I understand that I have the option to receive a hard copy of the Plan Policy and can do so by contacting U.S. Legal Services at fulfillment@uslegalservices.net. Electronic delivery may be limited in some states; in those circumstances, U.S. Legal Services will deliver the Plan Policy via U.S. Mail. Not sponsored or approved by the United States Government or any Department or Agency thereof.

Signature _____ **Date** _____