



WESTERN CONFERENCE OF TEAMSTERS LEGAL SERVICES TRUST FUND

P.O. Box 2340 | Stockton, CA 95201 | LST@deltafund.com

ATTORNEY'S REPORT & BILLING STATEMENT

Law Office: _____ Attorney Code: _____
 _____ Claim # _____

 Phone: _____ Fax: _____
 Member's Name: _____ SS # _____
 Address: _____
 If Claim is for Dependent, Name of Dependent: _____
 Transaction Code: _____ Maximum Benefit: _____

| Service Date | Attorney Initials | Description | Attorney @ \$150 / hr | Paralegal @ \$55 / hr | Total Hours | Amount |
|---|-------------------|-------------|-----------------------|-----------------------|-------------|--------|
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| Sub-Total: | | | | | | |
| Code 510 Filing fees (explanation of fee and date of service required): | | | | | | |
| | | | | | | |
| Claim # for filing fees: | | | | | TOTAL: | |

*Photocopies, toll calls, express delivery, messenger fees, fees for recording of deeds, etc. are not covered

Date Submitted: _____ Attorney Signature: _____

Contacts: In California (800) 222-3024 • Outside California (800) 222-3025 • Facsimile: (209) 940-5251