

# ARAG® Claim Form: Court Adoption Proceedings



## A. INSTRUCTIONS

1. Complete all information in sections B, C and D. Plan Member ID can be found on the member's ARAG® Legal Benefits Card. Plan Member ID may not be Social Security number.
2. Attorney's signature is required, located on reverse side of this form.
3. Mail Claim Forms to: **ARAG®, P.O. Box 9171, Des Moines, IA 50306-9171** or fax to **515-237-0278**.
4. If you are providing services to a Client other than the Plan Member, be sure to verify the Client is covered under the policy by contacting ARAG's Claim Center at **866-ARAGLAW** (866-272-4529).
5. Claims must be submitted within 120 days after the completion of the legal service to be entitled to payment.
6. For questions, refer to plan updates on the Attorney Forum [www.ARAGgroup.com/Attorneys](http://www.ARAGgroup.com/Attorneys) or call us at **866-ARAGLAW** (866-272-4529), Monday through Friday, 7:00 a.m. – 7:00 p.m. Central time.

## B. PLAN MEMBER AND CLIENT INFORMATION

PLAN MEMBER ID (REQUIRED)

PLAN MEMBER NAME (LAST, FIRST, MIDDLE INITIAL) (REQUIRED)

PLAN MEMBER STREET ADDRESS

PLAN MEMBER CITY/STATE/ZIP

 / /

PLAN MEMBER HOME PHONE NUMBER

 ( )

PLAN MEMBER WORK PHONE NUMBER

 ( )

PLAN MEMBER GROUP OR EMPLOYER NAME

DATE OF BIRTH OF PLAN MEMBER (REQUIRED)

 Month/Day/Year / /

PLAN MEMBER E-MAIL ADDRESS

CHECK IF PLAN MEMBER IS COVERED BY ANOTHER LEGAL PLAN

**If Client is NOT the Primary Plan Member, please complete Client information below:**

CLIENT NAME (LAST, FIRST, MIDDLE INITIAL) (REQUIRED)

CLIENT STREET ADDRESS (IF OTHER THAN PLAN MEMBER'S) (REQUIRED)

CLIENT CITY/STATE/ZIP (IF OTHER THAN PLAN MEMBER'S) (REQUIRED)

 / /

CLIENT RELATIONSHIP TO PLAN MEMBER

SELF  SPOUSE  CHILD

DATE OF BIRTH OF CLIENT (REQUIRED)

 Month/Day/Year / /

CHECK IF CLIENT IS COVERED BY ANOTHER LEGAL PLAN

IF CHILD IS OVER 18 YEARS INDICATE IF: (REQUIRED)

DISABLED  
 STUDENT (IF STUDENT, INCLUDE SCHOOL NAME, ADDRESS AND PHONE)

## C. ATTORNEY BILLING INFORMATION *Only to be completed by the Network Attorney.* (REQUIRED)

ATTORNEY NAME (LAST, FIRST, MIDDLE INITIAL)

ATTORNEY STREET ADDRESS

ATTORNEY CITY/STATE/ZIP

 / /

ATTORNEY 12 DIGIT ID NUMBER (ASSIGNED TO YOU BY ARAG®)

ATTORNEY PHONE NUMBER

 ( )

ATTORNEY FAX NUMBER

 ( )

ATTORNEY E-MAIL ADDRESS

# ARAG® Claim Form: Court Adoption Proceedings



## D. CLAIM INFORMATION

Please check all that apply and provide information as requested. *Remember not all plans include all coverages.*

Date plan member first contacted your office regarding this legal matter: 

Month/Day/Year	/	/	
----------------	---	---	--

### 1. Levels of Service (Choose one out of the three options)

- Uncontested Step-parent Adoption Proceedings:** Advice, negotiations, consultations, pleading/document preparation, filings, and attendance at hearings
- Legal advice and document review only
  - Legal advice, preparation and review of documents or correspondence, calls to third parties, negotiations, and guidance on minor traffic proceedings – but no appearance in formal proceeding
  - Legal services prior to final hearing
- PLUS (maximum of 2 hearings) **Date(s)**
- Telephone Hearing 

--
  - Non-Evidentiary Hearing 

--
  - Evidentiary Hearing 

Hours .....
-------------

- Uncontested Adoption Proceedings (all except Step-Parent):** Advice, negotiations, consultations, pleading/document preparation, filings, and attendance at hearings
- Legal advice and document review only
  - Legal advice, preparation and review of documents or correspondence, calls to third parties, negotiations, and guidance on minor traffic proceedings – but no appearance in formal proceeding
  - Legal services prior to final hearing
- PLUS (maximum of 2 hearings) **Date(s)**
- Telephone Hearing 

--
  - Non-Evidentiary Hearing 

--
  - Evidentiary Hearing 

Hours .....
-------------

- Contested Proceedings:** Advice, negotiations, consultations, pleading/document preparation; filings, discovery, appearances on motions, conferences, and hearings. **Fees listed may be cumulated for work actually performed through the point of resolution.**
- Legal advice and document review only
  - Legal advice, preparation and review of documents or correspondence, calls to third parties, negotiations, and guidance on minor traffic proceedings – but no appearance in formal proceeding
  - Case assessment and advice
  - Drafting pleadings and other documents
  - Discovery and expert consultations
- PLUS (maximum of 2 hearings) **Date(s)**
- Telephone Hearing 

--
  - Non-Evidentiary Hearings 

--
  - Evidentiary Hearing 

Hours .....
-------------
  - Major Trial 

Hours .....
-------------

2. Is this matter complete?  Yes  No

**ATTORNEY'S SIGNATURE:** *By submitting this claim form, I attest to the accuracy of the information submitted and agree to provide additional information necessary to adjudicate this claim. Additionally, I certify that I agree to the terms of the current Network Attorney Agreement and any subsequent amendments thereof.*

DATE: 

--

Claim Fraud Warning Statement: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.