

**CITYWIDE ASSOCIATION OF LAW ASSISTANTS OF THE CIVIL,
CRIMINAL AND FAMILY COURTS IN THE CITY OF NEW YORK
WELFARE TRUST FUND**

**EDUCATIONAL ASSISTANCE
CLAIM FORM**

Claims must be submitted within three months of the completion of coursework. For more information and claim forms concerning this benefit, which is only available to employees of the Unified Court System who participate in this Fund, please contact the Fund Office.

Please mail all claim forms with receipts to:

Administrative Services Only, Inc.
303 Merrick Road, Suite 300
Lynbrook, NY 11563
516-396-5500

Name: _____

Home Address (Where check will be sent)

Address	Apt No.	City	ST	Zip
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Telephone: Day: _____ Evening: _____

COURT LOCATION: Judge: _____

Court: _____

Address: _____

Name of Course
Taken or Conference: _____

Sponsoring Organization: _____

Date of Attendance: _____

Amount Paid for Course Alone: _____
(exclude food, transportation, lodging or any other costs not expended for the seminar or course alone.)

Employee Signature: _____ **Date:** _____