## *FY22 Legal Assistance Reimbursement Information and Form*

Each member library will have **ONE HOUR** of legal services provided by Foster Swift Attorneys paid for by the Mid-Michigan Library League.  Before using this service, your library needs to establish a client-attorney relationship by completing [**this form letter**](https://www.mmll.org/foster-swift-engagement-letter.docx) and having it approved by your Board of Trustees.

**NOTE:**  NO CHARGE will ever be assessed if you do not contact them for any reason.  The letter is about establishing a relationship so that IF you need to use your hour (or any more), you will have established this ahead of time so you can go forward with service.

To use your hour of paid legal service after you have established a relationship with Foster Swift, you may proceed to contact Anne Seurynck, schedule your time with her, and let her know that you will be using the Mid-Michigan Library League benefit hour.  You may opt to spend more time than the one hour awarded by the cooperative if you like. The **FY22 hourly rate for reimbursement is $225**. We ask that you pay your invoice, and then ask the cooperative for reimbursement.  If you are unsure about any of this, contact your cooperative director (see below).

[SEE NEXT PAGE FOR FORM]

**Questions?** Call Sheryl Mase at 231-775-3037 or email her at [smase@mmll.org](mailto:smase@mmll.org)

## *Legal Assistance – Foster Swift*

## *Reimbursement Form, FY22*

Library Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement Request Detail:

Vendor: **Foster Swift Collins & Swift PC**

Date of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be reimbursed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Library Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please attach copy of invoice and evidence of payment to this form\*\*\***

**Send to:** Mid-Michigan Library League

201 N. Mitchell St., Suite 302

Cadillac, MI 49601

Fax: 231-775-1749