Syndicate Subscription Legal Plans

TRAVEL LEGAL ASSISTANCE (DOMESTIC & INTERNATIONAL) — CLIENT INTAKE:

IN AN EMERGENCY, CALL LOCAL EMERGENCY SERVICES FIRST, then call Syndicate at (661) 505-3122 — available 24 hours a day, 7 days a week. IF YOU ARE DETAINED ABROAD, ask the authorities to notify the nearest U.S. embassy or consulate, and say you wish to speak with a lawyer.

CONFIDENTIAL. Complete the QUICK START section first if you need help right now; the rest can follow. You can also complete this form BEFORE you travel so your information is on file if something happens. Syndicate coordinates with local legal professionals; it does not replace emergency services or your embassy. If a question does not apply, write "N/A."

QUICK START — IF YOU NEED HELP NOW:

Traveler's name: _____ Date of birth: _____

Where are you right now (country, city, address or landmark)? _____

Phone / WhatsApp reachable now: _____ Email: _____

What has happened?

- [__] Detained / arrested
- [__] Questioned by police
- [__] Hospitalized / injured
- [__] Robbed or assaulted
- [__] Documents lost or stolen
- [__] Stranded / cannot travel
- [__] Other urgent problem

Who is with you, and who should we contact for you? _____

Have you contacted your embassy or consulate? [__] Yes [__] No

Are you safe right now? [__] Yes [__] No

PART 1 — TRAVELER PROFILE

1.1 Full legal name (as on passport): _____

Citizenship(s): _____ Date of birth: _____ Sex on passport: _____

1.2 Passport country & last 4: _____ Expiration date: _____

Driver's license state / country: _____ Syndicate Plan Member ID: _____

1.3 Home address: _____

Home phone / email: _____

1.4 Languages you speak: _____ Interpreter needed? _____

1.5 Medical conditions, allergies, or medications we should know about: _____

1.6 Emergency Contacts:

Name	Relationship	Phone / Email	May We Share Information?

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PART 2 — TRIP DETAILS

2.1 Destination(s): _____ Travel dates: _____

2.2 Purpose:

[__] Vacation [__] Business [__] Study

[__] Family visit [__] Cruise [__] Group tour

[__] Living abroad temporarily

2.3 Airline & flight numbers: _____

2.4 Hotel / lodging name & address: _____

2.5 Cruise line / ship / tour operator: _____ Booking no.: _____

2.6 Rental car company & reservation: _____

2.7 Traveling Companions:

Name	Relationship	Age (if minor)	Passport Country

PART 3 — INSURANCE & COVERAGE

Coverage	Company	Policy No. (last 4)	24-Hour Phone
Travel insurance			
Medical / evacuation coverage			
Credit card travel protection			
Rental car coverage			
Homeowner / renter (theft abroad)			
Health insurance (abroad)			

3.1 Have you opened a claim with any of these? [__] Yes [__] No

If yes, explain: _____

_____

PART 4 — TYPE OF ASSISTANCE NEEDED

4.1 Check all that apply:

[__] Arrest or detention

[__] Traffic accident abroad

[__] Medical emergency / hospital bills

[__] Police questioning / investigation

[__] DUI / driving offense

[__] Lost or stolen passport / documents

[__] Theft, robbery, or mugging
[__] Scam, fraud, or extortion
[__] Trip cancellation / refund
[__] Rental car damage claim
[__] Natural disaster / evacuation
[__] Business / contract problem
[__] Victim of assault or crime
[__] Hotel, airline, or cruise dispute
[__] Lost or damaged luggage
[__] Immigration / entry problem
[__] Death or injury of a companion
[__] Family emergency at home

PART 5 — WHAT HAPPENED

5.1 Date & time of the incident: _____ Location (city, country): _____

5.2 Describe what happened (share only what you are comfortable putting in writing): _____

_____

_____

_____

5.3 Were police or authorities involved? [__] Yes [__] No

Agency, officer, report or case number: _____

5.4 Charged with anything, or asked to sign any document? [__] Yes [__] No

Do not sign anything you do not understand, and do not plead guilty to end a detention without speaking to a local lawyer.

5.5 Next hearing, appointment, or deadline: _____ Bail / bond amount: _____

5.6 Has anything been taken from you (passport, phone, money, vehicle)? [__] Yes [__] No

If yes, explain: _____

_____

5.7 Are there witnesses, photos, videos, or receipts? [__] Yes [__] No

5.8 Did you need medical treatment? [__] Yes [__] No

Hospital / clinic and costs so far: $ _____

PART 6 — IMMEDIATE NEEDS

6.1 What do you need most right now?

[__] Local lawyer referral
[__] Contact the embassy or consulate
[__] Emergency funds transfer
[__] Medical coordination
[__] Bail or bond assistance
[__] Insurance claim help
[__] Interpreter / translation
[__] Contact family or employer
[__] Replacement travel documents
[__] Flight rebooking / travel home
[__] Police report assistance
[__] Safe accommodation

6.2 Anything else we should know: _____

_____

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PART 7 — AUTHORIZATIONS

Please check each authorization you wish to give.

[__] I authorize Syndicate to contact and coordinate with local legal professionals on my behalf.

[__] I authorize Syndicate to communicate with the U.S. embassy or consulate and local authorities about my situation.

[__] I authorize Syndicate to contact my insurers, airline, hotel, cruise line, or tour operator.

[__] I authorize Syndicate to share necessary information with the emergency contacts listed in Part 1.

Please check each item to confirm you understand.

[__] Syndicate coordinates assistance; local lawyers, courts, and authorities make their own decisions.

[__] Fees, bail, medical costs, travel changes, and local lawyer charges are my responsibility.

[__] Local law applies where I am, and no outcome can be guaranteed.

PART 8 — DOCUMENT CHECKLIST

Send photos or scans of whatever you can. Check each item you are including.

[__] Passport photo page

[__] Police report or citation

[__] Hospital records & bills

[__] Airline / hotel / cruise confirmations

[__] Receipts for losses

[__] Visa / entry stamp

[__] Charging or court papers

[__] Travel insurance policy

[__] Rental car agreement

[__] Photos or video

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of coordinating travel legal assistance.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.