

DCBA LRS Membership Agreement and Checklist

Please initial each statement and sign at the bottom.

1. I have read the LRS Rules and agree to abide by them. _____
2. I understand that I will be suspended from receiving referrals if I do not return all reports by appointed deadlines. _____
3. I agree to promptly respond to all LRS inquiries regarding referrals. _____
4. I agree to promptly respond to clients referred to my office through the LRS. _____
5. I understand that I must supply LRS with proof of current malpractice insurance and my LRS membership is conditioned upon carrying such insurance. _____
6. I agree to remit 15% of all client fees paid within 10 days of receipt of such client fees. _____
7. I agree to personally give each referral a FREE 30 minute consultation. _____
8. I understand that it is expected that referred clients will be able to make contact with *someone* in my office within **24** hours and with *me* within **72** hours. _____
9. I agree that my staff shall not reject any referrals before I am able to assess the viability of such referrals. _____
10. If I cannot assist the person referred through the LRS, I agree to send the referral back to LRS. _____
11. I agree that I am required to notify LRS immediately if:
 - a) I am unable to consult with clients due to illness, sickness or any other reason. _____
 - b) I have changed my address, phone number, firm name, or any other contact information. _____
 - c) I would like to withdraw LRS membership. _____
 - d) I have been suspended, have withdrawn from active status, or have any proceedings pending with the Florida Bar. _____
12. In the event I withdraw from LRS, the cases that have been referred to me by the LRS service will be transferred to an LRS member in the existing firm or redirected to LRS for referral to another panel member. _____
13. If I remain as a LRS member and change firm affiliation, I remain responsible to file reports on all cases referred to me and pay the 15% forwarding fee on all fees earned on any case through the completion of the case. _____
14. I am qualified and possess proper experience in the areas of law from which I have selected to receive referrals. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

Accepted: LRS Coordinator