

Dade County Bar Association  
Lawyer Referral Service  
**Membership Application**

123 N.W. First Avenue, Suite 214, Miami, Florida 33128-1895  
(305) 371-2220 phone (305) 373-6210 fax www.dadecountybar.org

Name (  Mr.  Ms.): \_\_\_\_\_ Florida Bar Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Office Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are there, or have there ever been in this state or elsewhere, any felony convictions, disbarments, suspensions or disciplinary actions against you?  yes  no (If the answer is "YES," please give details on a separate sheet.)

Are you certified by The Florida Bar in any area of law?  
 yes  no (Please specify): \_\_\_\_\_

Other **current** professional degrees or licenses: \_\_\_\_\_

Other **states** in which you are **currently** admitted to practice: \_\_\_\_\_

Other **countries** in which you are **currently** admitted to practice: \_\_\_\_\_

Will you take cases statewide?  yes  no  
Will you make jail calls?  yes  no  
Do you know sign language?  yes  no  
Does anyone on your staff know sign language?  yes  no  
Foreign languages spoken by you: \_\_\_\_\_

Foreign languages spoken by your staff: \_\_\_\_\_

I certify that I am currently competent to practice in the areas of law which I have indicated. Under penalty of perjury, I hereby swear and affirm that I have read and agree to abide by the rules and regulations of the Dade County Bar Association Lawyer Referral Service. Enclosed is my check for **\$150** (made payable to the Dade County Bar Association) for the annual membership fee and a copy of the current face sheet/declarations page of my professional liability insurance policy.

I certify that I currently have professional liability insurance with limits not less than \$100,000 and will continue to carry professional liability insurance with limits not less than \$100,000 as long as I am a member of the Dade County Bar Association Lawyer Referral Service.

I agree to remit to the Service **15%** of any attorneys' fees due me for services performed in connection with *any* referred cases within 10 days of receipt of these fees from referred client.

I agree to grant a free initial thirty minute consultation in person, via telephone, or by written communication to a referred client.

I understand that this application is made only on my behalf and not on behalf of my firm or any of my associates. Accordingly, I agree that the initial consultation in connection with any referred matter will be with me personally. I understand that the information contained herein may be furnished to people who seek assistance from the Service, and that the Service in so doing will be relying on the representations which I have made herein.

I agree to abide by all of the rules of the Service and indemnify and hold harmless the Dade County Bar Association and any of its officers, members or employees from any and all claims, demands, actions, liability or loss which may arise from, or be incurred as a result of the operation of the Service or referrals of clients through the Service, or by my failure to comply with any provision of the rules of the Service, or use of information contained in the application.

I understand that the Service may survey clients referred to me and may follow up on reported cases.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Please mail the completed application, your \$150.00 check, and a copy of your current professional liability insurance declarations page to:***

**Dade County Bar Association Lawyer Referral Service  
123 N.W. First Avenue, Suite 214, Miami, FL 33128-1895**