

**MIDDLESEX COUNTY BAR ASSOCIATION
REDUCED FEE LAWYER REFERRAL SERVICE PROGRAM
ATTORNEY APPLICATION**

APPLICANT INFORMATION

Name:

Firm:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

NJ Bar Admission Date:

Have you ever been admonished or disciplined, or now under investigation concerning any allegation of professional misconduct or wrongdoing?

Members must be engaged in the practice of law and carry professional liability insurance in the amount of \$100K/\$300K and submit proof of coverage annually to the MCBA.

AREAS OF LAW

- | | | |
|--|--|--|
| <input type="checkbox"/> Bankruptcy Chapter 7 Flat Fee | <input type="checkbox"/> Expungement | <input type="checkbox"/> Small Claims |
| <input type="checkbox"/> Child Visitation | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Special Civil Part |
| <input type="checkbox"/> Child Support or Modification | <input type="checkbox"/> Guardianship of Handicapped Minor | <input type="checkbox"/> Tenant |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Juvenile Matter | <input type="checkbox"/> Tort Defense |
| <input type="checkbox"/> Custody Dispute | <input type="checkbox"/> Mortgage Modification | <input type="checkbox"/> Unemployment Appeal |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Unmarried Child Support & Custody |
| <input type="checkbox"/> Divorce Simple | <input type="checkbox"/> Municipal Court DWI | <input type="checkbox"/> Will (Simple) |
| <input type="checkbox"/> Domestic Violence Plaintiff | <input type="checkbox"/> Name Change | <input type="checkbox"/> Will Advanced Directive POA |
| <input type="checkbox"/> Domestic Violence Defendant | <input type="checkbox"/> Post Judgment Enforce of Orders | |

SIGNATURE

By execution of this application, the undersigned attorney assures the public that the attorney is a member of the Bar of the State of New Jersey, in good standing, qualified to practice and that the attorney will adhere to recognized ethical standards of the profession.

Signature of applicant:

Date: